NHS Scotland Health Emergency Planning Officers’ Meeting
7 March 2007

Present: Harry Scott (Chair), Scottish Executive Health Department
Jim Blythe, SNBTS
Les Callaghan, NHS Dumfries and Galloway
Sorrel Cosens, Scottish Executive Health Department
Helen Docherty, HPS
Alan Dorn, NHS Greater Glasgow & Clyde
Carol Fraser, NHS Lothian
Douglas Grewar, NHS Tayside
Mike Herriot, Scottish Ambulance Service
Pauline Jones, NHS Forth Valley
Yvonne McGrinder, NHS Highland
Allan Penman; NHS Ayrshire & Arran
Ken Park, NHS Western Isles
Alan Robertson, NHS Lanarkshire
John Taylor, NHS Shetland
Baxter Tocher, Scottish Executive Health Department

1. Apologies

1.1 Richard Abel, Tom Gibson, Alex McSorley, Scott Miller, Margaret Walters

2. Welcome

2.1 Harry welcomed Ken Park the new EPO for NHS Western Isles.


3.1 The minutes of the last meeting were agreed. No actions were outstanding.

4. Exercise Winter Willow

4.1 This was the largest civil contingencies exercise since the Cold War, with approximately 500 participants in Scotland and 5000 across the UK. Harry circulated a paper on issues that had arisen from the preliminary de-brief sessions for Exercise Winter Willow. Feedback from local and regional de-briefs on regional and national issues should be sent to the Emergency Planning Team as soon as possible for exercise evaluation. The (UK) National Planning Team aims to have its preliminary report on the exercise completed by the end of March.

4.2 Harry has fed back, supported by the other two Devolved Administrations, that the coordination for pandemic flu response in Scotland (both in exercise and reality) should be through the Cabinet Office for the UK and Justice Department for Scotland. Alan Dorn noted that the Strathclyde region supported this view and had always considered Winter Willow as a civil contingencies challenge to be lead by the SCG. It is also recommended that a dedicated team is established, working to longer timescales, should a similar exercise be planned again.

4.3 Jim Blythe commented that NHS National Services Scotland Board would value sight of the lessons learned in Winter Willow to address their wider business continuity challenges in a pandemic situation. These will be available in time, and in the meantime this early paper can be circulated to a wider NHS audience.
4.4 The SEHD Pandemic Flu Co-ordination Team are continuing work on guidance and funding for the use of masks in a pandemic. Other services looked to the NHS for advice on masks in the exercise, and also for planning for outbreaks of infection. Carol Fraser pointed out that infection control guidance clearly defines where there is a need for masks, and Scottish Healthcare Supplies have the specification for ordering these for the NHS. Hospitals have masks currently, but consideration is being given to the wider communities of workers, both in health and other areas. The Scottish Executive is exploring funding, and Mike Herriot reported that he is on the Emergency Services Group which is discussing the types of masks available. The meeting felt that we could not continue to give out the conflicting messages that a pandemic could happen at any time, and yet we do not have a decision on the specification and availability of masks for infection control. Baxter will take this back to the Pandemic Flu team to try and speed up progress.

**Action:** Baxter Tocher

4.5 Alan Dorn asked about the provision of sufficient body bags for pandemic flu or other causes of mass fatalities. Harry advised that a Mass Fatalities workstream is being lead through SE Justice Department with the SCGs, which would address this.

5. **Replacement of current Emergency Communications Network**

5.1 Baxter drew attention to Annex B of the Resilient Telecommunications Network Strategy Report that had been circulated. The previous ECN phone lines for each NHS Board are to be replaced by an Airwave unit, as part of the implementation programme co-ordinated by the Civil Contingencies Unit. SAS hospital-based radios are also being replaced with Airwave sets, and Police roll-out includes spare units for use in Major Incidents. The location of each unit, for use in the NHS Board control room, is for local arrangement. The configuration and training requirements for these units are still to be confirmed.

5.2 A decision has not been reached about the Alert system being trialled in Lothian by L&B Police, Fire and the Local Authorities. Carol explained that NHS Lothian had been reluctant to join this pilot due to the costs, and chose to wait to see if SEJD endorsed and implemented a national system. Harry reported that the CCU had asked the Health Emergency Planning Team to look at this with them under the Strategic Spending Review, which Baxter will progress.

**Action:** Baxter Tocher

6. **Replacement of mobile decontamination units for hospitals**

6.1 The current hospital decontamination units will reach the end of their operational shelf-life in 2008. In England the DH has taken the line that they may not fund the replacement of these units for acute hospital trusts in England, but a preliminary business case to replace them for NHSScotland out of 2008/09 funding has been submitted. This case was based on estimated costs and Harry will be asking NHS Boards to consider their requirement for replacement shortly.

6.2 Mike Herriot reported that the new issue mobile decontamination units are greatly improved following feedback, further research and re-specification of the design. The new design includes both disrobing and dressing areas as part of the unit.

6.3 The fixed unit proposed by Dr Duncan Grey (NHS Lanarkshire) will not be a suitable option for all locations in Scotland and is unlikely to attract a bid for central funding, although Harry acknowledged that some boards had expressed positive interest. Alan Dorn asked if the design could be endorsed, even without funding being made available, in order to clarify responsibility and liability should a Board choose to use this alternative. At present, only the standard issue mobile decontamination unit can be endorsed.

7. **NHSScotland Emergency Preparedness Guidance**
7.1 Sorrel reported that a small working group would be established to look at revising NHS Scotland’s guidance in this field. A number HEPOs have already fed back that the Department of Health 2005 guidance for England would be the best starting point, and Sorrel is looking for a representative from SAS, and three or four Health Board EPOs to make the core working group.

**Action:** Please contact Sorrel Cosens to volunteer

7.2 An initial meeting will be held in the next four weeks, and it hoped that future work can be undertaken largely by email, with meetings in person scheduled alongside future HEPO meetings. Les Callaghan and Yvonne McGrinder suggested that video / telephone conferencing could also be set up.

**Action:** Sorrel Cosens

8. **Scottish Executive Civil Contingencies Unit**

8.1 Harry reported that the CCU would have a standing invitation to send a representative to the quarterly Health meeting, although they had had to send their apologies today. A member of the SEHD Emergency Planning Team is invited to attend the SCG Co-ordinators’ Forum as a reciprocal arrangement.

9. **Medical Incident Officer Arrangements**

9.1 Yvonne McGrinder sought advice and information on the MIO arrangements elsewhere in Scotland, to inform her discussions with Highland GPs. They are pursuing confirmation of the training and equipment provision, and payment, for the role, possibly through a formal contract with the CHPs.

Most Health Boards have MIO provision through their acute hospitals rather than GPs. NHS Dumfries & Galloway primarily use GPs in this role, with a call-out arrangement, rather than formal on-call duties. Immediate Care is funded through the GMS contract, and GPs pursued MIMMS training in order to extend their capabilities to respond to an emergency. NHS D&G provide MIMMS and ATLS / BASIC training free of charge, on the understanding that GPs attend if called and available. The SAS in D&G carry contacts for all Immediate Care and MIMMS-trained practitioners, and the MIO for an incident is on the basis of the first available doctor. Insurance is provided by NHS D&G, and a MoU, not a contract, is signed by participating GPs. Les Callaghan will circulate details.

**Action:** Les Callaghan

In Shetland a number GPs are MIMMS trained and issued with equipment to respond as MIO.

NHS Tayside has a rota of MIOs who are contracted and paid for their participation. Douglas Grewar will circulate details.

**Action:** Douglas Grewar

Carol Fraser felt that there would be an ethical-legal requirement for the Boards to define the job description, knowledge and skills required of an MIO, so that a contract could clearly state where a doctor stood in law and what was expected of them should they attend an incident. The meeting agreed that there is no specific legislation on this subject, but as Category 1 responders under the CCA, a Health Board must provide a suitably qualified MIO in the event of an incident.

It was recommended that Yvonne approach BASIC, Scotland for information on training available. Yvonne will circulate her paper on the options and issues raised around the role of MIO.

**Action:** Yvonne McGrinder
9.2 Alan Dorn sought guidance on Site Medical Teams from hospitals attending incidents across NHS Board boundaries, as the reduction and changes to A&Es across Scotland would impact on the number of sites capable of providing a Site Medical Team. Douglas Grewar raised the point that with the introduction of Hospital at Night schemes, acute hospitals would be less able to respond to an incident and provide a site medical team out of hours.

Mike Herriot informed the meeting that the proposal that SAS provide MIO cover across Scotland was being debated again, and that he would keep this group informed.

10. **Pandemic Flu: alternative provision of care**

10.1 SCGs are looking for further clarification of mortuary capacity, and expansion in the case of a pandemic. It is not clear who will pay for this provision. Douglas Grewar will forward a copy of the SCG letter sent on 26/01/07 to Sorrel for information.

**Action: Douglas Grewar**

10.2 The proposed activation of the National Emergency Mortuary Arrangements (200 fatalities) is felt to be too high, and John Taylor confirmed that this could be scaled down. This is an area for the SCGs as Police and Local Authorities are responsible for mortuary provision.

10.3 There continues to be confusion by some organisations between full mortuary-facilities and body holding areas

11. **Pandemic Flu: social distancing**

11.1 Les Callaghan recommended all HEPOs consider social distancing as part of their pandemic flu planning, referring them to: www.socialdistancing.org. Harry Scott reported that related issues had been discussed during Winter Willow, with mixed opinions across the UK. The SEHD Emergency Planning Team will pass details to the Pandemic Flu Co-ordination Team for their consideration as well.

12. **Private Ambulance Services (circulated)**

12.1 Mike Herriot had circulated a short paper on ambulance service provision for major crowd events. The SAS have concerns about the safety of the public and the lack of powers to ensure appropriate ambulance cover. Training, equipment, and the level of cover provided is not necessarily up to an appropriate standard for the scale of an event, and the SAS often find themselves responding to a 999 call, and is involved in some legal proceedings as a consequence. The SAS used to be approached by the licensing authority regarding applications for major events, but this does not happen routinely. Alan Dorn confirmed that NHS Greater Glasgow & Clyde would welcome legislation in this area to improve public safety.

Mike asked the meeting to consider agreeing a line on appropriate levels of standard cover for crowd events. Harry Scott supported this approach and recommended Mike and Baxter also contact Gwen Nicholson in SEHD to follow up addressing their concerns through legislation.

13. **Ambulance Service Developments, including Model Response**

13.1 A short paper on developments was tabled for discussion. The new PPE being funded by SEHD is beginning to arrive, and will be distributed through the SAS to NHS Boards. For storage, HEPOs should note that each suit comes in a large box weighing 45kgs.

13.2 The SAS have submitted a business case to SEHD for funding to support the ambulance service provision of the Model Response, which is devolved (unlike the Police and Fire Rescue Service)
13.3 The Department of Health have funded enhancements for responding to CBRN incidents.

13.4 Alan Dorn requested that funding for Hospital Decontamination training be arranged centrally for the SAS to provide standardised training for all NHS Boards.

13.5 Yvonne McGrinder queried whether the use of suits for A&E Consultants should be revisited with the issue of the new PPE. Mike replied that the SAS did not think this necessary.

13.6 Yvonne welcomed this funding and developments for the SAS, but expressed concern at the limited SAS involvement in local and regional multi-agency training. She added that NHS Highland were also considering withdrawing from exercises if the ambulance service were unable to play their role, and requested an update for the next meeting.

Others agreed that the SAS representation at recent exercises had not been as good as they would wish. Les Callaghan said that while he felt there was no need to test the SAS operationally as they fulfil that role daily, the command and control does require to be exercised.

Mike agreed that with staff shortages and secondments his team could not cover everything that they would like, and that he would report back to the next meeting on exercise attendance and involvement.

Action: Mike Herriot

14. SCG Co-ordinators Forum & National Organisations Meeting

14.1 The issue of ambulance service resources for training and exercising were also discussed in the SCG Co-ordinators forum and Mike repeated that they were not in a position to provide the level of involvement that they would like to.

15. Power supply problems

15.1 Following a reported decrease in power production at Longannet Power Station in January, and the possible impact on health and hospital services, Alan Robertson asked for reassurance that in the event of such a potential emergency, communications were robust. Baxter confirmed that this power outage problem has been misrepresented by the press, and internal procedures for Scottish Power and other providers could be relied on were there a genuine concern to report.

16. Airwave

16.1 Alan Robertson asked if there were plans to provide additional Airwave capacity for the NHS. Harry said this was not planned at present.

17. Any other business

17.1 ACCOLC: Douglas Grewar asked if this was being progressed. Harry stated that the scheme was still in operation, but the practicality of it being implemented was being questioned. It was also a difficult and lengthy process to get mobile telephones registered on the scheme.

17.2 HPS JHAC course: Helen Docherty confirmed that most Boards had CPH or DPH representation on the upcoming course.

17.3 Police Incident Officers’ Training at Tulliallan: Alan Dorn has traditionally delivered the role of the NHS (including the SAS with SAS endorsement) in a Strathclyde Police training event, but this is now going to be provided nationally at the Scottish Police College. Alan is looking for other NHS Emergency Planning representatives to participate in delivering this, and will send the details to Harry.

Action: Alan Dorn
17.4 Hospital MIMMS course: Les Callaghan asked if anyone knew of an HMIMMS course coming up, and was advised to contact BASICS.

17.5 While powder incident in Lanarkshire: Mike Herriot reported that following the incident in the DVLA offices in February the SAS were asked to carry out an internal investigation into the response by all agencies. Problems in the handling of this incident were identified at every stage and these are being addressed. In particular it is highlighted that as soon as the SAS are aware of a possible decontamination incident the relevant hospitals will be notified as a matter of course. The same would happen for notification of VIP casualties.

18. Next meeting

- Tues 5 June, 10.30-12.30, Conference Room C, St Andrew's House

Future meetings

- Wed 5 September, 10.30-12.30, Conference Room A, St Andrew’s House
- Tues 4 December, 10.30-12.30, Conference Room A, St Andrew's House