

Uned Parodwydd am  
Argyfyngau Iechyd

Health Emergency  
Preparedness Unit



Llywodraeth Cymru  
Welsh Government

# Health Prepared Wales 2013

# Pandemic Influenza

Tuesday 1<sup>st</sup> October 2013  
Llandrindod Wells



**Post- Event Report**

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## **EXECUTIVE SUMMARY**

The Health Prepared Wales 2013 Pandemic influenza seminar brought together Wales NHS managers, clinicians and emergency planning staff and representatives from partner agencies to examine health and social care preparedness and response in the event of another influenza pandemic.

The seminar was timely because pandemic influenza is the top national risk and Welsh Government having recently issued new pandemic influenza guidance for health and social care organisations. In 2014 there will also be a UK Tier 1 Pandemic Influenza Exercise to examine our pandemic preparedness.

Against that background, it was no surprise that all 10 Wales NHS organisations and other partner organisations attended and benefitted from getting an overview of health and social care planning and challenges that the different parts of the NHS and Social Care would face in responding to a pandemic.

The conclusion I reached from listening to the speakers was that it will require a robust integrated response by health and social care organisations if we are to effectively manage a future pandemic. It is also clear from the evaluation forms and feedback that the event fully achieved its objectives and provided a benchmark of where we are in our planning and what needs to be done.

We all need to reflect on the learning from the day at continue to move our emergency preparedness for pandemic influenza forward. The Report's recommendations capture some of the more challenging areas which would benefit from further work.

### **David Goulding**

Health Emergency Planning Adviser  
Head of Health Emergency Preparedness Unit  
Department of Health and Social Services

## 1. Introduction

- 1.1 The Health Emergency Preparedness Unit organises a Health Emergency Preparedness event each year, primarily for Wales NHS. This year it was agreed, with NHS Civil Contingency Executive leads, that we would focus on health preparedness requirements for an influenza pandemic.

## 2. Aim & Objectives

### 2.1 Aim

To examine health preparedness requirements for an influenza pandemic.

#### Objectives

- To consider pandemic risk and planning assumptions
- To set out national and local health preparedness requirements
- To consider the health challenges through each pandemic phase
- To provide an opportunity for networking and sharing of information

- 2.2 A small planning group was established to develop a comprehensive programme to meet the aim and objectives above and to deliver the event.

## 3. Delegates

- 3.1 Four places were offered to each Health Board, Velindre NHS Trust, the Wales Ambulance Services NHS Trust (WAST) and Public Health Wales. Representatives from Police and Fire, along with Local Government and professional advisers and relevant policy leads from Welsh Government, were also invited to attend. A full list of attendees can be found at Appendix A.

## 4. Venue

- 4.1 The event was held in the Metropole Hotel, Llandrindod Wells..

## 5. Programme

- 5.1 The event ran from 0930 until 1530 and was in two parts. The morning was given over to key speakers from the NHS and Social Services and each covered the planning and response challenges for their service in relation to an influenza pandemic. A copy of the full programme can be found at Appendix B.

#### *The Morning Session*

- 5.2 A copy of the presentations is available, on request, from Welsh Government Health Emergency Preparedness Unit. The themes covered by each speaker were as follows:

- a. **Risks & effects of pandemic influenza – Dr John Watkins**  
Current threats were described as –
- Genetic re-assortment

- Novel virus
- Birds the natural reservoir, human zoonotic disease; H7, H5 and H9 viruses
- Return of old enemies e.g. H2N2

*Planning assumptions to consider:–*

- Virus will arise somewhere else
- Novel virus with little background immunity
- Traditional groups for seasonal vaccine do not apply, age profile different
- Virulence and transmissibility 1918? 2009?
- Vaccine not immediately available
- Anti virals have some role but not major impact
- Role of - Masks, social distancing, school closure, banning mass gatherings etc. – little evidence of effectiveness

**b. Welsh Government: Corporate Planning & Response Arrangements – Wyn Price**

- The Pan-Wales Response Plan
- The Role of the Emergency Co-ordination Centre (Wales)
- The Civil Contingencies Group/Wales Civil Contingencies Committee
- Role of Welsh Ministers
- Links to COBR
- Co-ordinating media messages
- Lessons from Swine Flu
- Gathering and disseminating information

The presentation concluded that -

- There is an established response structure under the Pan-Wales Response Plan which is tested regularly
- ECC(W) has a flexible conduit role
- WCCC/CCG established to lead co-ordination at an all-Wales level
- Structure links into the Whitehall response machinery

**c. Welsh Government: Health & Social Care Planning & Response Arrangements – David Goulding**

Key outcomes of 2009 swine flu Wales reviews –

- Revise pandemic plans at all levels to ensure they are precautionary, proportionate and flexible
- Have a Wales storage and distribution system to deploy and use countermeasures
- Ensure Wales has access to health countermeasures for a higher attack rate and more severe virus than swine flu
- Ensure robust plan for dealing with excess deaths
- Strengthen planning for communication

Progress made:

- Revised Pan Flu UK Strategy
- Issued Wales Health and Social Care Guidance
- Issued LRF multi-agency pan flu guidance
- Wales countermeasures storage and distribution facilities in place
- Health countermeasures being maintained based on scientific evidence
- Efficient procurement strategies using just in case and just in time approaches
- Wales Fatalities Group considering excess deaths, including funeral directors capacity and collection of bodies
- WG working with the Local Resilience Fora building on communications and media handling developed during swine flu.

- WG Communications leads have joined the WG Pandemic Flu Group to strengthen communication plans in conjunction with LRF leads.

**d. Public Health Wales: Addressing the Challenges – Dr. Gwen Lowe**

Challenges identified were –

- Workload
- Responding to novel virus
- Laboratory/Testing issues and systems
- Epidemiology requirements
- Data collection and provision
- Developing rapid protocols and guidance
- Supporting Health Boards in responding
- Communications
- Public Health Specialist Advice
- Cases and outbreaks

What was learned during swine flu –

- Demands on public health are massive even before first case detected in UK
- Mass community prophylaxis to prevent flu spread is not effective
- Requests for data and information relentless, prolonged and can be overwhelming if no system in place
- Sampling logistics best left to Health Boards
- Vaccine supply initially scarce-priority groups rather than mass vaccination plans

**d. Health Board: Addressing the Challenges – Dr. Sara Hayes**

What the Health Board is expected to do –

- Engage across health and social care and with the multi-agency partners, particularly other first responders
- Plan for hospital impacts – services and capacity
- Engage with independent and voluntary sector re mutual aid
- Expectations on primary and social care – antiviral collection points and vaccination programmes
- Arrangements for swabbing and sampling of patients, PPE, prioritisation and ethics, infection control policies
- Take advice from PHW
- Implement the actions
- Communicate

The measles outbreak provided a case study re: each of the phases of the response – detect/assess, treat/escalate and recovery

- HB used pandemic plans for managing measles
- It was a public health emergency – parts of pan flu plans proved appropriate
- It helped take a systematic approach,
- The need was to act fast and record what had been done

**e. Primary Care: Addressing the Challenges – Dr. Ashok Ryani**

The presentation provided detailed account to primary care issues

- Positive & negative issues identifies relating to the whole primary care
- General Practice Teams
- Out of Hours GP organisations
- Community nursing teams
- Pharmacy
- Social Care

- Key need to work more collaboratively
- Consider prioritisation and impact on routine services and processes

**f. Social Care: Addressing the Challenges – Bruce McLernon**

Challenges were identified as –

- Social Services Responsibilities & Impact
- Joint Working with Health Service & others
- Business Continuity & Mutual Aid
- Pandemic Planning in different social services setting

Responsibilities and actions in each of the response phases were outlined –

- Detect/assess
  - Communications
  - Mutual Aid
  - Vulnerable Persons list
  - Vaccination staff
- Treat/escalate
  - Distribution Face Masks
  - Optimise capacity in Independent Sector
  - Local escalation arrangements - hospital discharge or admission avoidance
  - Use of Media
- Recovery
  - Identify lessons
  - Encourage social care staff to access seasonal flu campaign
  - Continue communications

Joint working with Health –

- Informal & Formal Planning Arrangements
- Unscheduled Care & Winter Planning Arrangements
- Emergency Planning & Severe Weather Planning
- Integration Agenda

**g. Welsh Ambulance Services NHS Trust: Addressing the Challenges – Keith Williams**

Challenges identified as –

- Significant increase in demand for emergency ambulance services
- Increased staff absenteeism – potentially up to 20% on any given day
- Potentially compromised access to health services
- Fear, anxiety and fatigue in frontline staff

They will deliver operational response by establishing a resilient management structure, underpinned by functional groups.

Service delivery model will be based on surge capacity, winter preparedness plans and patient contact strategies.

Their Patient Delivery Model aims to minimise patient conveyance and staff support.

### **Afternoon Session**

- 5.3 In this session, David Goulding, Welsh Government's Health Emergency Planning Adviser, took delegates through a pandemic influenza scenario. Delegates were placed in syndicates based on the four Wales Local Resilience Fora (LRF) boundary areas. A list of syndicate groups can be found at Appendix C.

- 5.4 The Scenario covered the pandemic phases set out in the UK Influenza Pandemic Preparedness Strategy 2011, which are:
- detection and assessment
  - treatment and escalation and
  - recovery
- 5.5 Syndicates were given three discussion topics and an associated question (see 6. below for further details).

## 6. Summary of Syndicate Session Key Themes

- 6.1 Themes that emerged to the questions in the detection and assessment pandemic phases were –

**a. What are the priorities for health and social care ?**

- Robust Communications
- Liaison with other Departments/organisations
- Review/activation of plans
- Staffing requirements
- Data collection
- Swabbing and sampling
- Identification of priorities

**b. What is expected of Public Health Wales ?**

- Algorithms
- Information and advice
- Surveillance
- Set up SRT

**c. How will the local response be co-ordinated?**

- Range of joint and local plans

**d. What do you expect of the national response?**

- Timely, informed and consistent messages
- National resources (stockpiles) (Mutual Aid) and expertise
- National Coordination Group (NHS Chair) – HBs etc., PHW

- 6.2 Themes that emerged to the questions in the treatment and escalation phases were:

**a. What are the differences now the response has moved to treatment and escalation?**

- Maintenance of communications
- Staffing challenges –
  - Challenge to deliver/maintain normal services
  - Plan to select activities to defer
  - Fatigue of staff (battle weary)
  - Extra resources/redeployment of non essential staff



**b. What are the key priorities for health and social care and how can they be addressed?**

- Communications – internal, public, media
- Vaccination – targeting and timing
- Business continuity/recovery
- Awareness raising and preventative measures e.g. hand washing
- Clear advice to all front line staff
- Maintenance of care services
- Managing expectations – public/security
- Data collection/reporting
- Logistics
- Deaths

**c. What is expected of national response?**

- Surveillance – Primary and Secondary Care
- RX effectiveness/still testing
- Service capacity – Primary/secondary care
- UK expertise – lab services
  - Effective dialogue – gov and PH
- Service response – Wales specific
  - Comms – public/professional/politicians/proactive
- Comparability of epidemiology – England v devolved
- Clear, consistent standard messaging

6.3 Themes that emerged to the questions set in the recovery phase were:

**a. What are the main issues that should be addressed in health and social care recovery plans?**

- Vaccination plan/programme
- Lessons learned - preparing for Wave 2
- Staff and patient support – bereavement/illness/motivation/recruitment/thanks
- Try and rescue normal services/catch up deferred work
- WG to compile report
- Business continuity planning to aim for return to normal services
- Lessons/debrief/data review & revision of plans
- Recovery group – health lead
- Supplies – short term/medium term
- Double peak
- Priorities and risks
- Impact Assessments (L.A)
- Debrief
- Replace stockpiles

6.4 A full copy of the syndicate responses can be found at Appendix D, together with some additional comments noted from the feedback session.

## **7. Evaluation**

- 7.1 Delegates were given an evaluation form requesting views on the following aspects of the event –
- a. level of satisfaction with the day
  - b. most useful part of the day
  - c. least useful part of the day
  - d. what changes would they make to the day and why
  - e. pre-arrival details
  - f. overall programme content
  - g. interest/relevance to them
  - h. length of presentations
  - i. syndicate sessions
  - j. venue
  - k. lunch and refreshments
- 7.2 81% of delegates returned their evaluation forms at the end of the event.
- 7.3 100% of those delegates who answered the first question were either very satisfied or satisfied with the day.
- 7.4 Delegates considered the presentations to be broad and varied, and the syndicate sessions provided an opportunity for networking.
- 7.5 Suggestions for changes to the day included more time for syndicate sessions with the opportunity to discuss items in more detail.
- 7.6 The majority of delegates found the organisation of the event very satisfactory and overall programme content very satisfactory or satisfactory
- 7.7 Delegates agreed that the event had been a worthwhile, enjoyable day that provided context to planning documents and guidance.
- 7.8 Evaluation responses can be found at Appendix E and a copy of the evaluation form at Appendix F.

## **8. Conclusion**

- 8.1 The responses received from the evaluation forms and subsequent verbal feedback indicates that the event fully met the aim and objectives. The recommendations set out below reflect some key issues that emerged during the day. All the presentations and comments can be accessed through the report so that a full picture is available.

## **9. Recommendations**

- 9.1 The Health Emergency Planning Adviser identified the following points as recommendations to be pursued, as appropriate:
- a. Welsh Government to consider including a Social Services action list for each phase of the pandemic in Pan Flu Health and Social Care Guidance.

- b. Health Boards to consider the experiences of ABMU in managing the measles outbreak in their pandemic plans, particularly in relation to vaccination.
- c. Planning for the deployment and use of health countermeasures needs to be further developed.
- d. Pandemic influenza communication planning need to be transparent and integrated at UK, Wales and local levels to meet the needs of health professionals, the public, media and staff.
- e. All organisations to take the opportunity to test their pan flu preparedness and response arrangements during the UK Tier 1 exercise due to take place in 2014.
- f. This Evaluation Report to be considered by the appropriate civil contingency/emergency planning groups of the attending organisations.
- g. This Evaluation Report to be discussion by the Wales Emergency Planning Advisory Group (EPAG) and Wales NHS Executive Leads for Civil Contingencies Group.

## ATTENDANCE LIST

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
Adrian Girvin	Emergency Planning Manager	Aneurin Bevan University Health Board
Liz Waters	Lead Nurse, Infection Prevention	Aneurin Bevan University Health Board
Angela Stephenson	Interim Civil Contingency Manager	Cardiff & Vale University Health Board
Sian Jones	Clinical Nurse Educator	Cardiff & Vale University Health Board
Angela Jones	Consultant in Public Health	Cwm Taf Health Board/Public Health Wales
Bethan Cradle	Senior Infection Prevention & Control Nurse	Cwm Taf Health Board
Richard Sealey	Civil Contingencies	Cwm Taf Health Board
Karen Jones	Emergency Planning Officer	Abertawe Bro Morgannwg University Health Board
Rhys Howell	Pharmaceutical Advisor	Abertawe Bro Morgannwg University Health Board
Delyth Davies	Head of Nursing, Infection Prevention & Control	Abertawe Bro Morgannwg University Health Board
Judith Tomlinson	Consultant in Public Health	Abertawe Bro Morgannwg UHB/Public Health Wales
Margaret Lake	Head of Staff Health and Wellbeing	Abertawe Bro Morgannwg University Health Board
Chris Whiteside	Consultant in Communicable Disease Control	Betsi Cadwaladr University Health Board/Public Health Wales
Leigh Pusey	Immunisation Coordinator	Betsi Cadwaladr University Health Board
Dave Phillips	Head of Service, North Wales GP Out of Hours	Betsi Cadwaladr University Health Board
Andrew Jones	Executive Director of Public Health	Betsi Cadwaladr University Health Board
Emma Binns	Business Continuity Manager	Betsi Cadwaladr University Health Board
Byron Wilkinson	LRF Partnership Co-ordinator	Dyfed Powys LRF
Peter Nicholas	Civil Contingencies Co-ordinator	Dyfed Powys LRF
Stuart Moncur	Assistant Director of Assurance, Safety & Improvement	Hywel Dda Health Board
Sam Hussell	Head of Health Emergency Planning	Hywel Dda Health Board
Sharon Evans	Senior Nurse, Infection Prevention & Control	Hywel Dda Health Board
Bruce Whitear	Interim Director of Planning	Powys Teaching Health Board
Dr Sumina Azam	Acting DPH/Public Health Consultant	Powys Teaching Health Board
Jayne Price	Medicines Management Pharmacist	Powys Teaching Health Board
Donna Bale	Planning Manager	Powys Teaching Health Board
Duncan Crawley	Planning Manager	Powys Teaching Health Board
Patrick Rees	Emergency Planning Officer	Welsh Ambulance Services NHS Trust
Gareth Davies	Emergency Planning and Resilience	Welsh Ambulance Services NHS Trust
Tony Windos	Emergency Planning and Resilience	Welsh Ambulance Services NHS

		Trust
Giuliana Christmas	Occupational Health Adviser	Welsh Ambulance Services NHS Trust
Andrew Moore	Head of Integrated Risk & Business Resilience	Welsh Blood Service
Anne Hinchliffe	Consultant in Pharmaceutical Public Health	Public Health Wales
Dr Judy Hart	CCDC and Chair of NWRF ID Task Group	Public Health Wales
Dr Lika Nehaul	Consultant in Communicable Disease Control	Public Health Wales
Dr Catherine Moore	Principal Clinical Scientist	Public Health Wales
Dr Rachel Jones	Lead Consultant in Virology	Public Health Wales
Stephanie Kneath	Clinical Operations Manager	NHS Direct Wales
Mark Roscrow	Director of Procurement Services	NHS Shared Services Partnership
Gail Evans	Service Provision Manager - Social Care	Carmarthenshire County Council
David Hallows	Emergency Response Service Manager	Red Cross
Tim Davies	Emergency Management Officer	Cardiff City Council
Andrew Riley	Senior Medical Officer	Welsh Government
David Vardy	Head of Immunisation & Vaccination	Welsh Government
Linda Simmonds	Senior Communications Officer	Welsh Government

## PROGRAMME

- 0930**      **Reception & Registration**
- 1000**      **Welcome & Introduction**  
                  *David Goulding, Health Emergency Planning Adviser, Welsh Government*
- 1010**      **Pandemic Influenza – Risks & Effects**  
                  *Professor John Watkins, Consultant Epidemiologist, Public Health Wales*
- 1030**      **Welsh Government: Corporate Planning & Response Arrangements**  
                  *Dr Wyn Price, Head of Resilience, Welsh Government*
- 1050**      **Welsh Government: Health & Social Care Planning & Response Arrangements**  
                  *David Goulding*
- 1110**      **Public Health Wales: Addressing the Challenges**  
                  *Dr Marion Lyons, Director of Health Protection & Dr Gwen Lowe, Consultant in Communicable Disease Control*
- 1130**      **Break**
- d/1145**      **Health Board: Addressing the Challenges**  
                  *Dr Sara Hayes, Director of Public Health, Abertawe Bro Morgannwg Health Board*
- 1205**      **Primary Care: Addressing the Challenges**  
                  *Dr Ashok Rayani, GpC Wales, Out of Hours Manager for Abertawe Bro Morannwg & Partner in Practice, Swansea*
- 1220**      **Social Care: Addressing the Challenges**  
                  *Bruce McLernon, Director of Social Services, Carmarthenshire County Council*
- 1240**      **Welsh Ambulance Services NHS Trust: Addressing the Challenges**  
                  *Keith Williams, Head of Joint Health Resilience Unit, Welsh Ambulance Services NHS Trust/Betsi Cadwaladr University Health Board*
- 1300**      **Lunch**
- 1400**      **Syndicate Sessions**  
                  *David Goulding Facilitator*
- 1530**      **End**

**SYNDICATE GROUPS**

**SYNDICATE 1 (NW LRF)**

<b>Leigh Pusey</b>	Betsi Cadwaladr University Health Board
<b>Emma Binns</b>	Betsi Cadwaladr University Health Board
<b>Chris Whiteside</b>	Betsi Cadwaladr University Health Board
<b>Andrew Jones</b>	Betsi Cadwaladr University Health Board
<b>Dr Judy Hart</b>	Public Health Wales
<b>Stephanie Kneath</b>	NHS Direct Wales
<b>David Vardy</b>	Welsh Government
<b>*Keith Williams</b>	*Speaker

**SYNDICATE 2 (SW LRF)**

<b>Richard Sealey</b>	Cwm Taf Health Board
<b>Angela Jones</b>	Cwm Taf Health Board
<b>Bethan Cradle</b>	Cwm Taf Health Board
<b>Angela Stephenson</b>	Cardiff & Vale University Health Board
<b>Sian Jones</b>	Cardiff & Vale University Health Board
<b>Tim Davies</b>	Cardiff City Council
<b>Dr Rachel Jones</b>	Public Health Wales
<b>Guiliana Christmas</b>	Welsh Ambulance Services NHS Trust
<b>Anne Hinchliffe</b>	Public Health Wales

**SYNDICATE 3 (SW LRF)**

<b>Karen Jones</b>	Abertawe Bro Morgannwg University Health Board
<b>Rhys Howell</b>	Abertawe Bro Morgannwg University Health Board
<b>Delyth Davies</b>	Abertawe Bro Morgannwg University Health Board
<b>Margaret Lake</b>	Abertawe Bro Morgannwg University Health Board
<b>Judith Tomlinson</b>	Public Health Wales
<b>Andrew Moore</b>	Welsh Blood Service
<b>NR</b>	Welsh Government
<b>*Dr Gwen Lowe</b>	*Speaker

**SYNDICATE 4 (DP LRF)**

<b>Stuart Moncur</b>	Hywel Dda Health Board
<b>Sam Small</b>	Hywel Dda Health Board
<b>Sharon Evans</b>	Hywel Dda Health Board
<b>Dr Sumina Azam</b>	Powys Teaching Health Board
<b>Jayne Price</b>	Powys Teaching Health Board
<b>Donna Bale</b>	Powys Teaching Health Board

**SYNDICATE 5 (Gwent LRF)**

<b>Adrian Girvin</b>	Aneurin Bevan Health Board
<b>Liz Waters</b>	Aneurin Bevan Health Board
<b>Dr Lika Nehaul</b>	Public Health Wales
<b>Catherine Moore</b>	Public Health Wales
<b>Mark Roscrow</b>	NHS Shared Services Partnership
<b>David Hallows</b>	British Red Cross
<b>Andrew Riley</b>	Welsh Government
<b>Patrick Rees</b>	Welsh Ambulance Services NHS Trust

## SYNDICATE SESSION FEEDBACK

### Discussion Topic 1

in response to the detection and assessment phases of the pan flu scenario -

#### a. What are the priorities for health and social care ?

##### SYNDICATE 1

- Establish SCG
- Review LRF Plan
- HB Review their plans
  - Primary care
  - Secondary care – hospital plan
  - Infection control – fit testing/supply logistics
- Alert staff who need to action - voluntary sector, other agencies, care companies
- Establish lines of communication
- Test lines of communication

##### SYNDICATE 2

###### Health

- Activate plans – Health Board led – multi agency & tactical LRF plan
- Commence swabbing & sampling – logistics
- Management antivirals/PPE
- Communicate
- LES/DES
- Consider support needed for Primary Care
- Proactively consider implications and early issues

###### Social Care

- Identify vulnerable
- Community support
- Liaise with Education Department re schools

##### SYNDICATE 3

- Activate Flu Plans
- Set up command and control structure and sub groups as per plan including logistics – eg. testing ? distribution
- Priorities
- Communications – public, staff, stakeholders
- Local enhanced service
- Data collection
- Staffing
- Business continuity

#### b. What is expected of Public Health Wales ?



### **SYNDICATE 1**

- Set up SRT
- Wait for algorithm from PHE
- Working on Public Comms
- Labs set up testing (surveillance) and database

### **SYNDICATE 2**

- PHW SRT/Activate response plan
- HB activate
- Advice/guidance – enhance on call service
- Put in surge capacity in health protection
- Surveillance
- Liaise UK

### **SYNDICATE 3**

- Algorithms
- Info & advice
- Health coordinator
- Guidance
- Contact

## **c. How will the local response be co-ordinated?**

### **SYNDICATE 4**

- LRF Plan (current)
- HB Plans (current)
- SC Plans (current)
- LRF would meet > SCG (review membership) > co-ordinate & tasks

### **SYNDICATE 5**

- Local Health Board Level
- Rehearse local plan
- Identify key players
- Include comms
- Both bronze and silver teams
- Primary care/secondary care – surveillance planning
- Local logistics

## **d. What do you expect of the national response?**

### **SYNDICATE 4**

- Risks/best int.
- Timescales for answers
- Consistent messages (comms)
- National Resources Picture (stockpiles) (Mutual Aid)

- National Coordination Group (NHS Chair) – HBs etc., PHW, bacon butties

#### **SYNDICATE 5**

- UK v Wales – PHW/Welsh Assembly/Welsh Government – Wales Response Plan
- DH – UK expertise
- PHE/PHW/HPS/PHN
- Managing Politicians
- Informed statements
- Bacon butties

### **Discussion Topic 2**

In response to the treatment and escalation phases of the pan flu scenario

**a. What are the differences now the response has moved to treatment and escalation?**

#### **SYNDICATE 1**

- Panic – public – aggression confrontational – Staff
  - Uncertainty and doubt
  - Big increase in workload
  - Challenge to deliver normal services
  - Plan to select activities to defer
  - Fatigue of staff (battle weary)
  - Extra resources/redeployment of non essential staff
  - Communicate to all changing situation
  - Background work – assessing effectiveness of TX
  - Collating stats – severity
  - Health emergency planning group (silver) (sub groups) (HECC)
- National
- (4) clear, consistent standard messaging

#### **SYNDICATE 2**

- Activate all previous
- Maintain core services and seek additional – discharge/electives
- Engage community pharmacists (ACPs)
- Sitreps re “The Beast”
- Maintain Communications.

**b. What are the key priorities for health and social care and how can they be addressed?**

#### **SYNDICATE 3**

- Communication and support
- Targeting vaccination
- Awareness raising and preventative measures e.g. hand washing

- Clear advice to all front line staff about cohorting
- Maintenance of care services
- Managing expectations – public/security
- Data collection/reporting
- Logistics
- Protection of staff
- Deaths
- Call handling public/staff
- Business continuity/recovery

#### **SYNDICATE 4**

##### Planning

- Vaccinations – timing
- Business continuity management issues

##### Response

- Cases – where?
- Antivirals/respire – in situ
- Comms (local)/Media cell
- Internal comms
- Isolation/capacity with full review linked to daily sitreps

**c. What is expected of national response?**

#### **SYNDICATE 5**

- FLI Surveillance – Primary and Secondary Care
- RX effectiveness/still testing
- Service capacity – Primary/secondary care
- UK expertise – lab services
  - Effective dialogue – gov and PH
- Service response – Wales specific
  - Comms – public/professional/politicians/proactive
- Comparability of epidemiology – England v devolved
- Clear, consistent standard messaging

#### **Discussion topic 3**

In response to the recovery phase of the pan flu scenario

**a. What are the main issues that should be addressed in health and social care recovery plans?**

#### **SYNDICATE 1**

- Implement vaccination plan
- Lessons learned - preparing for Wave 2
- Staff support – bereavement/illness/motivation/recruitment
- Try and rescue normal services/catch up deferred work
- Staff supporting patients - bereavement/rehabilitation/relatives

- Review and refine plans – what worked
- Thanks to all staff for commitment
- WG to compile report
- Tea and sympathy and counselling!

## **SYNDICATE 2**

- Complete vaccination programme
- Rest support staff
- Replenish
- Agree prioritisation of return of services
- Lessons learned – prepare for 2<sup>nd</sup> wave

## **SYNDICATE 3**

- Support for staff/understanding
- Business continuity planning to aim for return to normal services
- Continued vaccination and general advice
- Lessons/debrief/data review
- Revise plans
- Resources

## **SYNDICATE 4**

- wider PH opportunity
- Recovery group – ? health lead
- Supplies – short term/medium term
- Double peak
- Staff – capacity
- Priorities and risks
- Impact Assessments (L.A)
- Redefine the new normality
- Debrief

## **SYNDICATE 5**

- Vaccination plans
  - Population v targeted
  - Vaccination strategy – universal - ? children/pregnant women/at risk elderly – decision based on epidemiology of attack rates etc
- Restart testing
  - real viral circulation
  - Viral changes
  - appropriate vaccine
- continue to RX service
- pressures flu and day job
- plan wash up
- monitor replace stockpiles

## EVALUATION RESPONSES

Evaluation forms collated – 29 completed sheets = 81% return

**Overall how satisfied were you with the day?**



**a. What was the most useful part of the day?**

- Presentations x 3
- Keith Williams' presentation x 5
- Gwen Lowe's presentation x 9
- Sara Hayes' presentation x 7
- John Watkins' presentation x 2
- Being able to talk to colleagues in other professional groups
- Reflections of key players and application in syndicate groups
- Workshop with my LRF multi agency partners
- Syndicate session – really useful to understand the practicalities
- Good discussions and good networking x 5
- The syndicate session allows you to consider other agencies/Health Board arrangements
- Meeting key people
- Lessons learned from previous pandemic
- Links between different sectors
- Shared learning from Swine Flu
- First hand experience from Public Health Wales and Health Boards
- Sharing information with other colleagues/learning from experience
- Discussion groups – thinking of how issues will impact on services

**b. What was the least useful part of the day?**

- The GP presentation x 2
- Dr Ashok Rayani's opportunistic reference to NGP pay and contract
- The Primary Care presentation could have discussed more on its working with secondary care, Welsh Government and Public Health Wales
- John Watkins, David Goulding and Dr Ashok Rayani's presentations

- Some of the presentations were too long
- Duplication of points covered in presentations
- Too much on what we did before
- Poor time management plus sweeping statements from GP representative – not helpful for joint working – too parochial
- Reference from WAST to his talk being dumped on him again wonderful even if that is how he felt
- Social Services perspective and GP views were political rather than useful
- A little predictable in the approach
- Poor presentation by Dr Rayani – seemed to be used as a political platform
- Presentations to be more focussed, short, snappy and more time limited
- Too much policy in the presentations – lessons learned are so much more valuable
- Presentations too long – some seemed focussed on wants rather than lessons learned
- Syndicate session
- Presentations in some cases had to be rushed
- Interesting to hear about Social Care principles – would have been helpful to have more detail

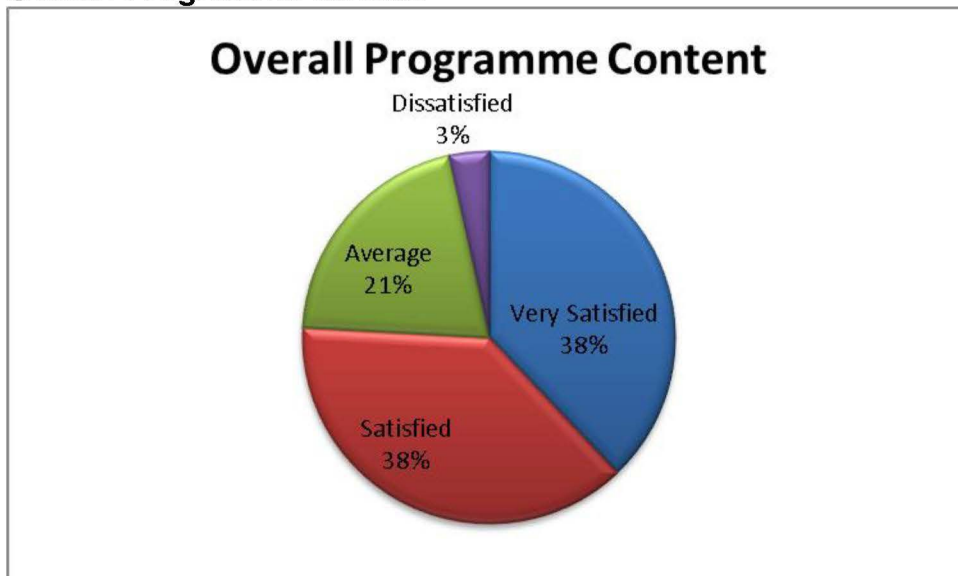
**c. What would you change about the day and why?**

- Fewer presentations
- Robustness of IT services
- Interactive syndicate sessions
- More driven as to what Welsh Government thought each Health Board/Social Services should be achieving at this current time. What part of the National Plan will Welsh Government be adopting
- Change Primary Care Representative/Presentation
- Syndicate predictable
- Presentations too rushed
- Refresher talks plus specific objectives for breakout sessions to be known beforehand
- Time – possibly less talks in the morning
- John Watkins' presentation very good but I couldn't hear it well. He didn't use the microphone even when he was told he needed to
- Review of presentations prior to the day – some duplication
- Chairman should keep speakers to allocated time. Provide invited speakers with a clearer remit for their presentations so that they meet the set objectives
- One less presentation – allows for run-over time
- Greater balance between presentations and workshops to promote discussion and learning
- I think headlines for changes required Health/Social Care would be very useful (update for this year)
- Have a vaccination group to develop similar plans and to facilitate a discussion – learn lessons
- Presentation session was too long – short and snappy, identify the issues
- Time management – better time keeping control - management of speakers
- Better technology – projector and mic distracting
- Microphone for the speakers – very hard to listen
- Nothing

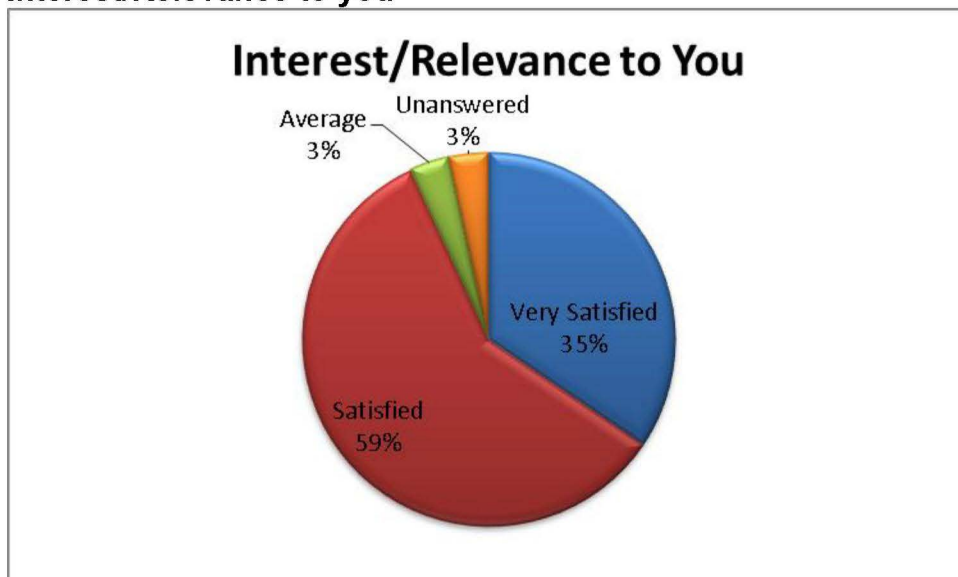
**Pre arrival details**



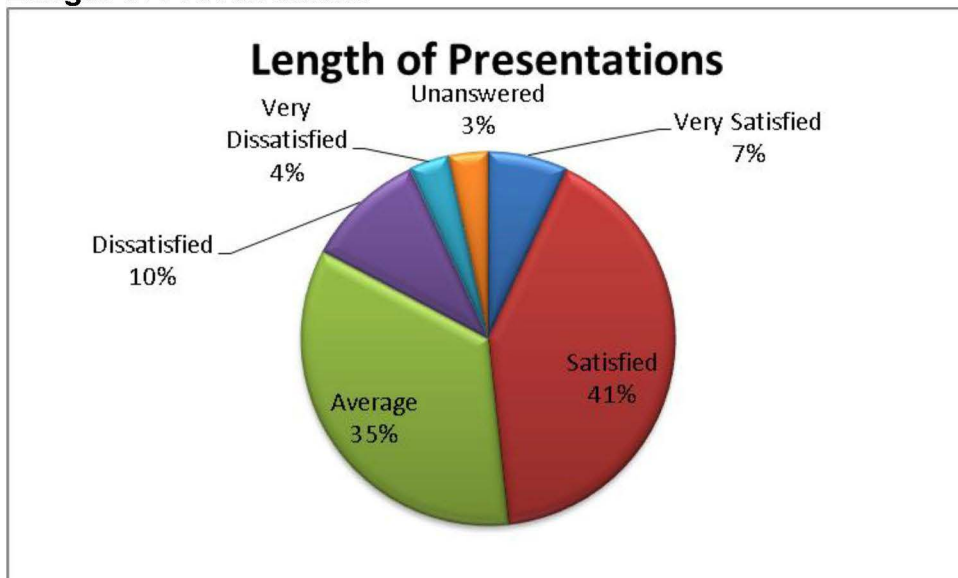
**Overall Programme content**



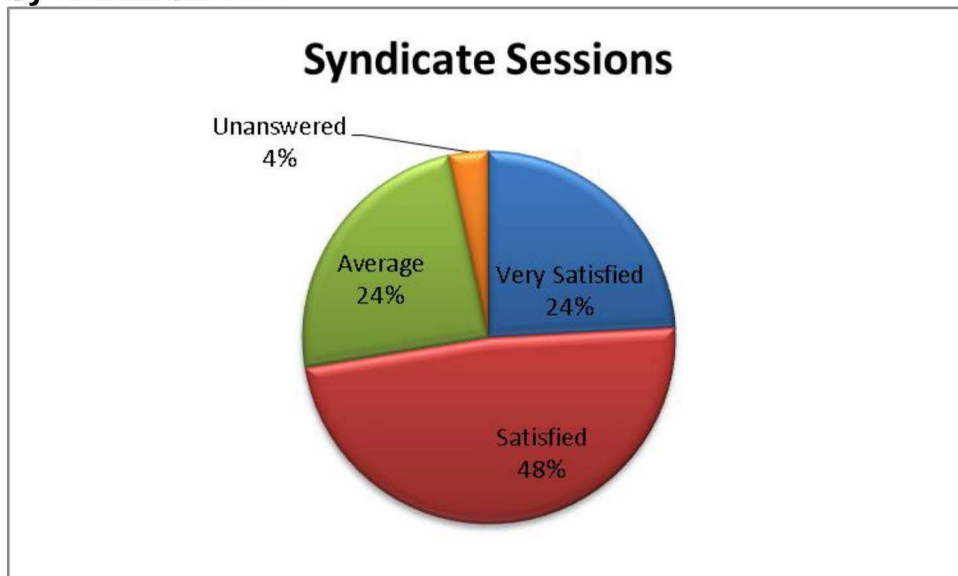
**Interest/Relevance to you**



### Length of Presentations



### Syndicate Session

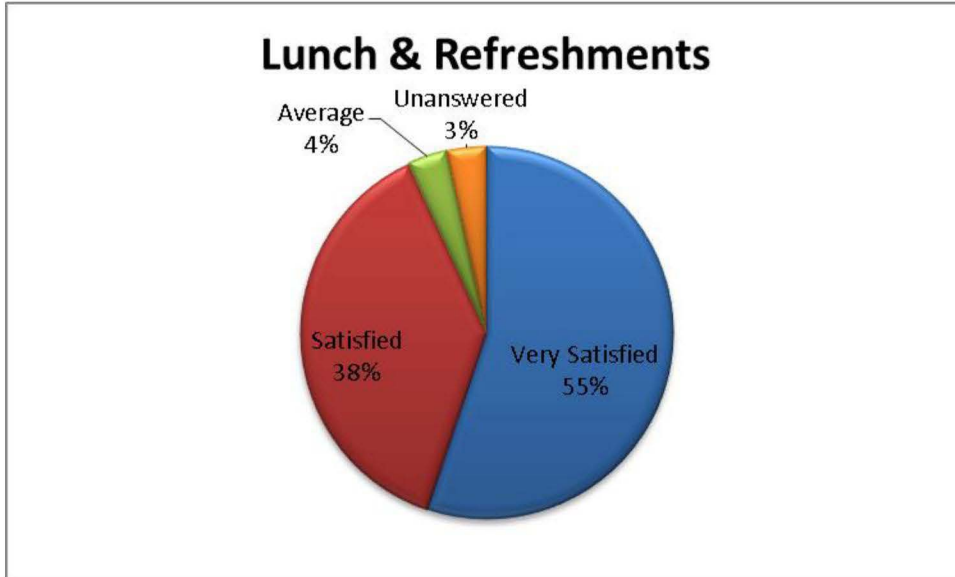


### Venue





## Lunch & refreshments



## Any other comments

- Hope to be able to contribute to further activities
- Enjoyed the worthwhile chats on flu issues with partners. I learnt some valuable lessons
- The proposed lengths were excellent but the majority over ran and the day was late commencing
- Very good day x 2
- Useful day. Good opportunity to reflect on local planning
- Better time management around presentations
- Venue hard to get to if you don't drive
- Valuable subject area let down by speakers being allowed to go beyond their allotted slot
- Food for thought. Creates a better understanding of the organisational studies involved in this process
- Overall a very good event that provided much food for thought – great networking opportunity, thanks
- Some speakers over ran which impacted on next speakers time. I thought it started at 9:15 not 10 am
- It would have been useful to have more detail on hotel access/facilities
- Very useful, good for networking
- Rather cold at times – all better in the afternoon – sound and temperature

**EVALUATION FORM**

Please complete this form before you leave as your comments help with the organisation of future events.

Name (optional): .....

Organisation: .....

Overall how satisfied were you with the day? (please tick one box only)

Very satisfied		Satisfied		Dissatisfied		Very dissatisfied	
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a. What was the most useful part of the day?

.....

b. What was the least useful part of the day?

.....

c. What would you change about the day and why?

.....

**Please tick the box for each question where 5 = Excellent and 1 = Poor**

Pre-arrival Details

5		4		3		2		1	
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Overall Programme Content

5		4		3		2		1	
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Interest / Relevance to you

5		4		3		2		1	
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Length of Presentations

5		4		3		2		1	
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Syndicate Session

5		4		3		2		1	
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Venue

5		4		3		2		1	
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Lunch & Refreshments

5		4		3		2		1	
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Any other comments .....

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***Thank you for taking the time to complete this form***