

SUMMARY REPORT		ABM University Health Board			
Health Board		Date of Meeting: 30 th March 2017 Agenda item: 5 (iv)			
Subject	Emergency Preparedness Resilience and Response (EPRR)				
Prepared by	Karen Jones, EPRR Lead				
Approved by	Joanne Abbott-Davies, Asst Director of Strategy & Partnerships Siân Harrop-Griffiths, Director of Strategy				
Presented by	Siân Harrop-Griffiths, Director of Strategy				
Purpose					
This report outlines the progression of the ABMU EPRR agenda during 2016 and presents the Health Emergency Planning Annual Audit for 2016 which was considered and approved by the Executive Strategy Group in January 2017 and has subsequently been submitted to Welsh Government.		Decision			
		Approval			
		Information	√		
		Other			
Corporate Objectives					
Excellent Population Health	Excellent Population Outcomes	Sustainable & Accessible Service	Strong Partnerships	Excellent People	Effective Governance
x	x	x	x		
Executive Summary					
<p>The NHS needs to plan for and respond to a wide range of emergency incidences that could affect health or patient care. The Civil Contingencies Act 2004 requires NHS organisations to demonstrate that they are fulfilling their obligation in meeting the 6 civil protection duties determined by the Act under the auspices of Emergency Preparedness Resilience and Response, (EPRR) and includes;</p> <ul style="list-style-type: none">• Co-operation• Information Sharing• Risk Assessment• Emergency Planning• Business Continuity Management• Communicating with the Public <p>Implementation of these requirements falls under the remit of the EPRR Strategy Group, with assurance being reported to the Health Board Executive Strategy Group. Furthermore the internal monitoring processes, continuation and assurance is required by Welsh Government's Health Emergency Resilience Unit. Therefore, the completed annual audit, (Annex 1) was presented to Executive Strategy Group for approval prior to its submission to the Welsh Government by 30th January 2017. This process has been completed.</p>					
Key Recommendations					
<p>The Health Board is asked to:</p> <ul style="list-style-type: none">• NOTE the Health Emergency Planning Audit For 2016• NOTE ABMU's excellent achievement in the Welsh Government's Health Emergency Planning Annual Report for 2016• ACKNOWLEDGE the progression of the EPRR agenda during 2016.					

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1. INTRODUCTION

This paper provides an update on the progress of the ABMUHB EPRR agenda which has been steered by the EPRR Strategy, primarily based on the aforementioned civil protection duties and consequent work plan during 2016. This is fundamental in ensuring that the Health Board successfully assesses, plans, responds to and recovers from any type of emergency.

To accompany the report, the Health Emergency Planning Annual Report for 2016 is included (as **Appendix A**), which was submitted to Welsh Government Health Emergency Planning on 30th January 2017, following approval by the Executive Strategy Group.

2. BACKGROUND

The Health Board is defined as a Category One Responder under the Civil Contingencies Act 2004 and is expected to assess the risk, plan for, respond to and recover from an emergency.

An emergency is defined in Civil Contingencies Act (2004); Part 1 as:

- An event or situation which threatens serious damage to Human welfare;
- An event or situation which threatens serious damage to the environment; or
- War, or terrorism, which threatens serious damage to the security of the UK.

For the NHS, the definition of a ‘major incident’ is:

“Any occurrence that presents a serious threat to the health of the community, disruption to the service or causes, or is likely to cause, such numbers or types of casualties as to require special arrangements to be implemented by hospitals”.

In each NHS organisation, the Chief Executive Officer is responsible for:

- Ensuring that their organisation has written major emergency and business continuity plans in place that take account of the requirements within the CCA for risk assessment, co-operation and information sharing with partners and communication with the public.
- Ensuring that staff are trained to undertake their roles within the organisation’s response plans and, as a minimum requirement, response arrangements are tested through a communications cascade every six months, a table top exercise and

physical setting-up of the control centre every year and a live exercise every three years.

- Ensuring that the Board receives regular emergency preparedness reports, at least annually, covering risk assessment, the resilience of emergency and business continuity plans against the risks identified and the training and exercises undertaken to prepare staff and test response arrangements.
- Ensuring that an Executive Director of the Board is designated to take responsibility for emergency preparedness and BCM on behalf of the organisation and that an emergency planning lead officer is appointed to support the Executive Director and Chief Executive in the discharge of these duties.
- Ensuring that adequate resources are made available to the emergency planning lead officer including staffing and resources for training, testing and exercising and provision, maintenance and replacement of equipment.

The above expectations are founded in the principles of Integrated Emergency Management, (IEM);

- Anticipation
- Assessment
- Preparation
- Response
- Recovery

3. UPDATE ON EPRR PREPAREDNESS (2016)

The ABMUHB assurance audit, (Annex 1) provides the umbrella view of the EPRR capability to date. In addition further detail of the Civil Contingencies duties is articulated below.

3.1 Emergency Planning

The following sets the assurance in terms of emergency preparedness. The principles include:

- EPRR is intrinsically linked to the Health Board business;
- Ensuring suitable governance arrangements
- Ensuring alignment to the principles of Integrated Emergency Management, (IEM)
- Ensuring alignment to the Joint Emergency Services Interoperability Programme, (JESIP)
- Ensuring the work plan meets the Health and Care Standard 2.1; Managing the Risk and Promoting Health and Safety

This assurance is monitored and governed by the EPRR Strategy Group, guided by the EPRR Strategy and piloted by the EPRR Work Plan.

3.2 Key advancements during 2016 include:

- A Workshop: “Don’t Panic It’s Just A Major Incident” was held with a high number of Health Board wide stakeholders in order to review the Major Incident Plans particularly in view of the Health Board organisational changes and to ensure added resilience from all Service Delivery Units. Consequently the Major Incident Plans are being amended and they will be presented to the Executive Strategy Group for approval and sign off. Responsibility for this was delegated by the Board at its meeting on 4th January, 2016.

- The Health Board is currently in the process of procuring a rapid communications system which is critical to ensure that a timely, efficient communication cascade can be commenced upon alert of a major incident, with the ability to simultaneously telephone, text and email a wide group of staff. Also included is the capability to electronically monitor the responses. Presently, all on call personnel lists are being collated in order to pre-load the system.
- Development of a specific EPRR Risk Register, which was approved, January 2017.
- Full engagement with the Wales Counter Terrorism Extreme Unit, (WECTU) for the purpose of delivering the CONTEST Programme of Prevent, Protect and Prepare. Consequently there has been a delivery of an Argus Health and Stay Safe Programme across the Health Board and the Prevent programme is routinely delivered to staff across the Health Board by the Safe Guarding Team. Additionally, WECTU are engaged in a programme of Hospital Site Surveys in order to guide on improving security within the Health Board, to date the four acute hospital sites have been appraised and we are currently awaiting receipt of the survey reports. Following this an action plan will be devised to take forward the recommendations as appropriate.
- Mass casualty clinical modelling has been completed to assess capacity of priority one and priority two patients within the first hour of a declared mass casualty incident. This modelling has been approved by the Medical Director and has been submitted to the all Wales Mass Casualty Group.
- Work is progressing in collaboration with IM&T and EMRTS specifically in relation to the development of a Major Incident App for mobile devices to provide ease of access of major incident action cards for staff.
- On December 14th 2016, the Health Board collaboratively oversaw the risk assessment of a test landing of the Bristow S92 Helicopter at Morriston Hospital following their success of the contract for the provision of transportation of casualties during air/sea rescues from incidences across the UK. Health Board operational staff, South Wales Fire and Rescue Service and Welsh Ambulance Service were on site. ABMUHB is the first Health Board in Wales to have proceeded with this necessary risk assessment to ensure the safe transfer of critically ill patients, further increasing the EPRR capability.
- The Health Board is actively involved in the Wales Mass Casualty Planning arrangements and rapid progress is being made for improved preparedness across Wales in terms of mass casualty response measures. The current focus is on the development of a Pan Wales Mass Casualty Co-ordination Programme and the Head of Emergency Planning is actively involved in this development. A draft document has been submitted to the Wales Mass Casualty Group for further scrutiny prior to presentation to the Welsh Government NHS Chief Executive Group. Simultaneously, work has progressed in terms of the development of a major incident capacity dashboard reporting tool. It is anticipated that both will be tested in a multi Health Board table top exercise, which is now being planned for end of June 2017.
- The Health Board will be involved in the UEFA League Championship preparations as the final will be held in Cardiff on Saturday 3rd June 2017, where there is palpable pressure to ensure the event enhances the image of Wales. In turn business continuity planning will be stretched to minimize the effects of a high number of visitors in and around Cardiff and the consequent impact. An assurance document has been prepared and will be presented to the EPRR Strategy Group; 16th March

2017. The event has the same security and planning requirements as the NATO summit in 2014.

- There will be enhanced EPRR capability with expansion of the team and a proposal for two additional team members is proposed to take forward during 2017, subject to resource availability.

3.3 Business Continuity Management

Within the NHS, Business Continuity Management systems support the delivery of key services at pre-determined levels during internal incidents and ensures the capability for an operational response during a Major Incident. Moreover, NHS organisations and providers of NHS funded care are required to have suitable, proportionate and up to date plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks. The 2004 Civil Contingencies Act (CCA) requires all Category 1 responders to develop plans which underpin their organisations ability to maintain “business as usual” in the event of an emergency via application of the Business Continuity process.

Key advancements during 2016 include;

- Review and ratification of the ABMUHB Business Continuity Framework for the purpose of guidance for Service business continuity development.
- Development of a Corporate Business Continuity Process, where Health Board plans are mapped against the key threats and hazards to ensure mitigation of high risks are maximized and form a register of emergency response plans for the Health Board. Subsequently, a number of Corporate Business Continuity Plans have been reviewed and are currently being ratified within the EPRR Strategy Group. A review schedule is in place and during 2017, this process will continue.

3.4 Training, Testing and Exercising

It is the responsibility of Service Delivery Unit Triumvirates, Service Managers and key staff to ensure that the personnel under their management are fully conversant with the Health Board major incident response, and are informed and trained in the implementation of their action card. An e-learning package is available to facilitate and support this and during 2016 a comprehensive training schedule has been in place for the purpose of delivery of EPRR awareness.

The Health Board training schedule has specifically focussed on the Gold and Silver Command training elements, where 5 Executives with a further 2 Executives will be trained in major incident Gold Command arrangements by March 2017. In addition, 80 Senior Managerial Staff have undergone Silver Command training during 14 sessions between May and December 2016, further training sessions will ensue in 2017 to secure training for all Silver on Call Managers. Major Incident Loggist Training has also been delivered to ensure there is a Loggist provision for the support of both Health Board Silver and Gold command in the event of a major incident. This was prioritised as an area for further work in the Health Board’s 2015 EPRR Annual Report.

3.5 Exercising

There is an expectation to ensure that, at a minimum the following occurs;

- A communication test occurs every 6 months
- An annual ‘table top’ exercise (in the absence of live event)
- Participation in a full exercise once every three years

Additional detail is included within the Annual Report, however, it is worthy to note the Health Board participation, operationally, tactically and strategically in Exercise Red Kite, a National Tier 1 Exercise; 28th and 29th June 2016. Prior to this there were some lead table top exercises, all of which included ABMUHB representation. The learning from this exercise, both in reviewing the multi-agency report recommendations and the Health Board specific Exercise Debrief is monitored through the EPRR Strategy Group and utilised to better inform plans.

Furthermore, the Health Board has been represented by a variety of staff in the following, as some examples of external training opportunities;

- National Civil Contingencies Conference
- Health Prepared Wales; Pre Hospital Care
- MERIT
- Exercise Cygnus; Pandemic Flu
- Distribution of Counter Measures Workshop
- JESIP
- Strategic Management Course

Also worthy of note is the extremely successful launch of Mass Casualty Planning in the NHS event organised September 28th 2016 at Morriston Hospital. This was very well received with a high calibre of speakers presenting on major incident planning, care of patients during the London Bombings, Behind the Scenes, response in use of Chemical Weapons, care of patients with war type trauma related wounds and the Psychological Care during a major incident. The Deputy Chief Medical Officer from Welsh Government presented and has been extremely complimentary about the event. 150 people were in attendance with 16 separate organisations represented and a further 155 on a reserve list. As a result of the feedback, planning has commenced for a pan Wales Symposium in relation to mass casualty events which is likely to occur at the end of September 2017. It is anticipated that there will be an opportunity for clinical, managerial and support staff to attend this event from across NHS in Wales and planning is in the early stages for this.

3.6 Co-operation and Information Sharing

The Health Board is represented at the South Wales Local Resilience Forum meetings and associated sub working groups. In addition the Health Board is represented at the respective Local Authority resilience groups and the Dyfed Powys Local Resilience Health Emergency Planning Co-ordination Group. Also, the Health Board has an excellent working relationship with other partnership resilience teams.

4. HEALTH EMERGENCY PLANNING ANNUAL REPORT FOR 2016

For the Board to be aware, once all the NHS public bodies in Wales have submitted their Annual Reports to Welsh Government they are analysed and a Health Emergency Planning Annual Report published. In the Welsh Government Annual Report for 2015 ABMU had one area where it had not achieved the objective set around training. The summary Health Emergency Planning Annual Report for 2016 is attached as **Appendix A**. This shows that ABMU has provided evidence to Welsh Government which has given them assurance against all the required 19 indicators. ABMU Health Board is the only NHS organisation to achieve this in 2016. The dedicated work of the EPPR Lead and the Delivery Units to achieve this should be noted.

5. WORK PROGRAMME 2017

The EPRR work programme for 2017 will continue with the monitoring and advancement of the EPRR agenda cycle with a particular focus on the following;

- Completion of update of Major Incident Plans to reflect new management arrangements
- Service Delivery Unit Business Continuity development
- Completion of review of Corporate Business Continuity Plans
- Progression of whole hospital evacuation plans
- Training and Exercising Programme to include testing of some business continuity plans via table top exercises, examples include, Hospital Lockdown, Receipt of a Suspect Package, Mass Casualty Table Top Exercise. In addition, the Health Board will continue to participate in multi-agency exercises, where a number of table top exercises are planned for 2017. A Health Board training needs analysis will be undertaken to ascertain the need for the provision of additional staff training.

The EPRR agenda is based on risk and taking every practical step to mitigate against the risk of an event occurring. Identification of the highest risks and development of plans and procedures to address and respond to them both internally and externally, together with a robust awareness, training and exercising programme, places the Health Board in a better state of preparedness and allows the organisation to provide patient care, promote and protect and to support health, wellbeing and safety. The aim during 2016 has been to ensure that the EPRR agenda is embedded within ABMU as a whole and the programme of work will be a continuous cycle to ensure the Health Board is prepared in emergency planning and business continuity arrangements.

6. RECOMMENDATION

The Health Board is asked to;

- **NOTE** the Health Emergency Planning Audit For 2016
- **NOTE** ABMU's excellent achievement in the Welsh Government's Health Emergency Planning Annual Report for 2016
- **ACKNOWLEDGE** the progression of the EPRR agenda during 2016.



Llywodraeth Cymru
Welsh Government

HEALTH EMERGENCY PLANNING ANNUAL REPORT FOR 2016

Name of NHS
Organisation

Summary Report

Date

March 2017

2016 Summary Breakdown of All Organisations

	1	2	3	4	5	6	7	8	9	10			11		12	13	14	15	16	17	18	19
										a	b	c	a	b								
AB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
ABMU	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓	✓	✓	✓	✓	✓	✓	✓
C& V	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
CT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓	✓	✓	✓	✓	✓	✓	✓
HD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
POWYS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓	✓	✓	✓	✓	✓	✓	✓
PHW	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓	✓	✓	✓	✓	✓	✓	✓
WAST	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓	✓	✓	✓	✓	✓	✓	✓
WBS / VCC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	x	✓	✓	✓	✓	✓
	10	10	10	10	10	10	10	10	10	10	10	10	5	1	10	10	9	10	10	10	10	10

Key ✓ - Yes x - No

Planning and Preparation

Please provide the name and position of your nominated Executive level lead for civil contingency/emergency planning arrangements.

100%

All organisations were able to provide named Executive level leads who have responsibility for civil contingency/emergency planning arrangements.

- HD UHB indicated that Teresa Owen, Director of Public Health was leaving post on 31-12-2016

Please provide the name and position of your nominated Executive level business continuity lead if different from the above.

100%

All organisations were able to provide named Executive level business continuity leads if different from the above.

- PTHB indicated that this post was split between two different members of staff - one nominated Executive Lead for Business Continuity planning across the Primary and Community Care Directorate, and another nominated Executive Lead for ICT disaster Recovery Planning
- Public Health Wales also indicated that this post was covered by their Deputy Chief Director and Executive Director of Operations & Finance

Please provide the name and position of your emergency planning officer(s) who has day to day responsibilities for civil contingencies/emergency planning/business continuity arrangements.

100%

All organisations were able to provide details of their emergency planning officers with day to day responsibilities for civil contingencies/emergency planning/business continuity arrangements.

Please provide the name and position of your officer responsible for your organisation's contribution to the Counter Terrorism (Prevent) Strategy?

Please provide name and position

100%

All organisations have named staff with specific responsibility for contributing to the Counter Terrorism Strategy, with some organisations sharing the responsibility with a number of staff across different directorates.

When was your business continuity arrangements for maintaining critical services last considered and adopted by your Executive Board?

100%

All organisations have indicated that their business continuity arrangements are current, including two that stated that their arrangements will be formally ratified by their board in the coming months.

- WAST stated that their business continuity activity is managed through a Trust Business Continuity Group and monitored through the Trust's audit committee. They are currently looking at recruiting a Resilience Officer who will provide a dedicated focus on BC planning, BIAs and exercises.

Major Incident Plans

When was your Major Incident Plan/s last considered and formally adopted by your Executive Board?

100%

All organisations have MI Plans that are current and agreed by their board.

- VCC indicated that their senior management team has considered their plan although dated as March 2013

When was your Major Incident Plan/s last updated to reflect organisational changes and are essential supporting contact lists kept up-to-date?

100%

All organisations have indicated that their MI Plans were updated during the last 12 months and six of these organisations were able to demonstrate that they reflect organisational changes.

- VCC stated that their MI Plan was last updated in March 2013.

Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24 hour major incident response?

YES ☒ 100%

All organisations were able to indicate that they had a resilient activation system, action cards and suitably trained staff to provide a 24 hour response and many were able to provide additional evidence on how they can demonstrate this.

If NO, what are the gaps and how are these being addressed?

Please submit a copy of your Major Incident Plan(s) with this completed report for review by the Welsh Government's Health Resilience Team.

All organisations submitted copies of their Major Incident Plans for review.

- Both ABMU and C&V indicated that the Health Resilience Team was already in receipt of their existing plans and annual updates would be available for submission at a later date.
- WAST indicated their Plan would be revised shortly.

Training, Testing & Implementing Arrangements

Please provide the dates when your organisation tested its emergency plans, as required, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
100%	All organisations were able to demonstrate that they carry out a communications and activation test. AB indicated that they undertake weekly tests via their switchboard. Four organisations indicated that they had also participated in joint WAST communications activation tests.

b. Carrying out a table top training exercise within the last year. Please provide details below

Dates	Details of table top training exercise
100%	All organisations were able to demonstrate that they had carried out training within the last year, including tier one exercises such as Black Swan, Talons Reach, Red Kite and Cygnus

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below

Dates	Details of major live or simulated exercises undertaken
100%	All organisations were able to demonstrate that they had carried out at least one major live or simulated exercise within the last three years, with Exercise Red Kite, Ruby World Cup, Exercise Bunting and Exercise Powys Valley being included.

Have you implemented any of your emergency plans in response to an incident in 2016?

50% YES ☒ NO ☒ 50%

a. If YES, what was the nature of the incident?

50% of organisations were able to indicate that they had implemented their emergency plans in response to an incident during 2016.

- ABMU implemented them following a road traffic collision;
- AB put their plans on standby for Velothon, but BCM plans were utilised for the Eisteddfod and a system failure
- C&V implemented their plans for internal emergencies which included a chlorine dioxide leak at water filtration tank, bomb alert, suspicious package, widespread electrical failure and person with a gun on-site.
- HD implemented their emergency plans following a kerosene spill on the A48
- VCC/WBS implemented their plans for internal incidents only, which included equipment failure, blood shortage alerts, loss of utilities, key IT systems and PBSA link.

b. Were post-event reports produced for these incidents and have they been uploaded on the Health Emergency Planning page on HOWIS?

10% of organisations produced post-event reports and had them uploaded onto the Health Emergency Planning page on HOWIS

80% of the organisations indicated that putting reports on to HOWIS was not applicable for them.

- Only ABMU had indicated that they had held a debrief and that the report was placed on HOWIS
- HD indicated that they had a multi agency debrief in December and the report was not yet available.

Have you undertaken an assessment of staff training needs in relation to your emergency plans?

100% YES ☒

If YES, please provide further information

All organisations indicated that they had undertaken staff training needs assessments and were able to provide additional information to support this.

Do you have a training programme relating to your emergency plans?

100% YES ☒

If YES, please provide further details of your training programme

All organisations were able to provide details of their training programmes.

Communications

Have all relevant NHS organisations and partner agencies been consulted about their role in your emergency plans?

90% YES ☒ NO ☒ 10%

90% of the organisations indicated that they have consulted relevant NHS organisations and partner agencies about their role in emergency plans.

- BC indicated that they consult via the North Wales Resilience Forum.
- PTHB indicated that although their Civil Contingency Plan was completed in March 2014, all relevant partners were consulted. In addition, they will be represented at a forthcoming WAST multi-agency workshop to jointly discuss interdependencies between NHS organisational MI Plans on the revised plan at that time.
- VCC/WBS indicated that they had not consulted with other NHS organisations.

Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation? Please provide evidence of how your organisation is able to meet this – for example: group structure, strategy, work plan etc.

100%

All organisations were able to demonstrate that they had a mechanism for discussing and co-ordinating health emergency planning arrangements internally, with most organisations indicating that they had emergency planning groups for this.

- WAST have a specific Resilience Team who have responsibility for this and meet every six weeks and AB have Business Continuity Group which meets bi-monthly to discuss issues and ensure all preparations and resilience measures are addressed.
- BC have a strategic CCG that meets quarterly and have indicated where they draw their representation from.
- HD and PTHB provided additional information and included an organisational chart to support the mechanisms they use.
- CT indicated that they have a work plan and work with all of their senior managers and Execs

Is there a mechanism for discussing and co-ordinating health emergency planning with the emergency plans of other organisations serving the Local Resilience Forum area?

100%

YES ☒

If YES, please provide further details on how this is done.

All organisations indicated that they have a mechanism for discussing and co-ordinating health emergency planning with other organisations serving the LRF area. This is done through various LRF sub groups and many have specifically indicated the Health sub groups.

Who represents your organisation at the Local Resilience Forum meetings?

100%

All organisations were able to provide details of their representatives on their LRF.

Assessment

What more can be done to improve your organisation emergency preparedness and business continuity arrangements?

100%

All organisations were able to indicate what could be done to improve their organisation's emergency preparedness and business continuity arrangements.

- ABMU – The work programme will continue with the emergency planning cycle to ensure that the Health Board is prepared in emergency planning and business continuity arrangements
- AB – Increased staff time for operational staff to access training and exercising, recognising this needs to balance with operational demands, therefore optimise cascade information, team focused teaching and exercising and online training.
- BC - The work of the CCG focusses on four key activities, including performing a review on our major incident plans, developing their training and exercise programme, developing their Business Continuity Management System and developing greater levels of assurance and risk management. In 2017, they will continue to develop and deliver emergency preparedness.
- C&V – Will continue to work to develop business continuity planning within Clinical Boards
- CT - Uploading all UHB MI and BC plans as well as LRF plans onto Diligent, their paperless solution for Execs which will enable them to have all plans securely to hand on their iPads should they be needed. They are also continuing to work on delivering automated text/voice alerts to staff re MI or Merit activation.
- HD - Undertaking a baseline assessment and plan review/development process in relation to Business Continuity Planning. Resources have been targeted to ensure that once completed, the Health Board will have up to date, robust and resilient business continuity plans across services.
- PTHB - The focus of work to continue to improve the Health Boards' emergency preparedness and business continuity arrangements for 2017 is set out in the Annual Board Report and includes Business Continuity, Mass Casualty Planning, Organisational Resilience, ICT Disaster Recovery, Training and Exercises and Assurance to the Executive Management Team.
- PHW - the organisation recognises that there is a continuing need to promote awareness and understanding of the new plan and arrangements both internally and with key stakeholders, supported by further training.
- VCC/WBS – Undertaking a review to align business continuity system to ISO 22301. They also recognise that the Corporate/VCC areas of the organisation require attention to strengthen a number of important aspects of the emergency planning and business continuity framework
- WAST - Have identified a need for additional support roles for the existing Resilience Managers in the SE and SW areas to ensure they are able to maintain continuity of service in their absence, to meet their legislative obligations, development of ongoing resilience expertise and to ensure a resilient succession planning process

Are you satisfied that your organisation is fulfilling the 6 key principles indicated under the Civil Contingencies Act 2004?

	YES	NO	If not, why?
1) Co-operation	100		
2) Information Sharing	100		It was recognised that HEPs in Wales regularly share information appropriately

3) Risk Assessment	100		BC noted that they have some concern that the LRF risk assessment working group has not meet for some time and as such unlikely to publish a community risk register for 2016/17
4) Emergency Planning	100		
5) Business Continuity Management	100		
6) Communicating with the Public	100		

END

2016 Nominated Exec Level Emergency Planning Lead

ABMU	Mrs Sian Harrop-Griffiths – Executive Director of Strategy
AB	Nicola Prygodzicz – Director of Planning
BC	Mr Geoff Lang – Director of Strategy
C&V	Mrs Abigail Harris – Executive Director of Strategy & Planning
CT	Robert Williams – Board Secretary / Director of Corporate Services & Governance
HD	Teresa Owen – Director of Public Health – leaving 31-12-2016
PT	Catherine Woodward – Director of Public Health
PHW	Dr Quentin Sandifer – Executive Director of Public Health Services & Medical Director
VCC / WBS	Carl James – Director of Planning, Performance & Estates
WAST	Richard Lee – QAM, Director of Operations

2016 Nominated Officer Responsible for the Counter Terrorism (Prevent) Strategy

ABMU	Rory Farelly – Executive Director of Nursing Cathy Dowling – Assistant Director of Nursing, Safe Guarding Sian Harrop-Griffiths – Executive Director of Strategy Karen Jones – Emergency Preparedness Resilience & Response Lead
AB	Wendy Warren – Head of Planning, Civil Contingencies Executive Lead Director of Nursing
BC	Gill Harris – Executive Director of Nursing & Midwifery
C&V	Ruth Walker – Executive Director of Nursing Abigail Harris – Executive Director of Planning & Strategy Angela Stephenson – Head of Emergency Preparedness, Resilience & Response
CT	Jane Randall – Head of Safeguarding
HD	Phil Lloyd – Security & Case Manager
PT	Rhiannon Jones – Director of Nursing Pauline Gallucio – Assistant Director of Nursing
PHW	Rhiannon Beaumont-Wood– Executive Director of Quality, Nursing & Allied Health
VCC / WBS	Professor Susan Morgan – Executive Director for Nursing & Quality. VCC Lisa Miller – Director of Operations

	WBS Andy Ellis – Head of QA & RC
WAST	Chris Sims – QAM, Head of Operations, Resilience