

# Ebola debrief minutes

**Date of meeting: Tuesday 13 January 2015**

**Time of meeting: 1630-1800 hrs**

**Venue for meeting: via teleconference**

**Version: V0a**

## Present:

Dr Tracey Cooper (TC), Chair

Dr Quentin Sandifer (QS)

Dr Gwen Lowe (GL)

Chris Lines (CL)

Rhiannon Beaumont-Wood (RB-W)

Sion Lingard (SL) - *via teleconference*

Dr Jorg Hoffmann (JH) - *via teleconference*

Dr Lika Nehaul (LN) - *via teleconference*

Dr Graham Brown (GB) - *via teleconference*

Dr Brendan Mason (BM) - *via teleconference*

Dr Chris Williams (CW) - *via teleconference*


Michele Lewis-Marden (MLM), minutes

## Apologies:

Dr Marion Lyons (ML)

Mark Dickinson

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| 1. | <p><b>Introductions</b></p> <p>TC welcomed all to the meeting explaining that this meeting was called to discuss the learning points, what improvements can be made in the future and how Public Health Wales can strengthen internal and external engagement in the future.</p> <p>Ebola possible case response timeline document was noted and was referred to throughout the meeting.</p> <p>TC extended her thanks to colleagues, both those in</p> |  |
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|    | <p>attendance, on teleconference and to their teams.</p> <p>Further Ebola debrief meetings will be held after each “cluster” of cases.</p>                    |  |
| 2. | <p><b>Apologies</b></p> <p>Dr Marion Lyons and Mark Dickinson.</p>  |  |
| 3. | <p><b>Lookback</b></p> <div><p><b>Irrelevant &amp; Sensitive</b></p></div> |  |

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# Irrelevant & Sensitive

## *Round up - TC*

- Clarity/contingency - role of Director of Health Protection.
- Internal and external communications - helpful if action cards were created and the document reviewed. There are some differences between handling possible Ebola cases and other health protection incidents. **TC stressed that the Ebola protocol is not to be changed but the amendments discussed at this meeting would underpin adding the necessary level of detail eg adding the checklist, what is to be undertaken with the first hour, second hour, what do we do, step by step, if the result is positive. Protocol to be made clearer in order that whoever acts as Director of Health Protection can pick up the role.**
- **Amendments to comms plans to be made in line with the Ebola IMT arrangements.** The two documents cannot be merged; the documents are to be read together. Action cards to be in both documents.

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|    | <ul style="list-style-type: none"> <li>• Press release - “always being a few steps ahead”.</li> <li>• Liaison with WAST re transfer times - QS to ask Director of Health Protection to take forward.</li> <li>• Health board case sharing event to be convened.</li> </ul>  |  |
| 4. | <p><b>Wider stocktake - Dr Quentin Sandifer</b></p> <p>28/7/14 - <span style="border: 1px solid black; padding: 0 5px;">NR</span> Wales was the first in the UK to deal with a possible case of Ebola. There were unique elements to this case that will not be replicated again. Patient self quarantined and was monitored at home.</p> <p>Comms strategy begun to be drafted.</p> <p>04/9/14 (first day of NATO Summit). There were implications for the patient (first to be transferred to hospital for initial assessment) and its effect on the hospital including the decision to use the VIP bedded area.</p> <p>Numerous awareness raising training sessions with the health boards were held in October 2014 and November 2014 followed. No further training since then has occurred. <b>CMO has requested Public Health Wales to run an NHS exercise before the next cohort returns (within the next 2-3 weeks).</b> Talk to health boards, local authorities, police, run further exercises, learning to date and how would we do things now. CMO has asked QS to comment about the issue of wider NHS implications with the DPHs being asked to send QS some issues.</p> <p>Qs BlackBerry is diverted to his personal iPhone (BB is locked in an office draw). This had implications when a text message was sent to his BB as only voice calls are diverted to his personal iPhone. <b>He stressed that contact must be via voice communication. If the Ebola result is positive - key people will be telephoned - voice communication. Negative Ebola results will be texted.</b> If a text is sent, do not assume that it has been received and read. QS contact details have been changed to reflect this.</p> <p>Nicola John gave clear instructions not to be contacted over Christmas period. All other DPHs were on-call and wished to be contacted during this time.</p> <p>QS reminded all that the consultant microbiologists at CTHB and Aneurin Bevan Health Board (ABHB) are outside the Public Health Wales microbiology network. LN noted that he has undertaken an understanding with the microbiologist at ABHB.</p> <p>BM noted that Public Health Wales must adopt a highly precautionary response to these cases. Do not take risks - must go through the procedures methodically and we need to</p> |  |

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|    | <p>make a judgement if the case is possible or highly suspect. BM added that we were not sure what we should have done differently, if anything. He suggested perhaps an IMT should have been called. There was a perception that Public Health Wales was not in control of the situation due to the handling of the communications side.</p> <p>JH, LN had no further reflections to add.</p> <p>SL feedback a comment made the <b>NR</b> Consultant Microbiologist, Hywel Dda HB. <b>NR</b> was asked to manage the expectations of WG whilst on-call assisting with the management of the case.</p> <p>GB requested sight of both plans (Ebola IMT arrangements and comms protocol. He felt that the debrief was useful and would welcome further meetings. <b>Further iterations of comms plan will be circulated to CCDCs and Regional Epidemiologists. Both documents to be uploaded to Groupware including on-call workspace. Caveat - contains personal contact numbers - not for circulation.</b></p> <p>CW noted that communications with PHE is becoming easier. Public Health Wales is receiving updated documents and requests for comments to documentation prior to being finalised. QS thanked CW for actioning the recent requests from PHE during MLs absence.</p> <p><b>CL noted that the current plans do not include contact tracing and media.</b></p> <p><b>CL stressed that although the public is reassured with the arrangements in place this is vulnerable to change. Raising additional awareness with staff ahead of the next cohort returning is vital aswell as raising awareness with the public.</b></p> |  |
| 5. | <p><b>Date and time of next meeting</b></p> <p>QS to arrange (determined by next cluster).</p>   |  |

**Learning Points:**

| <b>No.</b> | <b>Learning point:</b>  | <b>Who</b> | <b>Start date</b> | <b>Due date</b> | <b>Status</b> |
|------------|---|------------|-------------------|-----------------|---------------|
|            | <i>Health Protection:</i>   |            |                   |                 |               |
| 1          | GL and Cwm Taf HB will inform the consultant microbiologist at the same time as the medical consultant is informed.           | QS/ML      |                   |                 |               |
| 2          | GL should have contacted Public Health Wales comms at this time as the case was well known in their environment (small town). | QS/ML      |                   |                 |               |
| 3          | GL did not speak to any of the consultant epidemiologist until the next day.  | QS/ML      |                   |                 |               |
| 4          | TC/QS and GL having separate discussions with DPH - this could have resulted in many different mixed messages being given.    | QS/ML      |                   |                 |               |
| 5          | GL did not speak to the corporate team at that time of discussing with the DPH.   | QS/ML      |                   |                 |               |
| 6          | Need to put in play the normal arrangements alongside the Ebola protocol.   | QS/ML      |                   |                 |               |
| 7          | Deputy Director of Health Protection in   | QS/ML      |                   |                 |               |



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|    | place in the absence of ML.   |       |  |  |  |
| 8  | GL note to other CCDCs - inform the family of the result prior to going public with the media statement.  | QS/ML |  |  |  |
|    | <i>Communications:</i>  |       |  |  |  |
| 9  | All need a clear understanding - operationally, strategically and the expectation from comms.   | CL    |  |  |  |
| 10 | In the event of a possible case, immediately review the media statement(s) and share with WG, the health board, health board Comms and WAST<br>- followed up with a phone call<br>- all to be undertaken within the first hour. | CL    |  |  |  |
| 11 | Staff communication. Staff concern were raised at Royal Glamorgan Hospital. Need statements re internal comms and when to tell staff and not. This needs to be heavily guided by health boards.                                 | CL    |  |  |  |
| 12 | Nuances - when CL reflected on his notes he was not sure when this was a  | CL    |  |  |  |

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|    | category 1 case. Protocols do not differentiate between a Category 1 and a Category 3.           |          |  |  |  |
| 13 | Statements to be reviewed in relation to each case.  | CL       |  |  |  |
|    | QS:  |          |  |  |  |
| 14 | Ebola documentation: not all staff were aware of the iterations.                                 | QS/ML/CL |  |  |  |
| 15 | Algorithm boxes to be numbered and a checklist be added. Checklist to reference each of the box. | QS/ML    |  |  |  |
| 16 | Ebola IMT Arrangements document: adding action cards to the document.                            | QS/ML    |  |  |  |
| 17 | WAST response times: TC/QS to have further dialogue with WAST.                                   | TC/QS    |  |  |  |

**Actions:**

| <b>No.</b> | <b>Action</b>  | <b>Who</b> | <b>Start date</b> | <b>Due date</b> | <b>Status</b> |
|------------|--|------------|-------------------|-----------------|---------------|
| 1          | Clarity/contingency - role of Director of Health Protection.   | ML         |                   |                 |               |
| 2          | Internal and external communications - helpful if action cards were created and the document reviewed - amendments discussed at this meeting would underpin adding the necessary level of detail eg adding the checklist, what is to be undertaken with the first hour, second hour, what do we do, step by step, if the result is positive. | ML         |                   |                 |               |
| 3          | Amendments to comms plans to be made in line with the Ebola IMT arrangements.  | ML         |                   |                 |               |
| 4          | Press release - “always being a few steps ahead”.  | ML         |                   |                 |               |
| 5          | Liaison with WAST re transfer times - QS to ask Director of Health Protection to take forward.   | ML         |                   |                 |               |
| 6          | Health board case sharing event to be convened.  | ML         |                   |                 |               |
| 7          | CMO has requested Public Health Wales to run an NHS exercise before the next   | ML         |                   |                 |               |

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|    | cohort returns (within the next 2-3 weeks).  |    |  |  |  |
| 8  | Contact must be via voice communication. If the Ebola result is positive - key people will be telephoned - voice communication. Negative Ebola results will be texted. | ML |  |  |  |
| 9  | Further iterations of comms plan will be circulated to CCDCs and Regional Epidemiologists. Both documents to be uploaded to Groupware including on-call workspace.     | ML |  |  |  |
| 10 | Current comms plans does not include contact tracing and media.  | ML |  |  |  |
| 11 | Raising additional awareness with staff ahead of the next cohort returning is vital aswell as raising awareness with the public.                                       | ML |  |  |  |
| 12 | Date of next meeting - after further clusters.   | ML |  |  |  |