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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	28th March 2019		Agenda Item	4.3
Report Title	Emergency Preparedness Resilience and Response (EPRR), Annual Audit and Update on Brexit preparedness			
Report Author	Karen Jones, Head of EPRR; Joanne Abbott-Davies, Asst Director of Strategy & Partnerships			
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy			
Presented by	Siân Harrop-Griffiths, Director of Strategy			
Freedom of Information	Open			
Purpose of the Report	This report provides the Health Board with an annual update of the Health Board's activity regarding Emergency Preparedness, Resilience and Response, (EPRR). It also contains the Health Emergency Planning Annual Audit for 2018 and an update on Brexit Preparedness.			
Key Issues	<p>Delivery of a robust Emergency Preparedness, Resilience and Response work programme will ensure:</p> <ul style="list-style-type: none"> • A fully engaged workforce in resilience matters; • With the adoption of new major incident clinical guidelines that effective patient outcomes are achieved when patients are treated as part of an emergency incident; • Effective governance and continued multi-agency partnership working in civil protection duties; • Delivery of safe patient care by securing a risk and business impact assessment with appropriate mitigation measures as the foundation; • EPRR is evaluated against the National Resilience Standards 1 - 12 in order to meet expectations and leading practice in order to build on and complement the statutory duties under the Civil Contingencies Act 2004 and other relevant legislation; • The aim of the delivery of EPRR is to complement both the Organisational Strategy and Clinical Services Plan. 			
Specific Action Required	Information	Discussion	Assurance	Approval
			√	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • APPROVE the Emergency Response Plans as listed. These are available via the major incident central drive on iBabs. • NOTE the progression of EPRR and the challenges/risks and actions to mitigate the risks that remain; • NOTE the progress with Brexit preparedness within the Board; • NOTE the Welsh Government Health Emergency Planning Annual Audit for 2018. 			

EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE, (EPRR)

1. INTRODUCTION

This report provides the Board with an annual update regarding Emergency Preparedness, Resilience and Response, (EPRR) in accordance with;

- The civil protection duties under the auspices of the Civil Contingencies Act (CCA), 2004;
- The terms of reference of the EPRR Strategy Group
- The recommendations by Internal Audit Report, 2018/2019 - Business Continuity and Disaster Recovery.

The report specifically focuses on the EPRR achievements and challenges and the plans to address them during 2019, whilst highlighting specific issues that remain outstanding. In addition, the following are included and intrinsically linked;

- A chart listing the ABMU Emergency Response Plans approved by the EPRR Strategy Group for formal approval by the Board as **Appendix 1**. Full documents are available on iBABs.
- Table showing key achievements and planned work programme for EPRR as **Appendix 2**.
- The Health Emergency Planning Annual Audit for 2018 as **Appendix 3**
- The ABMU Brexit Preparedness Assurance Documents are available on iBABs.

2. 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. This work is underpinned by a rigorous risk assessment, which steers the EPRR work and consequent training and exercising programme.

The EPRR Strategy Group focusses 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.

3. ASSESSMENT

The attached EPRR Audit (**Appendix 3**) and the table showing progress against the EPRR work programme and planned actions (**Appendix 2**) demonstrate that good progress is being made in all required areas.

The completed Annual Audit was submitted to Welsh Government by 31st January 2019 as required. A formal assessment report of the position of ABMU Health Board

compared with other Health Boards across Wales has not yet been received but will be circulated to Board members once available.

There are a number of key challenges for ABMU Health Board in addressing the EPRR agenda, as outlined below:

- During an emergency, the Health Board will need to provide an appropriate response to minimise the impact and mitigate the risks. The Health Board has been successful in this, as evidenced by the response to business continuity incidents over the past year and the Brexit preparedness planning that is currently underway. In addition, the HB response to the data centre failures during 2018 was seen as evidence of good practice and was included within national reports.
- Availability of personnel and financial resources to ensure delivery of the EPRR Strategy and in particular to allow the Health Board to remain in a state of readiness as well as having the resilience to respond to an emergency, particularly where this is protracted. This will be a particular issue in responding to the national and regional battle rhythm requirements in readiness for Brexit and to ensure appropriate command, control and coordination arrangements are maintained.
- It is recognised that following the appointment of a number of new Executive Directors, not all have undertaken Wales Gold (a Strategic Command and Control course). To support Executive Directors in their on call requirements the Head of EPRR has undertaken a Strategic awareness session with each and compiled a specific major incident on call folder with a range of relevant information for them. Plans are in place to ensure all Executive Directors receive appropriate training, either through the full Wales Gold course or an abridged version, which is being discussed within NHS Wales currently.
- The Bridgend Boundary change is occurring simultaneously with Brexit and both are challenging in terms of planning for preparedness and some of the unknown consequences that may occur. Discussions have been underway with Cwm Taf UHB to ensure a smooth transition of EPRR arrangements. The existence of a separate Princess of Wales Hospital Major Incident Plan has been helpful in this regard.

4. GOVERNANCE AND RISK

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. This is posing some challenges in ensuring that the Health Board can provide full assurance in delivering its civil protection duties, focussing on proactive processes instead of reactionary processes in responding to some emergencies that could possibly be avoided.

The appointment of the EPRR Manager to support the Head of EPRR has increased resilience in this area which will aid the process of meeting some of these challenges and in particular in embedding a robust training and exercising strategy. To further mitigate the capacity and ongoing resilience issues, there has been a considerable effort to ensure there is appropriate representation from across the Health Board including Corporate Departments, support service departments and Service Delivery Units at the EPRR Strategy Group meetings. Assurance has been sought with regard

to the respective feedback and reporting mechanisms by the EPRR leads, within these departments and their linkages with other HB forums, in particular Winter Planning, Infection Prevention and Control and Health and Safety.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report. Actions are risk assessed and prioritised within available resources. Depending on the outcome of Brexit negotiations, ongoing business continuity planning and preparedness may lead to financial pressures which will be considered as appropriate.

However, availability of resources is limiting the advancement of the EPRR Strategy in some areas in order to meet the 12 National Resilience Standards and the civil protection duties to ensure the Health Board remains in a state of readiness. EPRR has no established budget and is funded on an ad hoc basis through Strategy as issues and risks are escalated.

6. RECOMMENDATIONS

Members are asked to:

- **APPROVE** the Emergency Response Plans as listed. These are available via the major incident central drive on iBabs.
- **NOTE** the progression of EPRR and the challenges/risks and actions to mitigate the risks that remain;
- **NOTE** the progress with Brexit preparedness within the Board;
- **NOTE** the Welsh Government Health Emergency Planning Annual Audit for 2018.

Governance and Assurance							
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships	
			√	√	√	√	
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		√	√				√
Quality, Safety and Patient Experience							
<p>EPRR management falls under the domain of an integrated emergency planning management process and is underpinned by risk assessment. Its purpose is to ensure that the Health Board is fully able to anticipate, assess, prevent, prepare, respond and recover from an emergency, where services can be delivered effectively during an emergency to ensure quality, safe, effective and equitable care is continued to be provided to all patients during the emergency response and including the non-major incident patients that continue to require care.</p>							
Financial Implications							
<p>Depending on the outcome of Brexit negotiations, ongoing business continuity planning and preparedness may lead to financial pressures. In addition, as there is no established budget for EPRR, availability of resources is limited for the purpose of maintaining continued resilience and is funded on an ad hoc basis through Strategy as issues and risks are escalated.</p>							
Legal Implications (including equality and diversity assessment)							
<p>The Health Board is a Category 1 Responder under the Civil Contingencies Act 2004 and consequently is required to meet its civil protection duties which include risk assessment, emergency planning, business continuity arrangement, cooperation and collaboration, sharing information and warning and informing arrangements.</p>							
Staffing Implications							
<p>There are no direct staffing implications associated with this report. Retaining resilience requires a multi Service Delivery Unit approach and within each Unit, there are assigned EPRR Leads who require support to deliver the EPRR agenda.</p>							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
<p>The actions outlined in the report support the five ways of working outlined in the Act. ABMU Health Board are working with all partners to identify improved ways of ensuring resilience and securing the continued deliverability of services.</p>							
Report History	<p>Brexit Board Report, 31st January 2019 EPRR Board Report, 20th March 2018</p>						
Appendices	<ol style="list-style-type: none"> 1. List of ABMU Emergency Response Plans 2. Key Achievements and planned work programme for EPRR 3. Health Emergency Planning Audit 2018 						

Corporate/Service Business Continuity/Emergency Response Plans: - Review/Approval Schedule January 2019

ABMUHB Major Incident Procedures:

- ABMUHB Overarching Major Incident Procedure; (Strategic Response)
- ABMUHB Morriston Hospital Major Incident Procedure; (Tactical and Operational Response)
- ABMUHB Princess of Wales Hospital Major Incident Procedure; (Tactical and Operational Response)
- ABMUHB Singleton Hospital Major Incident Procedure, (Supporting Hospital)
- ABMUHB Neath Port Talbot Hospital Major Incident Procedure, (Supporting Hospital)
- ABMUHB Burns Major Incident Procedure

Please note: - The Health Board Major Incident Procedures are reviewed annually or sooner if amendments are required as a result of an incident or following an exercise. (Mental Health and Learning Disabilities and Primary and Community Care major incident response is embedded within the plans).

The following emergency response plans are in addition to the Major Incident Procedures and may be invoked as additions to support the major incident response or as a separate and specific response to an incident that is not a declared major incident:

Business Continuity Plan, (BCP)	Review Owner/Approval	Action and Approval date	Mitigation: ABM Risk Register Number
Business Continuity Management Strategic Framework	Risk Group	Approved September 2017 Review date: September 2019	Corporate Risk Register
Service Delivery Unit (SDU) Business Continuity Plans	EPRR Leads: SDU's/EPRR Strategy Group	All SDU Overarching Tactical Business Continuity Plans in place and All Cross Cutting Service BC Plans, (with the exception of Workforce) are in place. SDU Service specific BC Plan development in place for: <ul style="list-style-type: none"> • Neath Port Talbot • Singleton • Primary and Community Care • In progress: <ul style="list-style-type: none"> ○ Morriston ○ MH&LD ○ Princess of Wales ○ Workforce and Organisational Development Monitored via EPRR Strategy Group	Corporate Risk Register EPRR Risk Register
Overarching Business Continuity/Significant Incident Procedure	Head of EPRR/EPRR Strategy Group	Approved September 2018; review September 2020	Corporate Risk Register EPRR Risk Register
Emergency Response Plans			
Contaminated Casualties Procedure	Leads of SDU's/EPRR/EPRR Strategy Group	Approved 09.2017; Review September 2019	EPRR Risk Register numbers:1, 2,3,4,5,12

Business Continuity Plan, (BCP)	Review Owner/Approval	Action and Approval date	Mitigation: ABM Risk Register Number
Countermeasures Framework	Leads of SDU's/Medicines Management/EP RR Strategy Group	Approved March 2017; review 2020	EP RR Risk Register numbers:1, 2,3,4,5,12
Pandemic Framework and Tactical Plan	Leads of PH/Infection Prevention and Control/EP RR/EP RR Strategy Group	Approved March 2017; Review post testing; April 2019	Corporate Risk Register EP RR Risk Register number: 4
Mass Fatalities Procedure	Pathology/EP RR Strategy Group	Approved December 2017; Review December 2019	Corporate Risk Register EP RR Risk Register numbers:1, 2,4,5,7
Mass Casualty Procedure	Morrison/POW/EP RR/EP RR Strategy Group	V2 Mass Casualty Arrangements for NHS Wales launched; July 2018. Mass casualty arrangements included within major incident procedures and launched August 2018.	1,2,4,5,7
Security Procedures			
Bomb Threat/Suspect Package	Security Group/Quality and Safety	Most recent draft disseminated: May 2017	EP RR Risk Register numbers:1,2,3,8
Lockdown Procedure	Security Group/Quality and Safety	Most recent draft disseminated: May 2017	EP RR Risk Register numbers:1,2,3,8
Firearms Procedure	Security Group/Quality and Safety	Most recent draft disseminated: May 2017	EP RR Risk Register numbers:1,2,3
Business Continuity			
Civil Disturbance	Emergency Departments; POW/Morrison/EP RR Strategy Group	Approved EP RR Group July 2016; reviewed annually	EP RR Risk Register number:13
Protocol for Managing Patients of Public Interest	Emergency Department Morrison/Morrison SDU	Approved EP RR Group July 2016, reviewed annually	Corporate Risk Register
Fuel Business Continuity Plan	Support Services/EP RR Strategy Group	Sign off March 2018; review 2020	Corporate Risk Register EP RR Risk Register numbers:8,10
Alternative Premises for Critical Care Areas	SDU's/EP RR Strategy Group	Incorporated as part of Service BC's not as a separate procedure	Corporate Risk Register

Business Continuity Plan, (BCP)	Review Owner/Approval	Action and Approval date	Mitigation: ABM Risk Register Number
			EPRR Risk Register numbers:1, 2,3,5,8
Very Very Important Procedure, (VVIP); Princess of Wales/Morrison	Morrison/POW SDU/EPRR Strategy Group	Restricted documents, plans have been updated and ratified by Police Firearms Unit. Revised Plans have been forwarded to the Emergency Departments and are included on Major incident Central drive. Reviewed annually.	Corporate Risk Register -
Severe Weather to include Heatwave Procedure, Severe cold/snow and flooding	EPRR Strategy Group	Reviewed and approved January 2019	Corporate Risk Register EPRR Risk Register number: 7
Whole/Partial Hospital Evacuation Plans	SDU's/EPRR/EPRR Strategy Group	Draft plan in place for Singleton, anticipated testing date: May/June 2019. The template will be used for the other acute hospital sites following testing at Singleton.	Corporate Risk Register EPRR Risk Register number: 2,5,7, 14
Cyber Strategy	IM&T	Framework to be developed on an all Wales basis, awaiting update	Corporate Risk Register EPRR Risk Register numbers:1,5,8
Critical Care Escalation for large unplanned increases in demand	Critical Care Service Delivery Group/EPRR Strategy Group	To review local plans against recent guidance and to link to SDU BC's; Steering Group established	Corporate Risk Register EPRR Risk Register: 1, 2,4,5
Raise in National Threat Level; HB Response	EPRR Strategy Group	Approved September 2018	EPRR Risk Register

Table showing Key Achievements & Planned Work Programme for EPRR

Key Achievements	Outstanding Work Programme
Emergency Response Plans	
<p>Health Board Major Incident Plans; ratified by EPRR Strategy Group and re-launched; May 2018, following wide consultation and scrutiny.</p>	<p>These plans will be reviewed during May 2019, as part of the annual review process. However, Princess of Wales, (POW) Major Incident Plan is currently being reviewed in readiness for the boundary transition change on the 1st April 2019. Similarly, all emergency response plans will have the inclusion of an addendum, in the interim, if the response is deemed to be affected by the Bridgend Boundary transition.</p> <p>All Emergency response plans are located on the Health Board, (HB) Intranet and dedicated major incident drive.</p>
<p>Appendix 1, includes all the Emergency Response Plans formally approved by EPRR Strategy Group.</p>	<p>The following emergency response plans are either currently under review or are now required, and form part of the EPRR work programme for 2019</p> <ul style="list-style-type: none"> • Whole/Partial Hospital Evacuation Plans • Cyber Strategy; national policy • Critical Care Escalation for large unplanned increases in Demand; review following guidance release.
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 • Loggist • Some individual service specific training needs • Emergency Department response including; <ul style="list-style-type: none"> ○ Medical Emergency Response Incident Team, (MERIT) ○ Chemical, Biological, Radiological and Nuclear, (CBRN) ○ Lockdown • Maximising multi- agency training opportunities at Strategic, Tactical and 	<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 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

Key Achievements	Outstanding Work Programme
<p>Operational levels, some examples noted below;</p> <ul style="list-style-type: none"> • Paediatrics major incident table top exercise • Exercise Relatives Care; August 2018 • Neath Port Talbot Business Continuity Exercise; August 2018 • COMAH Exercises, 2018 • Health Prepared Wales; Conference; November 2018 • 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), October 2018 • Exercise Biopod, to test the Health Board Distribution of Counter Measures; October 2018 • Exercise Brexit Challenge; 05.02.19 • Exercise Phoenix 2, Burns exercise; 04.02.19 • Strategic awareness sessions for Executive Team members <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>of their response to a major incident</p> <p>To address the above issues and following appointment of an EPRR Manager, a Training and Exercising Strategy and programme will be developed and invoked for April 2019.</p>
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. • EPRR risks mapped against national and local risks. 	<p>A cyclical risk management review approach is in place for the Corporate and EPRR Risks noted on the respective risk registers.</p>
Business Continuity Management	
<p>In terms of Business Continuity management the following are now in place;</p> <ul style="list-style-type: none"> • Business Continuity Framework • Overarching Business Continuity/Significant Incident Procedure • Overarching Tactical Business Continuity Plans • Service Business Continuity Plans 	<p>Aligned to Brexit preparedness, there has been a continuous drive for the review and completion of Business Continuity Plans. The following are due by 31.03.19:</p> <ul style="list-style-type: none"> ○ Mental Health and Learning Disabilities Tactical Plan and some service plans ○ Some service specific plans remain outstanding;

Key Achievements	Outstanding Work Programme
	<ul style="list-style-type: none"> ▪ Workforce & Organisational Development ▪ Morriston Service Delivery Unit ▪ POW Service Delivery Unit
Emergency Planning	
<p>Emergency planning is a continuous cycle of assessment, planning and response in order that the Health Board is meeting its' civil protection duties; the success of the planning to date is reflected in the annual audit, (Appendix 3)</p>	<p>This summary includes a summary of the key actions that are being undertaken under the auspices of emergency planning. Key challenges include;</p> <ul style="list-style-type: none"> ○ Full launch of the Critical Rapid Communications System, which has been challenging to build the system largely as a result of the various formats of service rotas. It is anticipated that this will be operational from April 2019. ○ Work is continuing with regard to response to a mass fatalities incident; medium size incident where the Wales Police Disaster Victim Identification Team have specified that all fatalities from the scene of an incident should undergo forensic pathology within one mortuary. This has led to the next step of respective Executive Lead discussions, where a date has not yet been confirmed as the South Wales Local Resilience Forum are currently trying to arrange this in accordance to diaries. ○ Work is continuing with the Welsh Ambulance Service with regard to notifications of serious incidents that the HB should be aware of, but do not fall under the categories of major incident stand by or declared. This work is being progressed via the NHS Wales Pre Hospital Group. Currently there are a number of incidences where it would have been worthy of HB notification and this has not occurred.

Key Achievements	Outstanding Work Programme
<p>Mass Casualty Planning</p> <ul style="list-style-type: none"> • All Wales NHS Mass Casualty Arrangements, version 2, July 2018; further minor amendments currently being reviewed. • Health Board mass casualty arrangements included within the major incident plans and 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.
<p>Brexit Preparedness</p>	
<p>ABMU is fully engaged in the EPRR planning for Brexit and the ABMU Preparedness document can be accessed by iBAB.</p>	<p>The progress to date and the challenges that remain were reflected in the Brexit Board Report, 31st January 2019.</p>



Llywodraeth Cymru
Welsh Government

HEALTH EMERGENCY PLANNING ANNUAL REPORT FOR 2018

Name of NHS
Organisation

Abertawe Bro Morgannwg University
Health Board

Date

18th January 2019

Signature of Chief
Executive Officer

J C Myhill

Planning and Preparation

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

Siân Harrop-Griffiths
Executive Director of Strategy

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

Strategic Executive lead:- Siân Harrop-Griffiths, Director of Strategy
Tactical Leads:- Joanne Abbott-Davies, Assistant Director of Strategy and Partnership
Karen Jones, Head of Emergency Preparedness, Resilience and Response,
(EPRR)
Sean Pepperall, EPRR Manager
ABMUHB Service Delivery Unit Directors

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

Karen Jones
Head of EPRR

Sean Pepperall
EPRR Manager

4. Do you have an organisational chart showing how civil contingencies/emergency preparedness responsibilities are allocated in your organisation?

YES NO

If yes, please attach it

5. Please provide the name and position of your officer responsible for PREVENT activities (normally delivered as part of Safeguarding)

Executive responsibility for CONTEST, (Counter Terrorism Strategy); Prevent Stream :-
Executive Director of Nursing, Gareth Howells

CONTEST Prevent devolved to Assistant Director of Nursing; Safe Guarding: Cathy Dowling

Executive responsibility for CONTEST; Prepare Stream:
Sian Harrop-Griffiths, Executive Director of Strategy
CONTEST Prepare devolved to Karen Jones, Head of EPRR

Executive responsibility for Protect Stream, (Security): Chris White, Chief Operating Officer
CONTEST Protect, (Security) devolved to Des Keighan, Assistant Director of Estates

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

The Executive Team and Health Board receive regular EPRR updates. ABMUHB has an EPRR Strategy Group in place. This group oversees all EPRR activity for the Health Board and has representation from each of the Service Delivery Units, 'Cross Cutting' Services and Corporate Services, (including some Executive Directors). The ABMU EPRR Strategy includes the arrangements in order to meet the six key principles for EPRR for Category 1 Responders as detailed in the Civil Contingencies Act 2004; one of which is business continuity arrangements. There is also an EPRR risk register which is linked to the South Wales Local Resilience Forum risk register and the National risk register. This is managed on the HB Datix risk management system. The Health Board work programme is in place to provide assurance in terms of meeting the 6 civil protection duties, mapped and prioritised against the EPRR risk register. This programme of work is a continual process under the principles of integrated emergency management.

With specific reference to business continuity the following is in place:

- ABMUHB Business Continuity Framework in order that all services have a consistent approach for business continuity arrangements.
- Each Service Delivery Unit, (Morrison, Singleton, Princess of Wales and Neath Port Talbot Hospitals, Primary and Community Services and Mental Health and Learning Disabilities) has an Overarching Tactical Business Continuity Plan, which articulates the command and control arrangements for the response to a business continuity incident and the business continuity management of that particular Unit.
- Services within each of the Service Delivery Units have business continuity plans in accordance to the HB Framework.
- 'Cross Cutting' Services, such as IM&T, Pathology, Radiology, Corporate etc. have business continuity plans in accordance to the HB Framework and these are shared with the Service Delivery Units and are referenced within their respective plans.
- ABMUHB Overarching Business Continuity/Significant Incident Procedure in place to manage the strategic response to a business continuity incident as well as articulating the strategic business continuity management arrangements.

7. Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?

YES NO

ABMUHB Critical Threat Level Response Protocol

8. When was your organisation's Lock Down arrangements last worked through or tested?

Dates	Details of what was undertaken
<p>May 2018</p> <p>Local table top exercises have occurred during 2018</p>	<p>The four acute hospitals have now undergone Counter Terrorism Surveys in accordance with the Crowded Place principles and we have recently taken receipt of these reports. Morrision Hospital is classed as a Tier 3 crowded place site and therefore has specific actions for improvements on this site. An action plan is in place and approval has just been gained for additional improvement works at Morrision to improve security measures in accordance to the survey. This programme of work is about to commence.</p> <p>To support this engagement, there has been an awareness programme delivered across the Health Board; Actions Counter Terrorism.</p> <p>All the Health Board Security Plans have been cross checked with Counter Terrorism and have been amended with additional guidance in accordance to reflections on the recent terrorist atrocities and lessons identified. There are a suite of security plans in place.</p> <p>Included as part of the security plan portfolio is the ABMUHB Lockdown Procedure.</p> <p>Morrision and Princess of Wales Hospitals are currently working on developing local lockdown procedures, where the HB Procedure is the overarching document.</p> <p>The Emergency Departments have specific lock down procedures and action cards and a physical test of these occurred: May 2018</p> <p>Table top exercises have been run for the development of lockdown: Once the local lockdown procedures are complete, a testing arrangement for these will be undertaken and a programme for these actions will be presented to ABMU EPRR Strategy Group; 31.01.19</p>

Major Incident/Emergency Plans

9. When your Major Incident/Emergency Plan(s) was last considered and formally adopted by your Executive Board?

<p>May 2018, the Major Incident Procedures were reviewed which includes:</p> <ul style="list-style-type: none">• Overarching Procedure• Morrision Hospital Procedure• Princess of Wales Hospital Procedure• Singleton Hospital Procedure• Neath Port Talbot Hospital• Burns, as Morrision Hospital is the designated Burns Centre for adults for the South West UK Network and is the Network Lead• Primary and Community Care and Mental Health and Learning Disabilities is embedded within the above procedures• Health Board Mass Casualty response is embedded within the above procedures, with Wales Mass Casualty Arrangements included. <p>There are a suite of emergency response plans in addition to the Major Incident Procedures and all</p>

of these are up to date. The Board received an update and acceptance of these March 2018 and will receive the revised major incident procedures March 2019. This is an annual review and reporting process.

10. When was your Major Incident/Emergency Plan(s) last updated to reflect organisational changes and essential supporting contacts updated

May 2018

Staff contact lists are routinely and regularly updated and further reviewed following major incident communication exercises that routinely occur during March and September annually; both are tested in and out of hours. Individual contact details are not included in the Major incident Procedures and are deliberately kept separately. There are now identified owners for rotas and contact details as the HB has procured a rapid communication system and these staff will update the system in accordance to changes.

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

YES NO

These are key elements of the HB Major Incident Procedure/response. There are action cards for Emergency Departments, Medical Teams, Management and a suite of action cards for support services such as IM&T, Medical Electronics, Procurement etc. and relatives care teams.

As noted in point 10, communication exercises are routinely undertaken twice yearly and follow on from the WAST communication exercises. The rapid communication system; Criticalll which is due to be launched in January 2019 will greatly improve the resilience in terms of communication in major incident response. Criticalll has the ability to activate a communications cascade to mobile phones, land lines, text messages and emails simultaneously, with an electronic live update system as calls are received and responded to.

Training of staff is required at multiple levels and is a complex process. There are 16,500 staff within ABMUHB. A prioritised training programme is in place and has been undertaken during 2018 which includes;

- Gold Command
- Silver Command
- Loggist
- Major Incident awareness
- Specific emergency response plan familiarisation/awareness, e.g. contaminated casualties

In addition the following has been undertaken during 2018;

- Live test of the paediatric response
- Live test of the relatives/care team response at Morriston Hospital
- Live test of the distribution of countermeasures; Exercise Biopod
- Live test of the National Pandemic Flu Service
- Walk/talk through ED response
- Business Continuity Table Top exercise

Where there have been opportunities to attend multi-agency training, we have ensured that there has always been representation from ABMUHB and have nominees have attended in accordance to the maximum amount of places and these include:

- Mass fatalities workshop
- Acid attack exercise - London
- MERIT x 4
- Wales Prepare Conference
- Cyber Security Civil Contingencies Conference
- Wales Gold
- Calor Gas COMAH Exercise
- Exercise Talon's Reach West - Swansea
- BBC Biggest Weekend Table Top Exercise
- Exercise Hot Spot – Dyfed Powys
- Exercise Melyn - PHW
- Major Incident Response Course – Keele University
- CBRN Event – South Wales Local Resilience Forum
- Exercise Shire Horse – CT exercise
- Civil Contingencies Conference
- Exercise Phoenix – national Burns Exercise
- Health Prepared Wales – 78 nominations
- South West UK Burns Network Conference – Bristol
- Why do Trauma Patients die? – Coroner, Forensic Pathologists learning – London
- Emergencies on Trial
- Flow Gas COMAH Exercise

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

ABMUHB has recently appointed an EPRR Manager which will allow additional resource in order that during 2019 there will be:

- Detailed training needs analysis
- EPRR Training and Exercising Strategy and competency based Programme, based on the Lessons Identified Register

12. Do your Major Incident/Emergency Plan(s) take account of the roles and responsibilities of your organisation set out in the “Mass Casualty Incident Arrangements for NHS Wales” document, agreed by Chief Executives?

As noted in point 9 which includes the Wales Mass Casualty Arrangements.

However, it is important to note that there is still on-going work with regard to the Wales Mass Casualty Arrangements such as the practical implementation of the memorandum of Understanding for staff to work across Health Boards.

This work is being completed in conjunction with NHS Employers and is not yet finalised.

In addition, these Arrangements are required to reflect a Burns Mass Casualty response and again there is on-going work with regard to NHS England Mass Casualty and Burns Annex work which is not yet complete.

YES NO

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

13. Does your organisation have robust arrangements for reviewing its emergency plans that also take account of lessons from incidents and exercise following the process set out in the Wales NHS Lessons Identified Register?

YES NO

Yes but again the Lessons identified Register is not yet complete as the 4 WG Health Emergency Planning groups have been allocated the lessons specific to that group to convert to smart objectives and this is not yet finalised with outstanding actions remaining. Therefore, this document is currently not in a state of readiness to utilise in this manner. There is a wish for this to be progressed at speed in order that the full governance arrangements can be applied with an evidence base to support the reflections included.

It is the intention once this register is up to date, to include local lessons in order that it becomes the driving document for ABMU EPRR work programme and training and exercising programme, which will have robust governance arrangements to justify the work programme that is being delivered.

In the interim, the document is referenced in its draft format in order that anything specific and pertinent for the plans can be reflected.

Training, Testing & Implementing Arrangements

14. 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
March and September 2018	As noted in point 10. The major incident communication exercises are routinely undertaken during these times, both in and out of hours tests occur. In addition the tests for the Mass Casualty dashboard and Medical Director teleconference calls were also undertaken in March 2018 and September 2018.

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

Dates - 2018	Details of table top training exercise
August October	As noted in point 11. BC table top exercise to test the NPT BC arrangements Exercise Phoenix; national Burns exercise. Internal burns response arrangements tested as part of this process HB Brexit Table top exercise planned for 05.02.19 Burns Table top exercise planned for 04.02.19

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

Dates - 2018	Details of major live or simulated exercises undertaken
March	<p>As noted in point 11.</p> <ul style="list-style-type: none"> • Live test of the paediatric response • Live test of the relatives/care team response at Murrison Hospital
June	<ul style="list-style-type: none"> • Live test of the distribution of countermeasures; Exercise Biopod
October	<ul style="list-style-type: none"> • Live test of the National Pandemic Flu Service
September	<ul style="list-style-type: none"> • Walk/talk through ED response
March	<p>As noted in point 11, there has been participation in a number of live simulations at multi-agency also</p>

15. Have you implemented any of your emergency plans in response to an incident in 2017? 2018

YES NO

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

2017 incidents were noted in the audit submission; January 2018.

During 2018, the Health Board declared Business continuity x times during January, February and March. The incidences were related to NWIS data centre issues and adverse weather.

The Health Board Business Continuity Procedures were invoked, testing the plans with success.

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

There was a debrief held for the succession of NWIS Data Centre failures during 2018. The report has been submitted to WG for launch on Howis. In addition, NWIS requested permission to include the ABMU debrief report within their investigation report as they deemed the report as evidence of good practice. Following the incident; January 2018, NWIS resilience personnel asked to meet with the ABMUH Head of EPRR to ascertain the additional learning for them in particular with regard to the ABM response. ABM response plans have been shared with them.

A debrief was held for the response to the adverse weather episodes and a report was forwarded for launch on HOWIS. As a consequence, the ABMU Adverse Weather Procedure has been reviewed, in particular with regard to the management of staff transport arrangements and a re-launch of this procedure will follow after sign off within EPRR Strategy Group on the 31st January 2019. In addition, NHS Employers have undertaken a review to allow staff to work within other organisations, this work is not yet complete and is separate to the MOU for Mass Casualties.

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

YES NO

If YES, please provide further information

Yes and this is monitored via the HB EPRR Strategy Group and in conjunction with the EPRR Work Plan with consideration to the civil contingency obligations and EPRR Risk Register. This is an on-going process and training and exercising is a standard agenda for EPRR Strategy Group. This will be further enhanced once the lessons identified data base is complete which will be localised further specific for ABM and will be included for monitoring as part of the EPRR Strategy Group. Training is noted in point 11. Where possible, we maximise the multi-agency training opportunities and we have ensured and will continue to do so during 2019, that there is appropriate HB representation at all external training events and where possible and appropriate, will extend the training scenarios into the HB to participate further at a local level. This is particularly pertinent as the majority of the live external training events do not transfer exercise casualties from the scene and therefore, hospitals have very limited opportunities to participate, this is a particular issue.

ABMUHB has recently appointed an EPRR Manager and which will allow additional resource in order that during 2019 there will be:

- Detailed training needs analysis
- EPRR Training and Exercising Strategy and competency based Programme, based on the Lessons Identified Register

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

YES NO

If YES, please provide further details of your training programme

As noted in points 11 and 16 with regard to a Training and Exercising Strategy and competency based programme for 2019.

Communications

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

YES NO

19. 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.

There is an EPRR Strategy Group which meets monthly, with corporate, cross cutting services and Service Delivery unit representation, inclusive of representatives from WAST and PHW. In addition multi-agency partners are invited as required, e.g. WECTU, LAs, Police.

There is an EPRR Strategy, work plan, risk register and training schedule.

Each Service Delivery Unit has a forum in place to further locally discuss EPRR with separate business continuity sub groups

20. 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?

YES NO

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

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 Neath Port Talbot and Swansea L/A's resilience groups and the Dyfed Powys Local Resilience Health Emergency Planning Co-ordination Group. Also the HB is represented at the regional CONTEST Board and local CHANNEL Panels. In addition the HB is represented at the Wales Prepare Group and the WG Health Emergency Planning Groups such as Learning and Development, Mass Casualties, EPAG, exercise/conference task and finish groups, e.g. Wales Prepare

All Health Emergency Planners work closely together and are frequently in contact with each other to share ideas, procedures and training/exercising packages.

Recently, further work has been underway to ensure there is Health Board specific representation at some of the national resilience groups, where currently they are not represented. The intention is that a nominated HB representative for each of the groups will attend on behalf of the HB's and feedback information. The identified representatives has recently been forwarded to WG.

21. Who represents your organisation at the Local Resilience Forum meetings?

The two core groups for the South Wales Local Resilience Forum are:
Executive Board – Joanne Abbott-Davies/Karen Jones. Where possible Siân Harrop-Griffiths will attend and will be in attendance at the Local Resilience Forum Brexit workshop: 07.02.19.
Training and Co-ordination Group – Karen Jones

There is HB representation on all of the SWLRF sub groups and the representative in attendance will be on behalf of the 3 HB's within the SWLRF and the representatives have been agreed and feedback mechanisms are in place.

Assessment

22. What more can be done to improve your organisation civil contingencies/emergency preparedness arrangements?

Emergency Preparedness Resilience and Response is embedded within ABMUHB. The principles of EPRR are directed through an integrated emergency management cycle of planning based on risk assessment, joint agency planning and consultation, information sharing, training and exercising of plans and procedures. In order to prepare for, respond to and recover from emergencies the integrated emergency management approach includes;

Emergency Preparedness

Anticipation

Assessment

Prevention

Preparation

Emergency Response

Response

Recovery

The EPRR agenda is overseen by the EPRR Strategy Group, reporting to the ABMUHB Executive Team and consequently to the Board. The work programme will continue within the emergency planning cycle to ensure that ABMUHB is prepared in emergency planning and business continuity arrangements. Additional resource, by appointment of an EPRR Manager will assist in further enhancing the delivery of the EPRR Strategy and in particular with regard to the training and exercising strategy and programme that is required to accompany.

23. Are you satisfied that your organisation is fulfilling the 6 key principles indicated below, as required by the Civil Contingencies Act 2004?

	YES	NO	If no please say why
1) Co-operation	√		Evidenced in points 18,19,20
2) Information Sharing	√		Health Emergency Planners within Wales regularly share information appropriately and where possible jointly prepare exercises, documents etc. related to EPRR. Examples include a jointly prepared Silver Command and HB Gold package. More recent examples include joint risk assessment proforma for the purpose of Brexit work and collaboration to develop a business continuity table top exercise specific to test preparedness for Brexit.
3) Risk Assessment	√		Evidenced in point 6
4) Emergency Planning	√		Evidenced in all points above
5) Business Continuity Management	√		Evidenced in all points above
6) Communicating with the Public	√		As required and as appropriate the ABMUHB EPRR communications strategy includes this process. Evidence of the communications with the public can be noted on the HB intranet and internet sites and they undertake a very active social media strategy. Current examples include warning and informing due to adverse weather and yellow warnings for ice. A Brexit

		specific information page has also been developed in collaboration with Wales Health communications
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24. Please include an electronic copy(ies) of your current Major Incident /Emergency Plan(s) when submitting this completed Report

Please confirm if these are required as we have only recently received feedback from the previous submission and those plans remain until the planned review May 2019.

25. Please ensure the Report is signed by the Chief Executive Officer.

Completed and signed Report forms with any attachments to be returned by 31st January 2019

By email to: David.Goulding@gov.wales
Copied to Aimee.Waythe@gov.wales

