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Health Board



<b>Meeting Date</b>	<b>27 January 2022</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>Emergency Preparedness Resilience and Response</b>		
<b>Report Author</b>	Karen Jones, Head of EPRR		
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Executive Director of Strategy		
<b>Presented by</b>	Siân Harrop-Griffiths, Executive Director of Strategy		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To update the Board on the status of the Major Incident Plans, confirming Management Board approval for adoption and to note some key actions that are being taken forward to improve the Health Board Emergency Preparedness, Resilience and Response, (EPRR) agenda.		
<b>Key Issues</b>	<p>The Health Board Major Incident Plans were presented and agreed in the Management Board in January 2022 following their annual review. The plans will require a further appraisal in April 2022 in order to align with the proposed service changes. However, there is a need to retain live plans in the interim. The plans were re-launched in December 2021.</p> <p>Progress on the Health Board EPRR is also included, setting out some key achievements, as well as some challenges.</p> <p>The next steps include a robust awareness, training and exercising schedule for 2022, review of EPRR Strategy Group Terms of Reference to ensure continued focus on key risks and appropriate membership, update programme for all emergency plans, continued drive to improve business continuity planning and a complete review of the current EPRR web page.</p> <p>Assurance of Health Board EPRR arrangements is also required by submission of a completed Welsh Government, Health Emergency Planning Audit and this is included as Appendix 1.</p>		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<b>Approval</b>
			<input checked="" type="checkbox"/>

<i>(please choose one only)</i>				
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• <b>Note</b> the adoption of the updated Major Incident Plans</li> <li>• <b>Note</b> the brief EPRR update on key achievements, challenges and proposed actions</li> <li>• <b>Endorse</b> the key focus areas as next steps</li> <li>• <b>Endorse</b> the EPRR assurance provided as part of the Annual Audit</li> </ul>			

## **Emergency Preparedness Resilience and Response Update**

### **1. INTRODUCTION**

The purpose of the report is to apprise the Board with regard to the status of the Major Incident Plans and confirm that the Management Board has approved adoption of the plans following a revision and re-launch during December 2021. In addition, a very brief progress report of Emergency Preparedness, Resilience and Response (EPRR), outlining some key achievements, challenges and proposed work programme for 2022 is included.

### **2. BACKGROUND**

The Health Board is defined as a Category 1 responder organisation within the Civil Contingencies Act 2004. The Act places a number of responsibilities on the Health Board in this regard. These include:

- Assess local risks and use to inform emergency planning;
- Put in place emergency plans;
- Put in place Business Continuity Management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination; and
- Co-operate with other local responders to enhance co-ordination and efficiency.

In addition to the Act, there is statutory and non-statutory guidance that has been considered and incorporated in the Major Incident Plans to support the planning and delivery of major incident response. The Health Board uses an Integrated Emergency Management(IEM) (Anticipation, assessment, prevention, preparation, response and recovery) approach to provide a prepared response to any incident.

As a minimum standard, there is an expectation that Category One Responder organisations undertake the following in order to test arrangements, (unless they are invoked in response to a live incident). The Health Board is compliant with the following:

- A table top exercise once a year, (several table top exercises have been held during the pandemic to test plans). ✓
- A live exercise every 3 years, (Major Incident Plans invoked December 2019 and elements continue to be used as part of the Pandemic response). ✓
- Major Incident communication tests 6 monthly, (these are routinely undertaken in and out of hours). ✓

There are a suite of emergency response plans in place for both 'rising tide' emergency scenarios such as a Pandemic, Contaminated casualties or security incidents as examples and major incident plans for 'big bang' emergencies, such as a large road traffic collision, train crash etc. that may cause multiple casualties.

## **Health Board Major Incident Plans**

The Health Board Major Incident Plans are in place principally to respond to a 'big bang' emergency. However, the Command, Control and Coordination, (C3) arrangements are generic to respond to any emergency that requires Strategic, (Gold), Tactical, (Silver) and Operational, (Bronze) arrangements.

The Health Board Major Incident Plans are reviewed annually. Due to the pandemic, they were only reviewed in 2020 to include necessary addendums to allow an emergency response, incorporating the added complication of adhering to strict infection, prevention and control measures. During 2019 and prior to the pandemic, the Major Incident Plans, the Pandemic response plan and also the Distribution of Countermeasures were all scenario tested and were updated accordingly and have been used as the basis of the response to COVID-19. The major incident plans were also invoked in December 2019 due to a declared major incident resulting from a bus crash.

Following revision, the Major Incident Plans have been widely circulated for key stakeholder review and the majority of changes are service specific. Some specific learning from the pandemic has also been included to further enhance the plans. Examples include establishment of a Gold Coordination Centre for strategic oversight of the incident, inclusion of the Major Trauma Network, archival processes and improving psychological support for patients and staff by the inclusion of Trauma Risk Management, (TRiM).

The Major Incident Plans were approved for adoption by the Management Board. (The plans are included within the Resource section for the Board).

The suite of Major Incident plans includes these elements:

- Overarching, to include the strategic arrangements;
- Morriston as the lead major incident response both tactically and operationally and including Primary and Community Care and Mental Health and Learning Disabilities arrangements - there is also an addendum plan due to the ongoing COVID-19 response;
- Singleton and Neath Port Talbot as supporting hospitals;
- Burns, to include the South West UK Burns Network arrangements.

The plans were re-launched in December 2021 to ensure there are up to date arrangements in place for an emergency response; further awareness, training and testing arrangements will take place during 2022. The plans will be reviewed again in April 2022 to align with the proposed service changes.

### **3. EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE, (EPRR)**

The Executive Lead for Civil Contingencies is the Director of Strategy and there is a Head of EPRR and EPRR Manager in post. EPRR related matters are overseen in the Health Board by an EPRR Strategy Group, and membership includes representation from each Service Group and each 'cross cutting service'.

Some key EPRR achievements and challenges against the six civil protection duties, during 2020-2021 are set out below: -

A key achievement included having up to date and tested Major Incident and Pandemic response plans prior to COVID-19, which allowed for early preparations in order to respond to the rising tide COVID-19 emergency.

There are also some challenges, including the need to focus further on preparedness in order to minimise reactive situations and consequent escalation of issues. The challenges can be largely addressed by delivering a robust awareness, training and exercising programme, prioritising training following lessons identified during recent emergency incident debriefs and learning derived from the pandemic response. This includes business continuity management, further understanding of service risks and tactical command and control arrangements.

### **3.1 Next steps**

The EPRR Strategy Group has largely continued to meet throughout the pandemic, initially concentrating on the European Union Exit arrangements. Over recent months there has been an increased focus on the EPRR work programme generally and during early 2022, to address the key challenges as noted above, the main focus areas include the following:

Delivery of a comprehensive, competency based, training and exercising schedule as noted in the EPRR awareness training and exercising strategy.

The EPRR Strategy Group Terms of Reference are under review to ensure it remains focussed on the risks and mitigations required, appropriate level service representation, for actions and decisions to be taken forward at service level and to ensure a mechanism for EPRR feedback/discussions within each Service Group.

A major review of the current EPRR Web page is underway to ensure a centralised reference point.

There is a schedule in place to update all emergency response plans and small task and finish groups will progress with this.

Continued participation in multi-agency training arrangements and Wales wide planning such as Wales Mass Casualty Arrangements.

## **4. GOVERNANCE AND RISK ISSUES**

There are two overarching civil contingency risk themes included on the Health Board Corporate Risk Register:

1. Risk of Major Incident; risk score of 16.
2. Risk of Business Continuity Incident; risk score of 16.

Included under the umbrella of the two above themes, there are a number of EPRR related risks and these are aligned to the national and Local Resilience Forum Risk

registers. These are managed via the Datix system and discussed and monitored in EPRR Strategy Group and focus on key mitigations for managing the two overarching risks as cited.

The Welsh Government Health Emergency Planning Advisory Group requests an annual EPRR audit submission for assurance. The completed audit is included as appendix 1 and will be submitted by the Head of EPRR following sign off by the Executive Lead and Chief Executive.

## **5. FINANCIAL IMPLICATIONS**

There are relatively small financial implications to improve emergency preparedness and include purchasing of additional equipment and training packages to improve resilience which are being considered with the Director of Finance.

## **6. RECOMMENDATION**

Members are asked to:

- **Note** the adoption of the updated Major Incident Plans
- **Note** the brief EPRR update on key achievements, challenges and proposed actions
- **Endorse** the key focus areas as next steps
- **Endorse** the EPRR assurance provided as part of the Annual Audit

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
No direct implications of this report, however, the need to have continued and relentless focus on EPRR is required for improving quality, safety and patient and staff experience.		
Financial Implications		
No direct financial implications of this report, see financial implication section for detail on EU Exit financial risk.		
Legal Implications (including equality and diversity assessment)		
A quality impact assessment has previously been completed as part of the major incident response and the process is part of the arrangements to ensure that the preparedness, resilience and response meet the quality and equality/diversity impact assessment.		
Staffing Implications		
EPRR is dependent on a Health Board wide recognition and response by all staff members which requires recognition and further enforcement. Currently there are only 2 dedicated members for the coordination of EPRR, this reduces resilience.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>As part of the EPRR programme, strategic objectives are aligned and the work programme embeds the 5 ways of working as noted in The Well-being of Future Generations (Wales) Act 2015:</p> <ul style="list-style-type: none"> <li>• Short, medium and long term resilience measures</li> <li>• Preparedness and oversight with a risk focus to prevent and mitigate as much as possible</li> </ul>		

	<ul style="list-style-type: none"> <li>• Integration of wellbeing impact for both the population wide and patients alike as well as for staff responding to emergencies</li> <li>• Collaboration with our partners for an integrated preparedness, response and recovery</li> <li>• Involvement of all key stakeholders</li> </ul>
<b>Report History</b>	Previous annual report submitted December 2019
<b>Appendices</b>	<p><b>Appendix 1:</b> Welsh Government, Health Emergency Planning Audit.</p> <p>The following plans, (within the resource section for the Board) are now live and are accessed via the Health Board Intranet, COIN and are also included within each Service Group:</p> <ul style="list-style-type: none"> <li>• SBUHB Overarching Major Incident Plan</li> <li>• SBUHB Morriston Hospital Major Incident Plan</li> <li>• SBUHB Morriston Hospital Addendum Major Incident Plan</li> <li>• SBUHB Neath Port Talbot Major Incident Plan</li> <li>• SBUHB Singleton Major Incident Plan</li> <li>• SBUHB Burns Major Incident Plan</li> </ul>