

West Midlands



Councillor W J S Thomas  
Chairman of the Health Scrutiny Committee  
Herefordshire District Council  
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25<sup>th</sup> August 2005

Dear Councillor Thomas

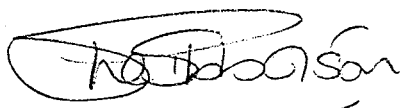
Thank you for your letter dated 12 August 2005 regarding follow-up to the report of the Council's Health Scrutiny Committee in August 2004. I am very pleased to respond to the Committee's recommendations where those recommendations are relevant to the work of the Herefordshire & Worcestershire Local Health Protection Unit (HPU) and the HPA as a whole. Therefore I will follow the format of the recommendations that you kindly attach in your letter.

- a) Once again I would like to thank the Committee in its praise of the function of our Unit and the other teams involved in the management of this outbreak. I would also like to point out that the lessons learnt from this outbreak have already been of material benefit in the management of a similar but smaller outbreak of Legionnaires' disease that occurred in November 2004 in Redditch, Worcestershire. We are extremely grateful for the advice that the Environmental Health Service of Herefordshire Council were able to offer their colleagues at Redditch Borough Council during this outbreak.
- b) The appropriate accommodation of an outbreak team is largely dependent on the nature of the outbreak concerned. Recently in February this year, an incident involving a healthcare worker infected with Hepatitis C who had been employed by Hereford Hospitals NHS Trust some years previously, was managed through the use of an Incident Room at Herefordshire Primary Care Trust. A computerised telephone helpline was set up successfully and a large number of staff worked out of hours to manage this incident, one of the largest of its kind nationally. We believe this demonstrates the ability of Herefordshire to set up Incident and Outbreak Management Teams on behalf of other organisations in the county in a very effective manner. We would anticipate that this facility could also be managed at Herefordshire Council offices, for example in the event of serious flooding of the River Wye. The location of the preferred site would always be one of the first tasks of the Outbreak or Incident Management Team to decide upon.
- c) A newly revised protocol for managing outbreaks in Herefordshire has been agreed between the Environmental Health Team, the HPA and Herefordshire PCT. In addition, we are developing a Memorandum of Understanding with Herefordshire Council to further clarify roles and responsibilities of the various teams involved.

- d) I can confirm that following the Legionnaires' disease outbreak in Herefordshire, the lessons learnt were used to improve local and indeed national systems to enhance the management of such an outbreak. These were communicated to a large number of people locally and through national conferences.
- e) The Herefordshire and Worcestershire Primary Care Trusts have employed a new Emergency Planning Officer, Mr Sim Foreman. He has met and revised the current PCT Emergency Plans, and has also built up a good working relationship with Herefordshire Council's Emergency Planning Team. On 17 June this year, the Herefordshire & Worcestershire HPU hosted a national exercise to rehearse the use of mass prophylaxis in the event of a deliberate release of anthrax spores. This was held at Worcestershire Rugby Club and involved national and regional experts from across the health field as well as local authorities. We feel that this has offered the Local Unit valuable experience in preparing for any major incident of that type.
- g) The question as to whether Legionnaires' disease can be made a notifiable disease continues to be debated nationally. We have supported this recommendation.
- h) As I indicated previously, the learning points that emerged from the formal review of this outbreak have been disseminated widely. We have good evidence that these lessons have already been adopted in other real-life outbreaks and, once again, wish to thank Environmental Health Officers from Herefordshire for their active help in the Redditch Legionnaires' outbreak.
- i) We believe that issuing joint press releases is then vital to the management of any incident, and this was adopted during the Hepatitis C look-back exercise in February this year. We would always strongly recommend that any information to the media should be carefully planned and if possible released jointly with Herefordshire Council and other relevant organisations.
- j) The arrangements for surveillance of infectious diseases have been strengthened nationally and regionally. There is now a dedicated Information Officer for the Herefordshire & Worcestershire Health Protection Unit and this post not only supports local surveillance but also forms part of the regional surveillance network that is designed to detect any slow increase in notifications or otherwise of infectious diseases. Since 2004, the use of new surveillance systems, for example collation and analysis of telephone calls to NHS Direct, are also proving a further valuable means of identifying threats to the public.
- k) A regular training programme with local Emergency Services is being put in place under recommendations from the Civil Contingencies Act as well as being part of the work programme of our newly-appointed PCT Emergency Planning Officer.
- l) The use of collaborative working is now well-established within Herefordshire as was borne out by the recent look-back exercise.

If you wish for any further information please do not hesitate to contact me.

Yours sincerely



Dr Sue Ibbotson  
Regional Director West Midlands

HEREFORDSHIRE  
COUNCIL

**Leader of the Council**  
Councillor R.J. Phillips

Councillor W.J.S. Thomas,  
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19th September, 2005

  
Dear Councillor Thomas,

**HEALTH SCRUTINY COMMITTEE - REVIEW OF THE MANAGEMENT OF THE LEGIONNAIRE'S DISEASE IN HEREFORDSHIRE - FOLLOW UP**

I have been pleased to note the very thorough approach which the Health Scrutiny Committee has adopted to its review of the handling of the outbreak of Legionnaire's Disease in Herefordshire.

Whilst accepting that the Health Scrutiny's assessment of the handling of the outbreak was broadly positive, it is important that even in the context of a positive assessment we should look to improve if we should ever face such a situation again.

I am, therefore, very pleased with the response which our Emergency Planning Officer, Mr. Philip Wilson, has prepared for Health Scrutiny Committee and it has my whole-hearted support.

I am also pleased that it is explained for Health Scrutiny the very significant changes which have been made to the structure of Emergency Planning following the passage of the Civil Contingencies Act 2004 into law. I believe our preparations under the Civil Contingencies Act are well under way and along with the individual actions described will provide a stronger framework within which to manage such outbreaks and other emergencies in the future. I hope your Scrutiny Committee will feel, despite its conclusion that the last outbreak was well handled, we will be in a better position today to respond if that situation was to be repeated.

Yours sincerely,

  
**R.J. PHILLIPS**  
**LEADER OF THE COUNCIL**



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**County Secretary and Solicitor**  
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9th September, 2005

Dear Councillor Thomas,

**HEALTH SCRUTINY COMMITTEE - REVIEW OF THE MANAGEMENT OF THE LEGIONNAIRES DISEASE IN HEREFORDSHIRE - FOLLOW UP**

I have been asked, as the Emergency Planning Manager, to respond to your letter of the 12<sup>th</sup> August, regarding the follow-up to the report of the Health Scrutiny Committee in August 2004. As acknowledged at the time, the Committee's complimentary remarks on the handling of the outbreak and professionalism of those involved were appreciated.

Since publication of your report last year, the Civil Contingencies Act (CCA) 2004 has placed specific duties on the Council and its partner Category 1 (Local Authorities, Emergency Services, National Health Service bodies and the Environment Agency) and Category 2 Responders (providers of utilities, transport and the Health and Safety Executive) and your timely review of the responses to the outbreak is welcome. Whilst appreciating that the consensus view is that the outbreak was essentially well handled and was, as all human disease incidents are, a Health Protection Agency lead, there were, of course, valuable recommendations made by your Committee and the CCA 2004 has assisted us in focussing on areas where improvements to our response arrangements can be made.

The CCA 2004 has formalised the co-operation arrangements between the Category 1 and, when appropriate, Category 2 Responders. The Herefordshire and Worcestershire Emergency Planning and Senior Co-ordination Group (EPSCOG) and SEPSCOG (Shropshire, Telford and Wrekin) have now been replaced by a single West Mercia Local Resilience Forum (LRF), which met, for the first time, in August. Already a General Working Group has been formed, tasked by the LRF, to receive, co-ordinate and monitor progress across work groups, which are to look at risk assessment, communications, emergency planning, training and exercising, business continuity, essential services and volunteers. Additional special projects groups will also be created, as required, and the first of these groups will be looking at the at resilience issues relating to a possible influenza pandemic, chaired by the Health Protection Agency.

In Herefordshire there is close co-operation between our Emergency Planning Unit, Environmental Health and Trading Standards, the Environment Agency, the Health Protection Agency and Herefordshire Primary Care Trust. This co-operation has recently been enhanced by the key appointment of an Emergency Planning Officer by the Herefordshire and Worcestershire PCT. In



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response to the CCA 2004, we have, with our partners, initiated a Herefordshire Emergency Response Major Incident Team, which met for the first time in July. Whilst Terms of Reference have not yet been finally approved, the role of this Team will embrace the production of a Herefordshire risk assessment, which will include an appraisal of human diseases, from which the requirement for specific emergency plans, will emerge and which might include an explicit need for a plan to deal with a similar outbreak. The Team will also support the planning and conduct of multi-agency training in support of these plans.

We have taken steps forward in identifying the most appropriate location from which to accommodate Incident and Management Teams. The nature of a major incident will normally dictate from where the response to it can be best managed. The ability of the Herefordshire Primary Care Trust to set up an Incident Room to manage a health specific event was proved again, in February this year, in response to a Hepatitis C infection occurrence. The Council's Emergency Response Centre at Brockington can always be made available as an alternative, if required, and would normally be the location for the Council's management of non-health specific incidents – unless Brockington itself was affected.

Since publication of the Committee's recommendations, a draft Memorandum of Understanding, between the Council and the Health Protection Agency, dealing with the protocols for infectious disease management has been circulated and a meeting is due to take place this month to finalise the document.

The Council's Emergency Planning Unit is working closely with the newly appointed Primary Care Trust Emergency Planning Officer to ensure that appropriate emergency plans for dealing with human disease outbreaks are in place, tested and exercised. As well as a prudent course of action in its own right, it is also one required by the CCA 2004 and will include arrangements for warning and informing the public. We participated in the recent national anthrax exercise, hosted by the Herefordshire and Worcestershire HPU and are taking part in other HPA exercises later this year.

The national debate over the notification of Legionnaires' disease continues and notification is supported by the Health Protection Agency. However, after further consideration of the relevant legislation, we are satisfied that there is provision to make a disease notifiable locally. With this provision, the issue over the changes to certain industrial processes that might hamper future responses becomes irrelevant and no further action by Cabinet is necessary.

The Health Protection Agency has conducted a post-incident evaluation, which incorporated the use of root cause analysis methodology, from which a report was produced, highlighting lessons learned. Similarly, Environmental Health and Trading Standards conducted its own post-incident review, which resulted in a summary document being produced that listed learning points and resource needs. A simple internal protocol for handling similar incidents has been produced by Environmental Health and Trading Standards.

Environmental Health and Trading Standards updates the register of cooling systems each time a notification is received and there is a procedure in place for administering the notification process. As part of the EPA Part B process of inspections and applications, a 'checklist' has been developed, which covers wet cooling systems.

With these measures I believe that, with our partners, we have enhanced our ability to effectively respond to a similar outbreak of legionnaires' and other diseases.

Yours sincerely,

**PHILIP A. WILSON**

Pb/lob

1 September 2005

Councillor WJS Thomas  
Chairman of the Health Scrutiny Committee  
County of Herefordshire District Council  
P O Box 240 Brockington  
35 Hafod Road  
Hereford HR1 1ZT

Dear Councillor Thomas

**Health Scrutiny Committee – Review of the Management of the Outbreak of Legionnaires Disease**

Thank you for your letter of 12 August and for the chance to update the Committee on how the experience gained during the Legionnaires outbreak has helped us to make improvements. Our progress is as follows, using the same lettered points as in your recommendations.

- a. Noted
- b. We have made improvements to the accommodation and the facilities, telephone infrastructure etc available for the team to use at the PCT on occasions like this. We have also agreed with HHT that they would make an incident room available for use if, for any reason, we could not use our own. What constitutes the best accommodation option will depend on the circumstances.
- c. I am pleased to report that a new version of a protocol for managing outbreaks has been agreed between Environmental Health, the PCT and HPA recently.
- (d. For response by the Health Protection Agency.)
- (e.to.h Recommendations to Cabinet.)
- i. We have developed the practice of issuing joint, or co-ordinated press releases where this is appropriate which has worked well – for example in the recent case of an infected health worker where we worked with Hereford Hospitals Trust to contact patients and work with the media. There may be other occasions where, although it is helpful to be aware



of other agencies' approach to the media, different organisations have different, legitimate messages they need to communicate. I think we have jointly developed a better understanding of when joint press releases are and are not appropriate.

- j. Noted.
- k. Progress has been made in forming a network group which brings together emergency planners and risk managers from all the relevant local organisations, and training is one of the issues they are considering. The PCT has a new Emergency Planning Officer (shared post with Worcestershire PCTs) who is taking this forward.
- l. Noted – and the example quoted in my reply on point i. about the infected health worker has been a further example of this, and worked very well, with the PCT and HHT co-ordinating their communications with staff in the two organisations.

I hope this response is helpful, and please do let me know if you need any other information.

Yours sincerely

**Paul Bates**  
**Chief Executive**



Ref: HB/AMM

Date: 8 September 2005,

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Dear Stuart,

**HEALTH SCRUTINY COMMITTEE – REVIEW OF THE MANAGEMENT OF THE  
LEGIONNAIRES DISEASE IN HEREFORDSHIRE – FOLLOW-UP**

Thank you for your letter of 12 August requesting our comments on the management of legionnaires disease in Herefordshire.

I am pleased to be able to update the committee that since I last communicated with you, a local Herefordshire Emergency Planning Group has been established which involves public health leads in emergency planning from the PCT, HHT and the Council. Their remit includes considering the actions to be taken in the event of similar outbreaks to that of Legionnaires along with contingency plans to ensure continuity of Health Services to the people of Herefordshire.

In addition to the above, the group will also be undertaking Risk Assessments in accordance with the Civil Contingencies Act 2004.

I hope the above meets your requirements for your report at the Health Scrutiny Committee.

Yours sincerely

David Rose  
**Chief Executive**