

ABM University Health Board	
Date of Meeting: 29th March, 2018 Health Board Agenda item: 5ii	
Subject	<i>Emergency Preparedness Resilience and Response, (EPRR)</i>
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1.0 Situation

This report provides the Board with an annual update regarding Emergency Preparedness, Resilience and Response, (EPRR), in accordance with the civil protection duties and under the auspices of the Civil Contingencies Act (CCA), 2004.

The report specifically focuses on the achievements and challenges and the plans to address them during recent months, whilst highlighting specific issues that remain outstanding. In addition, but intrinsically linked, the following are also included for information;

- The debrief report following the NHS Wales Informatics Service (NWIS) Business Continuity Incident as a result of the national system failure - 24th January 2018;
- The Action Plans with respect of the Counter Terrorism Hospital site surveys that were undertaken during early 2017;
- The Health Board's Overarching Business Continuity/Significant Incident Procedure;
- A very brief update with regard to the response to the recent severe weather and high escalation pressures, both of which resulted in the invoking of the draft ABMUHB Overarching Business Continuity/Significant Incident Procedure; and
- The Health Emergency Planning Annual Report for 2017.

2.0 Background

Health Board EPRR is undertaken through the principles of integrated emergency management, (anticipation, assessment, prevention, preparation, response and recovery), as an all-inclusive, cyclical approach to preventing and managing emergencies.

The EPRR Strategy Group has focussed its work plan accordingly, to ensure the Board is meeting its civil protection responsibilities as a Category 1 Responder, as defined in the Civil Contingencies Act 2004. Furthermore, the work plan and associated assurance monitoring also encompasses the scrutiny of associated reports, recommendations and guidance following incidents, exercises and events to ensure that lessons are learnt where appropriate.

Significant progress has been made, however, some particular challenges remain to be overcome as noted in Section 3.

3.0 Assessment

Key Achievements	Outstanding Work Programme
Emergency Response Plans	
<p>Health Board Major Incident Plans; ratified by EPRR Strategy Group and re-launched; May 2017, following wide consultation and scrutiny.</p>	<p>These plans will be reviewed during May 2018, as part of the annual review process.</p> <p>All Emergency response plans are located on the Health Board Intranet and dedicated major incident drive.</p>
<p>The following corporate emergency response plans have either been completed or reviewed;</p> <ul style="list-style-type: none"> • Distribution of Countermeasures • Contaminated Casualties • Civil Disturbance • Pandemic Framework and Tactical Plan • Protocol for Managing Patients of Public Interest • VVIP/VIP Procedure • Security Procedures:- Bomb Threat/Suspect Package, Firearms, Lockdown • Mass Fatalities Procedure • Fuel 	<p>The following emergency response plans are either currently under review or are now required, and form part of the EPRR work programme for 2018 ;</p> <ul style="list-style-type: none"> • Severe Weather • Whole/Partial Hospital Evacuation Plans • Cyber Strategy • Critical Care Escalation for large unplanned increases in Demand • Raise in National Threat Level • As a result of the launch of the NHS England Mass Casualty, (Burns Annex), further work is required in relation to the HB Burns Major Incident Procedure as there will be an expectation for the release of a Burns Incident Response Team from the Network most distant to the incident; currently ABM do not deploy a team for this purpose.
Training	
<p>In meeting the standard civil protection duties in terms of training, where a live exercise has to be undertaken 3 yearly, a table top exercise yearly and communication exercises 6 monthly, concentration of training has included;</p> <ul style="list-style-type: none"> • Wales Gold Command • Silver Command 	<p>Training is a fundamental element to the success of EPRR in terms of awareness and consequently embedding EPRR within the organisation. Appropriate training will allow for the required strategy, tactics and tasks for a timely response to any emergency that</p>

Key Achievements	Outstanding Work Programme
<ul style="list-style-type: none"> • Loggist • Some individual service specific training needs • Emergency Department response including; <ul style="list-style-type: none"> ○ MERIT ○ CBRN ○ Lockdown • Maximising multi- agency training opportunities at Strategic, Tactical and Operational levels, some examples noted below; • Paediatrics major incident table top exercise • Calor Gas COMAH Exercise, March 2018 • Health Prepared Wales; Learning the Lessons Conference; November 2017 • Wales Prepared Conference; 13th February 2018 • Wales Connect, March 2018 • Talons Reach East, March 2018 • Stay Safe/Argus Health, Counter Terrorism training specific for Emergency Department/Burns Staff • National Burns Exercise; Exercise Phoenix to test NHS England, Mass Casualties, (Burns Annex), revised date to be confirmed • Exercise Biopod, to test the Health Board Distribution of Counter Measures <p>The minimum standard of civil protection duties in relation to training and exercising have been met; a live exercise every 3 years, table top exercise yearly and 6 monthly communication exercises.</p>	<p>threatens the health of the community, disrupts services or results in a number of casualties.</p> <p>It is recognised that further training is required as follows;</p> <ul style="list-style-type: none"> • Medical Staff • Security response • Training and exercising for each plan • Specialty specific walk/talk through and discussion exercises of their response to a major incident <p>To overcome the above issues, the following is proposed;</p> <ul style="list-style-type: none"> • Table top exercises for each Service Delivery Unit to test Business Continuity Plans; April to September 2018. • Live Exercise with medical staff at Morryston following on from a proposed Counter Terrorism live exercise in St Asaph, which is currently being planned for July 2018. • Joint Health Board, (ABM and Cardiff and Vale) Health Gold Command training; dates are to be determined. • Further rigor to be added to training packages, e.g. mapping National Occupational Standards, lesson plans. • Various 'Off the Shelf' table top exercise packages have been collated and will be utilized to test some business continuity plans in 2018 as noted above.
Risk	
<ul style="list-style-type: none"> • Risk register development to include Corporate and EPRR specific risks. • Risk management via Datix system. • Mitigation measures mapped against risks. • Local and current risks are identified. A recent local risk where there is ABM co-operation includes the potential landslip at Ystalyfera and the continued risk of 	<ul style="list-style-type: none"> • Wales Extreme Counter Terrorism undertook hospital surveys between November 2016 – January 2017. However, the reports have only recently been received following approval by the Home Office. The associated action plans are included within

Key Achievements	Outstanding Work Programme
<p>resident evacuation. Resident mapping has been undertaken to ascertain if there is current, assigned health resource to any residents within the high risk area.</p>	<p>Appendix 2; a separate action plan is dedicated to Morriston Hospital as the site is classed as a Tier 3, Crowded Place. There is a combined action plan for the 3 other acute hospital sites.</p>
Business Continuity Management	
<ul style="list-style-type: none"> • Business Continuity Framework developed. • Overarching Business Continuity/Significant Incident Procedure developed, articulating the strategic command, control and co-ordination arrangements. The Business Continuity arrangements were tested in the recent NWIS Business Continuity Incident, severe weather and high escalation pressures. 	<p>There are a number of corporate business continuity/emergency response plans in place as noted above. There is now a focus to ensure each Service Delivery Unit, (SDU) has business continuity plans with an associated overarching Tactical Business Continuity Plan including appropriate tactical command and control. This work is monitored via the EPRR Strategy Group. Actions are focussed on ensuring clarity across the organisation in terms of a major incident and business continuity response.</p>
Emergency Planning	
<ul style="list-style-type: none"> • Purchase of the license for Critical, a rapid communications system has been made as deemed necessary to improve the communication cascade in the event of an emergency. This has been extremely resourceful in order to build the system in readiness for its launch. A number of tests are planned during March and April 2018. 	<p>In order to improve the general emergency planning processes further the following is being progressed;</p> <ul style="list-style-type: none"> • Collation of the recommendations/actions etc. from various reports both externally and internally resulting from incidents and exercises in order to map and learn from appropriate lessons. This data base is nearly complete and following presentation at the Welsh Government Health Emergency Planning Advisory Group, March 27th 2018, it is anticipated that it will be ready for adoption during April 2018. • To improve a state of readiness in terms of the Silver/Gold Command, further talk/walk through processes have been undertaken within the Co-

Key Achievements	Outstanding Work Programme
	<p>ordination Centers to ensure that response to emergencies is embedded, where possible with day to day activities, e.g. use of video conferencing facilities for escalation meetings.</p> <ul style="list-style-type: none"> • There is an increasing concern that a response to an incident out of hours will have less managerial resources available, where some services may need to look at additional provision to support. This is part of business continuity and addressing staffing issues is a standard theme for business continuity development. • Currently, there is no specific allocated budget for EPRR within the Health Board. Recently, however, there has been a request to purchase items; <ul style="list-style-type: none"> ○ Additional MERIT clothing ○ Specialised stationery ○ Tabards for Hospital Co-ordination Centers ○ Review of major incident signage ○ Psychology information leaflets for major incident casualties and staff for distribution post major incident • The current Chemical, Biological, Radiological and Nuclear (CBRN) suits, included within the Emergency Departments are funded by Welsh Government and there is a national procurement process underway to replace these suits. However, there is a gap in provision from time of purchase to distribution and not all suits have been allocated to date. There has already been a distribution of

Key Achievements	Outstanding Work Programme
	<p>new suits within each Emergency Department and although this distribution continues, if additional suits are required then the Ambulance Service will respond to the request.</p>
Mass Casualty Planning	
<ul style="list-style-type: none"> • All Wales NHS Mass Casualty Arrangements recently launched and tested and a further version will be re-launched during March. • Health Board draft mass casualty arrangements in place which require further review to incorporate the Wales Mass Casualty Arrangements which will be completed once the revised version is formally launched. The principles of the NHS Wales arrangements have been included within the Health Board Major Incident Plans. • 1st hour capacity modelling has been completed by Health Boards. 	<ul style="list-style-type: none"> • Included within the arrangements is a Memorandum of Understanding (MOU) specifically to allow staff to work across HBs in the event of a mass casualty incident. However, this requires further work at all Wales Workforce Director level. In addition, detailed work is required to understand and establish processes to invoke at a local level. This work is currently being progressed. • A Major incident capacity dashboard is included and has been tested a number of times. Further refinement is required and is being progressed with the Welsh Government Unscheduled Care Team as further tests are undertaken. Bed Management Teams would undertake the population of this during a major incident. • A Clinical Casualty Teleconference would be established so that dissemination of casualties, would be in accordance to clinical need and facility expertise where possible. (In addition the establishment of a Strategic Health Group will be coordinated in accordance with the arrangements).

3.1 Summary of Key Challenges

- In order to further strengthen the resilience in a response to a major incident, each Service Delivery Unit is required to ensure that each service undertakes an awareness, training and exercising process for the specific purpose of ensuring their response to a major incident is resilient. Currently, further work is required across specialties to support the major incident response, and similarly this is applicable to business continuity work. The next EPRR Strategy Group meeting is planned for May 2018 and assurance with regard to this will be sought from each Service Delivery Unit.
- A training programme is required to test/exercise each specific emergency plan, however, this requires resources in terms of time and people to prepare, deliver and review. The delivery of a cyclical general training and exercising programme is also being undertaken and addresses some of the testing but not all.
- Embedding the culture of resilience to ensure that responsibility is shared equally across the Health Board to undertake assigned actions, as well as recognizing and acknowledging its importance is a challenge. The current operational pressures are further separating the focus of priority away from emergency preparedness. However, during an emergency, the Health Board will need to provide an appropriate response to minimise the impact and mitigate the risks and it does this, as evidenced by the recent adverse weather response.
- There is an increasing drive to ensure that Health Board services are resilient in dealing with a much wider range of threats and hazards that now exist in the current national threat level climate.
- Increased security in terms of staff and buildings will improve resilience. A programme specifically to address the ability to lockdown sites /departments in terms of training and implementation is being progressed, supported by robust security plans. A key challenge is the delivery of this programme, again dependent on the availability of resources in terms of people and time to undertake the training and awareness of the security and lockdown plans. Of particular note is ensuring all staff have photographic ID, where the monitoring, processing and maintenance of this is particularly testing.
- Further planning and training will allow the segregation of business continuity and major incident response to be clearly defined and progressed at similar levels in terms of emphasis, as both are required.
- Availability of resources to further deliver the EPRR Strategy both within available personnel and finances to ensure the Health Board remains in a state of readiness continues to be a challenge

3.2 NWIS Business Continuity Incident due to loss of national systems

The incident occurred on 24th January 2018 and the Health Board debrief was held on 22nd February 2018. NWIS declared a major incident as a result of loss of national systems and consequently the Health Board declared a Level 3 Business Continuity/Significant Incident. The key learning points include:

- Strengthening of Business Continuity arrangements for some services and for the purpose of Unit specific command, control and co-ordination
- Further Silver Command, Loggist and general awareness training

- Increased resilience with regard to communications; and
- A recommendation to NWIS with regard to notification, co-ordination and use of terminology during the response of any future similar incidences.

The Report will be further discussed within the EPRR Strategy Group, will be forwarded to Welsh Government as part of their serious incident investigation which is due to report in April 2018. It will also be presented to the Health Board Audit Committee

Detailed reports are attached at Appendix 1.

3.3 Wales Extreme Counter Terrorism, (WECTU) Hospital Site Survey Action Plans

There are two separate action plans, detailing the activities required to improve security on all four acute hospital sites, derived from the reports. Addressing the actions specifically for Morriston Hospital will be a priority. Of particular note are the following:

- Improved no parking signage at the main entrance;
- CCTV improvements;
- Site access barriers, manually operated;
- Entrance and key internal door locking systems;
- Anti-shatter film for main entrance glazing, to the areas recommended amounting to 40m²;
- Clear plastic bins for main concourse area;

There is a small resource requirement for these items, which is currently being considered.

Action Plans are attached at Appendix 2.

3.4 Business Continuity/Significant Incident Responses; Adverse Weather and Extreme Operational Pressures.

As a result of the weather warnings for severe disruptive snow fall from February 28th 2018 to March 4th 2018, the Health Board's Overarching Business Continuity/Significant Incident Procedure was invoked as a Level 3 Business Continuity Incident. Appropriate command, control and co-ordination was established with Gold Command convening up to 5 times a day during the 1st and 2nd of March 2018. In addition, the South Wales Local Resilience Forum had convened Gold Command arrangements and Strategic Co-ordination Group meetings were organised. It was agreed to proceed to Health Board recovery on the 4th March 2018, with Silver Command arrangements remaining in place. Similarly Multi-agency command and control arrangements were closed down on the 4th March 2018.

On 6th March 2018, and as a result of very high levels of escalation pressures, where Morriston Hospital had escalated to level Black in accordance with the all Wales Escalation Protocol, a Business Continuity/Significant Incident was declared with the appropriate command, control and co-ordination arrangements were established. The inaugural Gold Command meeting was convened at 13.00 hrs, 6th March 2018

and each Service Delivery Unit invoked their Overarching Tactical Business Continuity Plans. As a result of these arrangements, at 16.00 hrs, 7th March 2018, the escalation levels reported had reduced to Amber. Gold command was stood down at 13.27, 7th March 2018 with Silver Command arrangements remaining in place as recovery proceeds.

It is evident that again, there was an extraordinary response to both these incidents to ensure patient safety and to mitigate the high risks that were posed. A debrief will be established to review the response to both these incidences and a report will follow which will include recommendations to improve further resilience.

The draft ABMU Overarching Business Continuity/significant Incident Procedure is attached at Appendix 3.

3.5 Welsh Government Health Emergency Planning Annual Report For 2017

The completed Annual Report was submitted to Welsh Government 25th January 2018. This report provides WG with information on the organisation's level of emergency preparedness. The report is used for year on year comparisons and this year has included some additional questions to reflect developments in emergency preparedness, including a question concerning mass casualty arrangements, a question on a change in the threat level to critical and also a question on hospital/premise lock down procedures. The comparison report has not yet been forwarded.

The Annual Report is attached at Appendix 4.

4.0 Recommendations

The Board is asked to:

- **NOTE** the achievements made in EPRR within ABMU.
- **NOTE** the key challenges in further preparedness and plans to address these.
- **NOTE** the NWIS Business Continuity Incident Debrief Report and its findings.
- **NOTE** that within the current financial climate the challenge of fully meeting the resilience that is desired remains very difficult and that where possible alternative methods of funding are being sought.
- **NOTE** the actions to improve security at the Morriston Hospital site following the recommendations by WECTU, and that financial implications are being considered.
- **NOTE** the ABMU Overarching Business Continuity/Significant Incident Procedure.
- **NOTE** the response to the Business Continuity/Significant Incidences as a result of adverse weather conditions and high escalation pressures.
- **NOTE** the Welsh Government Health Emergency Planning Annual Report For 2017.

GLOSSARY

ABMUHB Emergency Preparedness Resilience and Response Health Board Report

TERM	DEFINITION
Business Continuity	- Encompasses planning and preparation to ensure that an organization can continue to operate in case of serious incidents or disasters and is able to recover to an operational state within a reasonably short period.
Casualty	- A person directly involved in, or affected by, the incident (injured, uninjured, deceased, or evacuee).
Category 1 Responder	- A person or body listed in Part 1 of Schedule 1 of the Civil Contingencies Act. These bodies are likely to be at the core of the response to most emergencies. As such, they are subject to the full range of civil protection duties in the Act.
CBRN (Incident)	- Chemical, biological, radiological, nuclear – material that has the potential to be adapted for use in a terrorist incident.
CCA	- Act of 2004, which established a single framework for Civil Protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for Local Responders; Part 2 of the Act establishes emergency powers.
COMAH Site	- Industrial site covered by the Control of Major Accident Hazard Regulations.
Decontamination	- Procedure employed to remove hazardous materials from people and equipment.
Decontamination – Clinical	- Medical procedure to treat patients affected by, or contaminated with, hazardous material.
Decontamination – Emergency	- Procedure carried out when time does not allow for the deployment of specialist NHS resources, and is judged as imperative that decontamination of people is performed as soon as possible. Improvised equipment may be used in lieu of dedicated facilities. Implementation of emergency decontamination may carry risks to certain groups, e.g. elderly, infirm, and injured.
E.P.O.	- Emergency Planning Officer.
EPRR	- Emergency Preparedness Resilience and Response
Emergency Planning Cycle	- A continuous process of assessing the risk of preparing for emergencies, supported by procedures to keep staff in readiness and to review and validate plans and training, revising them if necessary following emergency exercises or response operations.
Gold	- The strategic level of command and control (above Silver level and Bronze level) at which policy, strategy and the overall response framework are established and managed for individual responder agencies.
Hospital Co-ordination	- The area established in a Hospital to control and monitor

TERM	DEFINITION
Centre	the Hospital response, and provides necessary co-ordination of the Health Board response.
Hospital – Designated / Receiving	<p>The Hospital(s) alerted by the Ambulance Service to receive casualties in the event of a major incident.</p> <p>- Receiving Hospitals must be adequately equipped to receive casualties on a 24-hour basis and be able to provide, when requested, the MIO/NIO and a MMT.</p>
Hospital – Supporting	<p>- A Hospital which is activated to support the Designated Hospital(s) by taking non-incident patients and in-patients decanted from the Designated Hospital(s).</p>
I.C.P.	- Integrated Emergency Plan.
IEM	Integrated Emergency Management; multi-agency approach to emergency management entailing six key activities; anticipation, assessment, prevention, preparation, response and recovery.
JESIP	Joint Emergency Services Interoperability programme; aiming to improve the way in which the three blue light services work together at major and complex incidents. Recently, this programme has been recommended for use by all Category 1 Responder agencies.
JDM	Join Decision Making Model, (as defined in the JESIP Joint Doctrine: the Interoperability Framework)
Media Centre	<p>- Central contact point for media enquiries, providing communications and conference facilities and staffed by Press Officers from all organisations. Usually established by the Police.</p>
Medical Incident Officer / Commander (M.I.O.)	<p>- Medical Officer with the overall responsibility (in close liaison with the AIO and NIO) for the management of medical resources at the scene of a major incident. The MIO will not be a member of the MMT, and does not engage in clinical activity of casualties.</p>
MERIT	<p>- Mobile Emergency Response Incident Team. A team of specialist medical and nursing personnel provided from a Listed Hospital(s) to assist in the clinical management of casualties at the site of an incident.</p>
METHANE	Major emergency. Exact Location. Type of incident. Hazards. Access. Number of casualties. Emergency services specified by JESIP as consistent method of sharing incident information.
N.A.I.R.	- National Arrangements for Incidents involving Radioactivity.
PHW	- Public Health Wales.
Silver	The tactical tier of command and control within a single agency, (below Gold level and above Bronze level) at which the response to an emergency is managed.
SCG	Strategic Coordinating Group; the principal local forum for multi-agency cooperation in civil protection.
Temporary Mortuary	<p>- A pre-designated location which can be used as a mortuary if the scale of the incident renders existing facilities inappropriate. Such locations require detailed pre-planning and will be used as a centre for the examination and identification of the deceased.</p>

TERM	DEFINITION
Triage	- Process of prioritising the evacuation and treatment of the injured by medical, nursing, and ambulance personnel.
V.A.S.'s	- Voluntary Aid Societies – St. John Ambulance and British Red Cross.
VVIP/VIP	Very Very Important Person, (members of the Royal Family, Prime Minister, requiring armed protection and Very Important Person, not requiring armed protection.
W.G.	- Welsh Government.