## Emergency Planning arrangements in Public Health Wales

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**Sponsoring Executive Director:** Dr Quentin Sandifer  
**Who will present:** Dr Quentin Sandifer  
(If appropriate)  
**Date of Board / Committee meeting:** 25 June 2015  
**Committee/Groups that have received or considered this paper:** Executive Team  

**Purpose and Summary of Document:** The purpose of this paper is to provide the Public Health Wales Executive Team and Board with a report on the organisational plans and processes for dealing with major incidents and emergencies.

**The Board / Committee are asked to:** (please select one only)  
- Approve the recommendation(s) proposed in the paper.  
- Discuss and scrutinise the paper and provide feedback and comments.  
- Receive the paper for information only. **x**

**Link to Public Health Wales commitment and priorities for action:**  
(please tick which commitment(s) is/are relevant)

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**Priorities for action** include relevant priority for action(s)
1 Introduction

Public Health Wales is defined as a Category One Responder under the Civil Contingencies Act 2004. This places certain statutory duties on the organisation with regard to assessing the risk of emergencies occurring, warning and informing the public and having plans in place to deal with emergencies. There is also a requirement for multiagency collaboration.

This paper provides assurance to the Board that Public Health Wales has plans and arrangements in place to discharge these duties and appends the current emergency response plan for information (see Appendix 1).

2 Background

Planning for emergencies in Wales occurs as a co-ordinated multiagency collaboration. This involves other Category One Responder organisations such as the blue light services, health boards, Natural Resources Wales and local authorities. The Wales Resilience Forum heads this collaboration, but the main responsibility for developing collaborative emergency plans and arrangements lies with the four Local Resilience Forums. These are chaired by the police and co-terminus with police force boundaries. In addition there is a Welsh Government Health Emergency Planning Advisory Group and other ad hoc groups.

Public Health Wales is represented on all these external groups, with the Executive Director of Public Health Services representing the organisation at the Wales Resilience Forum and Consultant in Communicable Disease Control (CCDC) representation at the four Local Resilience Forums, their work subgroups and other ad hoc groups.

In an emergency the Local Resilience Forums convert into Strategic Co-ordinating Groups (SCG), the Gold command group overseeing the response. Within the Public Health Wales Emergency Response Plan there are well established protocols for how we fit into the SCG and all the response groups established underneath it. These have been activated previously in real incidents.

The planning for Local Resilience Forums and the plans developed are driven by the Cabinet Office National Risk Register of Civil Emergencies and the Local Resilience Forums’ own risk registers. These resemble the national risk register but also include major local risks. The major risks identified on the National Risk Register 2015 are pandemic flu, catastrophic terrorist attack, widespread electricity failure and coastal flooding. Newly identified risks on the risk register of relevance to Public Health Wales include poor quality air events and antimicrobial resistance.
Internally, Public Health Wales has an executive lead for emergency planning (Director of Public Health Services) and well established structures to co-ordinate and deliver on the emergency planning process. The work is resourced by the notional two sessions of a CCDC and a full time Emergency Response Support Officer.

There are quarterly emergency planning meetings attended by everyone across the organisation representing Public Health Wales at external meetings. These meetings drive the emergency planning work agenda and ensure that plans and processes and training are all in place. However, there are some gaps recently identified in the arrangements that are now being addressed.

3 Assessment

In general our internal established plans and arrangements work well and were tested and strengthened in preparation for NATO and potential Ebola cases. Formal debriefs of these events have not identified any changes needed to the existing Public Health Wales emergency response plan or arrangements. A copy of the self-reported annual return to Welsh Government and the summary response from Welsh Government is attached as Appendix 2.

In addition we run yearly exercises and communication cascade tests to test our resilience arrangements and plans. Any deficiencies noted in these lead to amendments to the emergency response plan.

This plan has a generic core structure with specific appendices as bolt on separate plans. The arrangements already in place would allow us to mount a response to most of the highest identified risks in the National Risk Register (pandemic flu, catastrophic terrorist attack, and coastal flooding) in collaboration with our multiagency partners. However the sheer scale of such incidents may leave any organisation overwhelmed despite surge capacity arrangements.

Widespread electricity failure would pose immense challenges to Public Health Wales in terms of business continuity and also ability to respond to incidents. The health protection service functions as an all Wales service so would still be able to deliver an emergency response if only a part of Wales was affected, but if most of Wales suffered a failure we would not be able to deliver a service.

Whilst the plan has been well-tested, on-going scrutiny of our overall emergency planning processes has identified gaps. At the start of the process to audit our organisation against the Cabinet Office Expectation Set for emergency planning, we identified that although we discharge most of our requirements under the Civil Contingencies Act through our Local Resilience Forum arrangements, there is also a need for us to
develop our own risk register to formally identify the risks linked to the functions of Public Health Wales or that would prevent the organisation discharging its public health responsibilities.

Although there would be significant overlap with the corporate risk register, this is about the risks to our population and the plans we have to mitigate against these.

In practice most of these risks are on the national and local multiagency risk registers and we already have plans in place against these risks already. Nevertheless, we need to demonstrate as an organisation that we have formally considered these risks. This work is now underway and once completed we can continue with the Expectation Set audit.

Another gap identified is that although we participate in formal evaluation and review of outbreaks and incidents, there is no structured organisational process to take the recommendations from these reviews and ensure that the ones relevant to our organisation are implemented. In addition the lessons learned from exercises are not always fed back into the emergency planning process to allow action to be taken. Again work is underway this year to address these issues and develop such a process under the remit of the quarterly emergency planning group.

The other major gap identified is around training for the surge capacity from the wider organisation. Plans are in place to address this. As a first step, non health protection staff involved in incidents in the last two years will be identified and asked about their training needs so that we can develop a package to address their requirements to enable them to provide effect rapid support if required. Our on-going challenge for training is to develop surge capacity that can be used in major incidents or for a very prolonged incident such as pandemic flu.

In addition, the number of specialist advisors who could respond to specific incidents such as chemical attacks is very small. Keeping a large pool of public health consultants trained and participating on the on-call rota is a major step in maintaining specialist surge capacity if health protection staff are overwhelmed.

4 Financial Implications

There are no additional financial implications with regard to this paper.

5 Conclusion

Public Health Wales’ organisational plans and processes for dealing with major incidents and emergencies are generally robust and would provide some mitigation against most of the major risks identified in the National Risk Register. However, catastrophic scale events or widespread electrical failure may prevent delivery of an emergency response. In addition
improvements to planning processes and procedures have already been identified as needed and are included as actions in the organisation’s 2015-16 operational plan.

6 Recommendation

The Executive Group and Board are asked to note the above and the attached emergency response plan and Welsh Government Emergency Planning report for information.
Appendix 1

The Public Health Wales Emergency Response Plan

This document provides the overarching operational plan for the Public Health Wales response to incidents and outbreaks where escalation is required to mobilise additional capacities beyond the norm.

Pages 1-39 covers:
- Purpose
- Relationship to other guidance
- Types of incidents, outbreaks and emergencies to which Public Health Wales may respond
- Response levels and response required
- Criteria for assessment of impact on Public Health Wales resources and for convening a Public Health Wales Senior Response Team
- Public Health Wales Senior Response Team – Membership and Tasks, When and How convened, Command structure
- Leadership and direction – description of key roles
- Response at different incident levels and Lead Responsibilities
- The Public Health Wales National Co-ordination and Advisory Centre (NCAC)
- Public Health Wales’ representation at external emergency response groups
- The relationships between emergency response groups during a major incident in Wales
- Specific Responsibilities at different response levels

Pages 40-111 include 52 action cards for specific roles or specific tasks.

The Emergency Response Plan is supported by a separate, confidential, Telephone Directory with contact details for all staff who might need to be reached, both Public Health Wales and external agencies.
Appendix 2

Health Emergency Planning Annual Report 2014

Welsh Government – Summary of responses from all NHS organisations

- All organisations have named Executive level leads for civil contingency/emergency planning arrangements; Executive level leads for business continuity, Emergency Planning Officers and officers responsible for contributing to the Prevent aspects of the Counter Terrorism Strategy.
- All organisations have identified posts and services critical to the delivery of emergency plans and all were able to confirm they have suitably trained and dedicated staff and resources to manage their organisations response to a major incident or emergency.
- 9 out of 10 organisations indicated that their business continuity planning addressed the resilience of all posts and services critical to delivery and said they were satisfied with their emergency preparedness and business continuity arrangements.
- All organisations indicated that their emergency plans were updated during the last 12 months.
- 9 out of 10 organisations implemented their emergency plans in response to an emergency situation during 2014.
- There has been an improvement on 2013 Annual Report with 9 out of 10 organisations now indicating they have identified all posts and services critical to the delivery of emergency plans.
- All 10 organisations were able to provide dates when they met the requirement for carrying out a live or simulated test of their major incident plans.
- All 10 organisations were satisfied with their level of emergency preparedness and 9 out of 10 Chief Executives were able to sign off that their organisation met its requirements under the Civil Contingencies Act 2004.

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<th>Y%</th>
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<tbody>
<tr>
<td>1</td>
<td>Please provide the name and position of your nominated Executive level lead for the organisation’s civil contingency/emergency planning arrangements.</td>
<td>100%</td>
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<td>2</td>
<td>Please provide the name and position of your nominated Executive level business continuity lead if different from the above.</td>
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<td>Emergency Planning arrangements</td>
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<tr>
<td>3</td>
<td>Please provide the name and position of your emergency planning officer(s) who has day to day responsibilities for civil contingencies/emergency planning/business continuity arrangements.</td>
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<td>4</td>
<td>Do you have an officer responsible for your organisation’s contribution to the Counter Terrorism (Prevent) Strategy?</td>
<td>100% 0%</td>
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<td>5</td>
<td>Have you identified all posts and services critical to delivery of your emergency plans?</td>
<td>90% 10%</td>
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<td>6</td>
<td>Does your business continuity planning address the resilience of all posts and services critical to delivery of your key functions?</td>
<td>90% 10%</td>
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<td>7</td>
<td>Have you suitably trained and dedicated staff, resources and facilities available at all times to effectively manage your organisations response to a major incident/emergency?</td>
<td>100% 0%</td>
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<td>8</td>
<td>When was your organisations risk assessment of hazards, threats and vulnerabilities last updated?</td>
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<td>9</td>
<td>When were your emergency plans for a major incident/emergency last considered and formally adopted by your Executive Board?</td>
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<td>10</td>
<td>When were your emergency plans last updated to reflect organisational and contact changes?</td>
<td>100% 0%</td>
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<td>11</td>
<td>Please provide the dates when your organisation has met the requirement for testing its plans through:</td>
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<td></td>
<td>a. Carrying out a communications/activation test every six months</td>
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<td>b. Carrying out a table top exercise within the last year</td>
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<td></td>
<td>c. Carrying out a major live or simulated exercise within the last three years</td>
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<td>12</td>
<td>Have you implemented any of your emergency plans in response to an incident in 2014?</td>
<td>90% 10%</td>
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<td>13</td>
<td>Have you undertaken an assessment of staff training needs in relation to your emergency plans?</td>
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<td>14</td>
<td>Do you have a training programme relating to your emergency plans?</td>
<td>100% 0%</td>
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<td>15</td>
<td>Have all relevant NHS organisations and partner agencies been consulted about their role in your emergency plans?</td>
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16. Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?

100% 0%

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

100% 0%

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

100% 0%

19. Are you satisfied with your organisation’s emergency preparedness and business continuity arrangements?

100% 0%

20. Are you satisfied that your organisation is fulfilling its requirements under the Civil Contingencies Act 2004?

90% 10%

2014 Nominated Executive Level Lead for Civil Contingency / Emergency Planning

Public Health Wales – Quentin Sandifer

2014 Nominated Executive Level Officer Responsible for the Counter Terrorism (Prevent) Strategy

Public Health Wales – Rhiannon Beaumont-Wood

2014 Nominated Executive Level Officer Responsible for Business Continuity

Public Health Wales – Huw George

Public Health Wales return for 2014