

Harry Williamson

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Sent: 28 October 2022 16:50
To: Harry Williamson
Subject: RE: DEPZ Proof - Feedback re Appeal

External Email

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Good Afternoon Harry

Apologies for the delay in getting back to you but I have now read the full proof submitted and have made some comments as bullet points as set out below.

In the time available I have just done them as simple points but I hope they make enough sense to you to help you develop your rebuttal.

My summary of the comments made however that whilst there are many accurate points there are some points which are irrelevant to the case in particular in relation to the determination of the DEPZ and the science behind it. Where we are importantly is we have legislation which requires this Council to have a plan to support the whole of the DEPZ and in the case of AWE Burghfield this is a large area with a large population. In addition for AWE B there are some specific weather related conditions which need to be taken into account therefore the simplicity of some of the arguments are not accurate. Therefore we could not assure the regulators that the addition of these 49 dwellings on top of those already there and the addition of approximately 120 new people would not affect the AWE Off-Site Emergency plan.

It should also be stated that the area of the development is within the UPA as set out by AWE in their AWE B CR of 2019 therefore there are additional risks relating to anyone in that area should there be a radiation emergency.

Finally I would suggest that the appellant has made some comments about the response which are very simplistic and do not take account of the complex nature of the response to a radiation emergency, the resources it would involve from all the agencies from the response to the end point of recovery. It is potentially huge, requiring a significant pool of resources from local, regional, national and potentially international agencies which has not been reflected in their response.

Points noted:

- Noted about the appeals he has been involved in but there are probably as many, if not more where the cases were dismissed
- P6
 - o Affordable homes –is an interesting one – almost as if they are doing us a favour to have them there...
 - o Noted about their likelihood comment but as with flooding we all know a 1 in a 100 year flood can occur for 3 consecutive years therefore in relation to his comments 1:1,000,000 (which I do not necessarily agree with) - if there was no risk we would not need to have a plan and we base all our work on REPP19, the consequence report and therefore the UPA and DEPZ.
 - o To some extent the effective dose calculations are also academic and not relevant – the site is in the UPA and the contamination levels which could be experienced may vary across the whole area dependant on the release at the time, the weather conditions etc – the point is however the plan we have aims to protect public health as much as it can and when radiation is involved people will

want to know that our plans are in place and effective and that their risk of getting cancer is limited and that we can support them in the recovery process. In addition we are required by REPIIR to have the adequate plan in place – which is just fact and therefore the impact on the plan is the issue here not so much the arguments here about the increased level of getting cancer.

- P7

- Factually incorrect – the site is within the UPA and therefore urgent protective actions would be necessary – regardless of anywhere else in the DEPZ
- Longer term relocation – an assumption which is not based on fact – every incident would be different and if this site was in the area being contaminated there may well be a requirement to evacuate and have longer term accommodation – and this would be on top of all the other premises in and around that area. So adding significantly to the response and recovery. Noting that recently in one evacuation of 127 homes it was identified for the short period needed 24 households had nowhere else to go to.
- Outline planning zone comment – yes the principles would be followed but that does not say that it would be easy – indeed in many areas it would be significantly challenging. We do not need to plan in detail for outline planning zone – but we have data to support it.
- 49 properties is not a small number – when taking into account the number of occupants AND more importantly when adding this ‘small’ number on top of all the rest noting that in some rest centers we could only accommodate around 300 people and therefore this additional number of people if they needed to be evacuated to allow clean up would mean an additional rest centre and all the resources associated with it. In addition for longer term recovery then finding an additional 49 homes for them to live in would be near on impossible on top of all the others
- Additional social care or health resources needed – missed the point altogether than some carers need to visit homes up to 6 times a day so if a few hours that MAY be OK but for 48hrs – this would not be the case. Therefore either getting vulnerable out and/or getting carers in is a significant task. Again noting this is 49 dwellings above the existing. Again it may be worth noting that in the recent OCC water event ~37000 without water resulted in over 5200 people who were identified as vulnerable.
- The point made about that ‘it is important to emphasise to carers and members of the emergency services that entry into areas having low levels of radioactive contamination does not pose a threat to their health[’ is inaccurate and not appropriate to use since the appellant does not know the detail and the fact that every incident is different depending on a wide range of issues could in fact could result in more people being contaminated. It is not the appellants place to make such statements with no monitoring data at the time of an incident to back it up.
- The point make about timing not being so critical to relocate people again is not necessarily factually correct since it would depend very much on the incident. In addition advise provided by the UKHSA has been that after 48hrs then the protection provided by a building starts to deteriorate therefore there is a risk that timings will be an issue – not least because any relocation as a result of an evacuation will need to be planned in detail as asap in order to ensure everyone affected is evacuated – which may include transport, places to move to etc etc.

- P8

- Suggests that the plan could be amended to accommodate all – this is not the case due to the already high density of population in that area – mainly due to resources – people out at time of incident needing support, those in the area needing support etc etc so a further 120 people is not an insignificant amount to look after.
- Boundary hall – you may wish to look at this appeal but they have chosen to ignore the fact this was already allocated land so it is not as simple as they have tried to show. It was refused at appeal by the inspector but the SOS overturned that decision.
- Noted that no activity is risk free but when we know of a risk, and the experts have identified an area around it where urgent protective actions need to be taken then this must be taken it account. In addition when taking COMAH sites as another example and the lessons from Buncefield where the damage could clearly be seen and a as result the placing of homes (and other businesses for the domino effect) is now strongly advised against. This should be no different.
- Demonstration is always challenging but it is the rest centres, the resources, the long term recovery and placing of residents whilst this is going on – on top of those already existing, and some of the

unique risks associated with AWE B that needs to be taken into account – which we have and hence the response advise against.

- Points

- 1.2 – 7000 – in one appeal I have noted that across 4 Councils we only have ‘space’ for pprox.. 4500 and that does not include the staffing for all of them 24/7 – nor RMU, nor the mix of people inside and outside the area and the worried people who may be visiting or passing through the area (eg M4). Any increase of 120 people is therefore a significant increase of half an average sized rest centre.
- 2.0 - most of this is factually correct but irrelevant since this application is in the UPA and therefore even if no housing etc around it this site would be in DEPZ. The UKHSA having reviewed the CR on which the UPA was based for expert consideration – noted about weather conditions BUT if on the day an incident happened it was that rare weather condition day then we would have placed people in harms way. We also have to be prepared for the worst case scenario hence the way the plan operates and adding weight to the recommendation for refusal.
- 2.1.13 – some of this is academic – just because the DEPZ was smaller before – the UPA and therefore the DEPZ is bigger now based on legislation and we, based on legislation have to ensure we can accommodated and protect all – and give assurance to the regulator we can – this is not the case for this application
- 2.1.16 – this is not relevant since we are talking REPPIR and we base all our work in relation to that the cause of the radiation emergency takes into account a wide range of possible causes and outcomes – which may or may not include security. However we need to deal with the CR and the outcomes of that not the reports commented on in this section.
- 2.2 sadly with frequency you only need one regardless of the 1:1000000 or whatever chances of it happening – if there was no risk then we would not be doing this and the risk of a radiation emergency is not a welcome one in the UK. We are not the experts to argue his stats but I believe they are wrong
- 2.3 Again – stats and facts and figures which we are not privy to BUT the impact we are – and we know that if shelter etc then the risk of health impacts down the line reduces, but this is not just about physical health but mental health, recovery, fear of being contaminated, house not being able to be lived in etc etc.
- 3.0 – again so many mSv etc info but a the end of the day we have REPPIR and it is set and the legislation is there for a reason – they are in the UPA
- 3.9 – again refers to the chance of death from cancer as a result of this accident – we are trying to prevent anyone from such risks and as indicated in 2.3 and 2.2 – there is more than the risk of physical illness but the wider impact and there is a chance of it happening!
- 4.1.3 - not so worried about this – due to Cell broad casting and the breadth of ways we can do things
- 4.1.4 /4.1.5 – correct facts
- 4.1.6 - correct (apart from we will do the shelter to everyone in DEPZ now.
- 4.1.7 – correct we will have to get vulnerable people out or support in – not so easy to do (reference the OCC incident ‘a recent incident not naming OCC) again assumptions which could be ‘dangerous’ to the public if undertaken without due consideration and proper advice such as the statement ‘Significant problems can be reduced by advising individuals that short periods out of doors, for necessary activities, will not, in many situations, result in very high exposures.’ This is not a sensible thing to say when every incident is likely to be different and the advise from the Scientific and Technical Advisory Cell will be based on the facts, including monitoring details on the day. It is from an old document and the information from the current experts in UKHSA is not this – but that the STAC would advise based on evidence. .
- 4.1.8 – 4.1.10 – correct not sure of what they are adding by these comments – shelter yes, evacuate where needed urgently and then subsequent evacuation as necessary – bit it could be the whole UPA
- 4.1.11 – not necessarily the case that because it is far from the site it won’t affect emergency services – any movement on the roads may affect the response and the resuspension of material – and if everyone moved then it would cause an adverse effect by potentially creating grid lock.
- 4.1.12 this site is in the UPA therefore could be contaminated and not therefore just a reassurance piece - instead confirming as to whether there are contaminants and the level of the contamination

- the clean-up and decontamination therefore is a real risk where this application is – there is also the challenge of how clean is clean and the reassurance to the public to be able to return – if they can return. – Adding to the need to rehome people for potentially long periods of time. It should also be noted that radiation monitoring of people can take a significant amount of time particularly in relation to the AWE materials. Therefore additional homes and additional people will add to the monitoring time on top of an already densely populated area.
- 4.1.13 the comments are quite simplistic about prompt tie-down of contamination and the recovery of items – if this includes an addition 49 homes then the complexity and time increases.
- 4.1.14 – this would be decided by the STAC and Recovery group working together with the experts – and could include some of the points detailed or others which are more appropriate.
- 4.2.1 – not convinced with this statement – we would be using every comms tool possible and it MAY be that in some areas people would go into the area to check – but this development not likely to add to this as such.
- 4.2.2 2 days is mentioned for sheltering since beyond that as stated before properties are less likely to afford suitable protection so they would need to be evacuated hence an Evac cell would be set up directly to start scoping the need and the process how (Not done in advance since the areas are so large. Issue in shelter is the vulnerable – and those needing to shelter away from their homes since they were out at the time of the incident. Without the monitoring detail at the time of the incident it cannot be said the doses would be negligible.
- 4.2.3 – unlikely immediate evac BUT in the UPA ...
- 4.2.4 – again missed the point somewhat – may not be evacuating but some will be displaced and some will need support brought in since vulnerable therefore emergency responders need to go in. There is a comment made about this would be addressed by training – it would but this takes time both before and during an event – and although it would need to be there for the existing population this is an addition 49 homes which would add to an already busy response. Noting some vulnerable people have 6 visits a day therefore not an insignificant impact.
- 4.2.5 – recent work in relation to people monitoring indicates that whilst there would be targeted monitoring of people most likely to have been at risk of contamination there would be a significant number of people – if not all those in the area who would wish to be checked regardless therefore the statement made is not deemed to be accurate.
- 4.2.7 – The comment about some people wishing to relocate is interesting – is this relocating because they are fearful or because they cannot return due to the recovery process. In either case it would affect the plan in that if evacuated and rehousing to be considered until recovered – there are very very few (ie no) spare houses in the area to support this therefore people could be relocated miles away – which is not conducive for schooling or work, if relocating of own volition the different but in effect proves the point of worrying about living in an area which is, has or may have been contaminated.
- 5.0 – Assumptions re being made which is dangerous – if there was no risk, there would be no need for a plan and every incident is different and must be responded to based on the data at the time. Therefore again the additional 49 dwellings and 120 people as a result are just as likely to have an effect on the emergency responders as not. However since the development is in the UPA within the DEPZ then there is a greater risk than if further away.
- 5.1.2 – sheltering is default BUT post monitoring and within 48hrs there may be a need for evacuation and significant numbers to a large number of rest centres with all the resourcing issues required 24/7. The point of how the response will operate to support communities and their public health has not been fully considered but made very simplistic
- The rest of 5 continues in the same vein – with the same or similar arguments throughout.

I hope this helps your case.

Kind Regards

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