



Minutes

Title of meeting PHE Emergency Preparedness, Resilience and Response Delivery Group
Date 11th Aug 2016
Time 10.00 – 12.00
Venue Boardroom Wellington House

Attendees

NR

Director EPRR – ERD
 Centre Director PHE East Midlands
 Strategic EPM – ERD
 Regional EPM
 Deputy Director Health Protection - W.Mids
 Regional EPM – Mids & East
 General Site Manager Colindale
 Senior Communications Manager
 Consultant Epidemiologist – South West
 Strategic Business Continuity Manager
 Scientific Program Leader, ERD (for Item 4)
 GPM, Training and Exercises
 Head of Environmental Hazards and
 Emergencies
 EPM (NE)
 Regional EPM – London
 EPM West Mids
 Extreme Events (for Item 4)
 Extreme Events (for Item 4)
 EPM – CRT (for Item 10)
 EPO – CRT

Thomas Waite (TW)

NR

Apologies

None.

Minute ref

1. Introduction

16/317 The Chair welcomed everyone to the meeting.
 The apologies were noted.

2. Identification of urgent items not on the Agenda

- 16/318
- Exercise Cygnus PHE contacts - knowing how PHE are going to play (national, regional and local) and gathering the contact details for the controllers and evaluators
 - Update on LRF funding
 - NRA coordination of PHE input
 - NR to chair after NR leaves this meeting

3. Review of the Minutes, Actions and Matters Arising from the meeting held in June 2016



16/319

The minutes needed the following amendments:

- Page 4:16/300 – the action was for all DG members.
- Page 4: BC report was deferred to the Aug 2016 meeting as [NR] could not attend the July 2016 meeting.
- Page 5:16/307 to be split into two actions: 16/307 [NR] and 16/308 [NR]

Review of the Actions

16/320

16/286 – [NR] confirmed that there is agreement on ‘no payments to be made to LRF’s’. The rationale behind this decision is that PHE is a national organization and does not have a dedicated budget to support the secretariat of the 42 LRFs. PHE pays an ‘in kind’ contribution (e.g. debrief sessions, contributing to risk assessment processes).

[NR] added that we should not send a letter out unless there is a request for the rationale behind this decision.

16/321

A PHE internal letter on the above with the agreed line to take and the rationale will be finalised next week and sent out by [NR] and [NR] to PHE Centres and relevant services in case it is required. [NR] added that REPIR and COMAH are included in this and she would like to receive a copy of this email.

[NR]

16/322

16/292 – completed.

16/323

All agreed to bring forward Agenda item 9: STAC.

[NR] mentioned that the STAC guidance has not been sent out for consultation to LRFs yet as this was an informal consultation. [NR] has sent the comments to CCS, no reply yet. [NR] reported that the London Resilience Forum is concerned about the expanded roles and responsibilities (e.g. secretariat, managerial functions) as they might not have enough funds and personnel to fulfil all requirements.

16/324

[NR] had sent out an email with details of the forthcoming STAC training sessions. [NR] advised that 10 more spaces can be added to the offered training sessions, but larger numbers cannot be provided for ERD. Therefore a policy decision is required on the training requirement and how this would be funded.

16/325

[NR] and [NR] to send [NR] a note regarding their concerns before the formal consultation on the STAC guidance. [NR] stated that it would be advisable to maintain a standard system across PHE. [NR] to find out when the STAC guidance will go out for formal consultation.

[NR]

16/326

[NR] and [NR] advised that it might be helpful to look at Scotland’s work in relation to the STAC guidance.

16/327

16/297 – [NR] shared the summary of minutes from the EPRR Oversight Group with the DG. [NR] advised that in some cases the DG would like to see the papers as well. [NR] agreed to circulate relevant papers to DG. [NR] will ask [NR] to circulate the papers to the DG from the forthcoming OG meetings. [NR] and [NR]



will make recommendation on exceptional papers (regarding their sensitivity), which should not be shared in advance with the DG.

- 16/328 All agreed that 16/307 needs to be split into 2 actions by [NR] [NR]
- 16/307 - [NR] will write and lead on the EPRR Training Strategy and cooperate with [NR] and the EPMs (via EPRR network). Looking into previous work (done by EPMs locally) may be beneficial. [NR] to deliver a paper on this by October 2016 and [NR]
 - 16/308 - All agreed that mapping and describing what training is needed for each role is critical. [NR] to deliver a paper on this by October 2016. [NR]
- 16/329 16/309 [NR] explained that there will be two E.coli events; the internal one will be held on 23rd September (Exercise Leopold). There will also be a debrief of the recent E.coli outbreak on the morning of 23rd September followed by a desk top exercise in the afternoon.
- 16/330 The national E.coli exercise (Exercise Theodore, chaired by the CMO) for the health sector will be held on 6th December 2016. Formal notifications have gone out.
- 16/331 [NR] asked if exercise players for Exercise Leopold on 23rd September are also expected to participate in the 6th December exercise [NR] said that this may be variable, but it may be beneficial if the players attend both to help continuity and personal development.
- 16/332 16/311 – completed: it is an agenda item.
- 16/333 16/314 – completed.
- 16/334 16/233 – ongoing.
- 16/335 16/235 [NR] explained that a paper on the EPRR Assurance peer-review process went out for consultation and has been written, this will come back to the meeting in September 2016.
- 16/336 [NR] mentioned that consideration needs to be given how national services (e.g. NIS) will feed into the EPRR Assurance peer-review process.
- 16/337 All agreed that further consultation needed on the EPRR Assurance peer-review process. [NR] and [NR] agreed to convene a meeting of a sub group of the DG to discuss the further work required on the EPRR Assurance peer-review paper and will feedback at the next meeting on 16th Sept 2016. [NR]
- 16/338 16/240 [NR] has put a proposal together on ‘Mutual Aid’ and pointed it out that the CONOPS escalation levels need to be agreed for this to be finalised.
- 16/339 It was agreed that the CONOPS and NIERP update will not influence the proposal on Mutual Aid, apart from the role in an enhanced national incident (for example the role carried out by Operations Directorate Incident Support Cell - ODISC); this may be renamed and this could be reviewed after the CONOPS



and NIERP are finalised.

4. Mental health toolkit project

16/340

NR explained that there is draft NHS guidance on mental health care following disasters and emergencies.

NR clarified that endorsement required for further PHE involvement, for identification of overlapping health registries to ensure that there is no duplication of work. **NR** would like to bring a more detailed proposal for the September 2016 DG meeting, which will outline the implications of the guidance for PHE. This will also detail the existing needs and existing surveillance tools and include suggestions on how to build on these to enable use of the 'Mental health toolkit' at the frontline after disasters and emergencies.

16/341

NR explained that there was a guidance document written for NHS on mental health post incidents, the issue with it is that it is academically rigorous, but not practical enough. Therefore a more practical paper is needed which also includes information on new incidents and differences in international approach (e.g. Tunisian attack, French approach, etc.).

16/342

NR asked for clarification on next steps, about what is required from the DG.

NR said that the next step is to provide a more detailed proposal, with information on key partners. Key contacts required to inform the proposal from Local Authorities, local partners, local response in the recovery phase on mental health support. **NR** to request **NR** and **NR** to provide input from centres and local partners to shape the report at the early stages. **NR** offered her assistance. **NR** mentioned that it might be beneficial to look at the Major Incident Health Register work done by Mark Evans.

NR

16/343

16/242 - **NR** reported that **NR** has made amendments to the Pandemic Flu strategy and plan with regards to NIS. **NR** added that there are other parts of the organisation which have a role in the strategy and plan. **NR** stated that the amended version will go out to these departments. **NR** to circulate the amended Pandemic Flu document to this group and the DG members to share this with their departments and comment on it. Those who are not represented here (e.g. HR, Nursing Directorate, etc.); will be contacted by **NR** and **NR** who will collate the responses and share the draft document based on these responses with the DG. It was noted that the PHE plan has also been cross checked against DH's draft Health and Social Care Operational Guidance.

NR

16/344

16/271 – is on the agenda.

5. Feedback from EPRR Oversight Group

16/345

NR requested this as a standing agenda item, but only immediately after OG meetings.

6. Coordination of the PHE input into NRA

16/346

NR explained that requests for support into the NRA processes from the Health Sector are increasing. There is a need for a standardised and coordinated system for providing input to the NRA. The requests should come in to **NR** as the NRA senior responsible officer for PHE.

16/347

NR added that during emergency responses a lot of assumptions were led by



universities and PHE had to work out reasonable assumptions in a relatively short time. NR advised that PHE collectively should look at the NRA regularly and provide input in a proactive manner, looking at threats and hazards as well. NRA to be a standing agenda item at DG meetings.

NR

16/348 NR stated that the NRA approach is top down. All of PHE can receive the not protectively marked version. NR added that new versions of the protectively marked NRA need to be stored at the main PHE sites (e.g. Porton, Chilton, Colindale). This way people can access the latest protectively marked NRA copies if needed.

16/349 NR informed the DG about that the latest non-protectively marked NRA with planning assumptions can be found on Resilience Direct under the CCS pages via the LRFs. NR added that we may point a hyperlink to this RD page for easy access (and arrange access with the page owners for those who need to access this in PHE).

7. CONOPS, NIERP

16/350 NR noted that the CONOPS and NIERP draft will be sent out around the middle of August 2016.

16/351 The DG agreed that all comments on the documents should be sent to the CRT inbox. CRT is the point of contact for collating comments on the CONOPS and NIERP for the DG.

16/352 8. EPRR review recommendations

NR explained that the EPRR review that took place in 2014 contained 15 recommendations. Work has been carried out to implement these. 6 require no further action or since June have been completed.

The ones that require further work:

- Mutual Aid
- Funding of LRFs
- Standardisation of job descriptions (to be included in job plans) and Action Cards
- Centre Directors will attend LRFs and LHRPs on a regular basis
- Role of the IDs (accountable officer for the incident)
- Distribution of EPMs across Centres
- EPMs on call rota – clarification on duties when on call
- STAC
- Developing core EPRR standards

NR added that the explicit role of ID and level (National or Local) will be included in the CONOPS and NIERP with related Action cards and there is ongoing work on the EPRR core standards.

16/353 It was agreed that a review is needed of the EPM on call work, especially in the case of those centres which have no access to on call arrangements.

16/354 NR asked NR to write a paper, which maps out the OOH rotas and details local

NR



solutions and options. This paper needs to come to the Centre Health Protection Network and to the Centre Directors' Network, and finally to the DG.

9. Attendance at TCGs by PHE staff

16/355 The discussion was deferred as some offline work is needed with colleagues from CRCE and HP teams. NR agreed to task NR London EPM to coordinate a Task and Finish Group to report back to the DG and then to go to the OG with recommendations for a policy decision on this.

9. STAC

16/356 This topic has been discussed earlier. See 16/324.

10. Peer review system for PHE EPRR Assurance

16/357 Discussion is deferred to the 16th September 2016 DG meeting.

**11. Business Continuity
Report on BC policy arrangements**

16/358 NR explained that the BC policy has been redrafted following consultation with NR. The document has been sent out for colleagues for comments and the updated policy will reflect these NR to share the final BC policy draft with the DG in October 2016. NR

**11. Exercises and Training
EPRR Training Strategy**

16/359 NR reported that the first draft of the Training Strategy will be completed soon. NR to send out the draft Training Strategy in August for DG members to comment. NR to add EPRR Training Strategy to the Agenda for the September meeting. NR

12. Template for reporting to OG

16/360 NR introduced the template for reporting to the OG. This was previously shared with the group as enclosure 057. It was agreed to use the template. NR to insert a hyperlink to the template for the OG pointing to the RASCI presentation on PHE intranet. NR

13. PHE's requirements for recording decisions during incidents

16/361 NR introduced enclosure 058, which was requested by the DG earlier. Enclosure 058 is a proposed survey to ascertain the current situation with regards to the logging of general information and decisions during incidents that require a PHE response. NR said that the inconsistency of logging information was identified earlier. There is no current PHE policy on logging information during incidents and the survey results would be used for assisting in the development of a PHE incident logging policy. NR asked the DG to consider the questionnaire and sign it off at the meeting.

16/362 All agreed that some form of logging of information is needed (statutory basis and /or good practice) and the best way forward would be to write a paper on NR



this theme to identify legal basis and good practice for logging, before the survey is launched. [NR] to draft a paper with DR (with input from PHE Centres) on logging decisions during incidents for the December 2016 DG meeting.

16/363 **14. Development Action Plan from EPRR workshop, November 2015**

Deferred to September 2016. Leads need to be contacted prior to adding this to the agenda. [NR] to collate information on progress of each action from the leads. [NR] to add this item to the September 2016 Agenda.

[NR]

15. EPRR Network update

16/364 [NR] reported that the EPRR network meeting are currently being arranged. [NR] (CRT) has set up a distribution list for the EPRR network.

12. AOB

Exercise Cygnus PHE contacts

16/365 Identification of players (national, regional and local) and gathering the contact details for the controllers and evaluators is needed. [NR] request this information.

[NR]

NRA, CBRN

16/366 [NR] advised that a CBRN focused sub group is needed to discuss the coordination of CBRN, covering both threats and hazards. [NR] to discuss this with [NR] and propose membership and ToR.

[NR]

Exercise Cygnet

16/367 [NR] explained that there were two scenarios: a moderate one and a severe one in the afternoon. The focus of the discussion was around the NHS and how they could cope with 50 % of the population being ill and 200,000 people requiring hospitalisation.

[NR] stated that clarification on local arrangements is needed.

Exercise Cygnus

16/368 Exercise Cygnus will be held on 18th, 19th and 20th October 2016.

[NR] and [NR] will share a summary from the Senior Leaders Forum workshop with the DG. Discussion needed for next steps. The group discussed information sharing protocols, Centre arrangements and links to NIS.

16/369 [NR] described that FES will be supporting Centres during Exercise Cygnus. A key role will be around production of SitReps and undertaking surveillance activities, and he would envisage local FES teams contributing to Centre ICCs. FES will be undertaking other supporting actions in line with the extant PHE pandemic influenza guidance as appropriate to the stage of the pandemic being exercised. [NR] is leading on a paper for NIS SMT which describes EPRR arrangements in addition to key roles and responsibilities of NIS departments/services during an influenza pandemic. [NR] and [NR] are currently liaising on national planning for Exercise Cygnus.

16/370 The potential impact on social care may be relevant. [NR] to discuss this with [NR] [NR]

[NR]



(Pan Flu contact) and with NR (Local Services Director).

Meeting end.



Dates of future meetings:

16 September 2016	14.30 – 17.00
12 October 2016	14.30 – 17.00
18 November 2016	10.00 – 12.30
13 December 2016	10.00 – 12.30