Llywodraeth Cymru
Welsh Government

A Report by Internal Audit Services

Status:	**FINAL**
Portfolio:	**Department for Health and Social Services (DHSS)**
Subject area:	**Health Emergency Preparedness Arrangements**
Date:	**February 2014**
Audit Manager	**NR**
Auditors:	**NR** **NR**
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SECTION 1 – REPORT SUMMARY

1.   Background

1.1. The audit of Health Emergency Preparedness Arrangements was identified as part of our 2013/14 audit plan, as approved by the Corporate Governance Committee (CGC). This is the first time we have carried out a full audit of this area.

1.2. The objectives of Health Emergency Preparedness Arrangements are to:

- Ensure professional advice to Ministers, Department for Health and Social Services (DHSS) and the National Health Service (NHS) Wales on health emergency preparedness requirements;
- Deliver strategic health preparedness measures to enhance NHS resilience;
- Provide emergency planning policy guidance to assist NHS Wales compliance with the Civil Contingencies Act 2004;
- Monitor and support NHS emergency preparedness; and
- Secure co-ordination of the health response to national emergencies.

1.3. The Health Emergency Preparedness Unit (HEPU) in Health Protection Division of the Department for Health and Social Services (DHSS) is responsible for health emergency preparedness arrangements in the Welsh Government (WG).

1.4. The agreed scope of the audit was to consider the following key assurance areas:

- i.   Through links at United Kingdom (UK) and local level, NHS Wales is provided with up to date guidance and advice to deal with emergencies and that these are effectively communicated and monitored;
- ii.   DHSS emergency planning policies, procedures, roles, responsibilities and accountabilities are accurate and up to date and sufficiently flexible to deal with different types of emergencies;
- iii. DHSS has effective processes in place to monitor NHS Wales compliance with agreed emergency procedures; and
- iv.   DHSS has effective links into the WG emergency preparedness process.

2.   Overall Conclusion

2.1. We can provide **Full Assurance** on the effectiveness of the controls in place over Health Emergency Preparedness Arrangements.

2.2. Outlined below is a table showing the results of the individual control objectives of the audit:

		Recommendations		
Control Objective (CO)	**Overall Assessment**	**Fundamental**	**Significant**	**Merits Attention**
CO 1 – Through links at UK and local level, NHS Wales is provided with up to date guidance and advice to deal with emergencies and that these are effectively communicated and monitored.	Full Assurance	-	-	1
CO 2 – DHSS emergency planning policies, procedures, roles, responsibilities and accountabilities are accurate and up to date and sufficiently flexible to deal with different types of emergencies.	Full Assurance	-	-	1
CO 3 – DHSS has effective processes in place to monitor NHS Wales' compliance with agreed emergency procedures.	Full Assurance	-	-	2
CO 4 –DHSS has effective links into the WG emergency preparedness process.	Full Assurance	-	-	-
TOTAL		-	-	**4**

2.3   Our merits attention recommendations have been made to enhance existing controls.

2.4   Notwithstanding the recommendations made, we noted the following positive attributes:

- Emergency Planning Groups with HEPU representation maintain contact with the NHS at UK and Wales level;
- HEPU has well documented team meetings, a business plan and timetable for work;
- Annual "Health Prepared Wales" training is organised by HEPU for the NHS on key themes;
- Regular briefings and training are held for internal staff;
- The level of emergency preparedness of each NHS organisation is reported annually for year on year comparison;
- An Emergency Planning Training and Exercise Group (EPTEG) has been established to promote a multi-NHS organisation approach to training and exercises across Wales.

2.5   Full detail is contained within Section 2 & 3 of the report.

2.6   Management has accepted all of the recommendations made in our report and we are content with their proposed action plan and timescales to implement them. The DHSS Department's Operations

Team will undertake a follow-up and the results will be reported to the DHSS CGC.

3.   Acknowledgements

3.1   We would like to express our thanks to colleagues in Health Emergency Preparedness Unit for their help and co-operation during our review.

February 2014   **Internal Audit Services**

SECTION 2 – KEY ASSURANCES

Control Objective 1: Through links at UK and local level, NHS Wales is provided with up to date guidance and advice to deal with emergencies and that these are effectively communicated and monitored.

1.   We are able to provide **Full Assurance** that controls in this area are operating effectively.

2.   We noted that HEPU has issued guidance on the relevant Emergency Preparedness issues. Examples include NHS Wales Emergency Planning Guidance and NHS Wales Resilience and Business Continuity Management Guidance which is distributed to each NHS Wales organisation and is available on the NHS Wales' and Emergency Planning websites. HEPU has also arranged annual training workshops for the NHS on various themes, including Mass Casualties, Radiation and Pandemic Flu.

3.   A representative of HEPU chairs or participates on a number of Emergency Planning Groups which maintain regular contact with the NHS at UK and Wales level. The Unit recently formed the EPTEG to provide a network to assist NHS organisations in meeting their training and exercise requirements and to develop training and exercises to address gaps in these areas within the NHS.

4.   We noted that one of these groups, the Emergency Planning Advisory Group (EPAG), had incomplete Terms of Reference. As a result of our review, these have now been updated and agreed at the Group's December 2013 meeting. We also noted that agendas and notes of meetings of the Four Countries Health Emergency Group were not filed in full on iShare and did not therefore provide a full management trail of its activities and decisions.

5.   We have made **one Merits Attention** recommendation for this control objective.

Control Objective 2: DHSS emergency planning policies, procedures, roles, responsibilities and accountabilities are accurate and up to date and sufficiently flexible to deal with different types of emergencies.

6.   We are able to provide **Full Assurance** that controls in this area are operating effectively.

7.   During the audit review we noted that HEPU has well documented team meetings and a business plan and timetable for work that covers the activities of the unit. There was evidence of post exercise debriefs to the staff involved and of lessons learned and actions being taken forward.

8.   We noted a number of Emergency Planning documents on iShare with proposed changes for action. The unit is now in the process of working through revisions as part of their annual work plan.

9.   Whilst training records are held they are only updated annually. We believe these should be updated as the training occurs to ensure that up to date records are held on those staff required to participate in emergencies.

10.   We have made **one Merits Attention** recommendation for this control objective.

Control Objective 3: DHSS has effective processes in place to monitor NHS Wales' compliance with agreed emergency procedures.

11.   We are able to provide **Full Assurance** that controls in this area are operating effectively.

12.   The Head of HEPU had visited the Local Health Boards and Trusts to discuss emergency preparedness arrangements at the end of 2011 and further visits are planned for 2014. A comprehensive checklist of questions and items for review has been developed for this new round of visits. HEPU also requires NHS Wales' organisations to complete an annual certification of the emergency preparedness of their organisations. These responses are summarised in an Annual Report produced for the Director General DHSS and the NHS Chief Executives. HEPU also produces a comparison between the annual responses.

13.   We also noted that whilst HEPU stores NHS organisations' Emergency Planning; and Business Continuity Plans on iShare, a number of Business Continuity Plans were missing. In our view, HEPU should keep a record of updates to NHS organisations Emergency and Business Continuity plans, to include the date of the last amendment, to ensure currency of each plan between visits.

14.   We saw evidence that HEPU monitors NHS Wales' organisations compliance with guidance and the results are captured effectively in an Annual Report. However, HEPU has no documented process for tracking whether non-compliance issues identified in the Annual Report have been rectified in a timely manner.

15.   We have made **two Merits Attention** recommendations for this control objective.

Control Objective 4: DHSS has effective links into the Welsh Government emergency preparedness process.

16.   We are able to provide **Full Assurance** that controls in this area are operating effectively.

17.   The DHSS "Arrangements for Responding to Emergencies" dated April 2013, is up to date and details the planning assumptions for DHSS response in an emergency situation. It also describes how these arrangements fit in with the WG's Emergency Co-ordination Centre (Wales) arrangements, sets out the key tasks of the Health Response Team and establishes roles across DHSS, building on existing responsibilities. These arrangements have been tested as part of DHSS and WG-wide exercises.

18.   We have not made any recommendations for this control objective.

SECTION 3 – RECOMMENDATIONS AND ACTION PLAN

Findings and Management Response

Control Objective 1: Through links at UK and local level, NHS Wales is provided with up to date guidance and advice to deal with emergencies and that these are effectively communicated and monitored.

REF	FINDING / OBSERVATION	RISK / IMPACT	RECOMMENDATION	MANAGEMENT RESPONSE
1.1	**Four Countries Health Emergency Group** UK Health Emergency Planning policy is developed by the four countries' policy leads in response to current UK threat and risk assessments. The above group considers the implication of this policy, for the NHS in each country, in meeting the requirements of the Civil Contingencies Act 2004 and/or other relevant legislation / guidance. We noted that agendas and notes of meetings were not filed in full on iShare and did not therefore provide a full management trail of its activities and decisions.	Incomplete management trail of Group's decisions. Non-compliance with WG requirement to file relevant documentation on iShare. Changes to emergency planning policy may be overlooked.	**Merits Attention** All Emergency Group meeting information that meets the WG security classification policy should be filed on iShare, as soon as possible to ensure it holds the full management trail of the Group's decisions.	**ACCEPTED** **Target Implementation Date:** 28 February 2014 **Responsible Officer** NR

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Control Objective 2: DHSS emergency planning policies, procedures, roles, responsibilities and accountabilities are accurate and up to date and sufficiently flexible to deal with different types of emergencies.

REF	FINDING / OBSERVATION	RISK / IMPACT	RECOMMENDATION	MANAGEMENT RESPONSE
2.1	**Training Records** Staffing for the Health Desk in the Emergency Co-ordination Centre (Wales), in addition to HEPU staff, is drawn from trained volunteers within Health Protection Division. However, we noted that training records are not updated as the training occurs.	Training data may not reflect relevant qualifications or experience of staff, leading to them being overlooked for duty in an emergency situation.	**Merits Attention** The training records should be updated as the training occurs to ensure that up to date records are held on those staff required to participate in emergencies.	**ACCEPTED** However, this already happens but is not on the published version we intend to enhance these records. **Target Implementation Date:** 28 February 2014 **Responsible Officer** NR

Control Objective 3: DHSS has effective processes in place to monitor NHS Wales' compliance with agreed emergency procedures.

REF	FINDING / OBSERVATION	RISK / IMPACT	RECOMMENDATION	MANAGEMENT RESPONSE
3.1	**Emergency and Business Continuity Plans** We noted that whilst HEPU has a process for storing NHS organisations' Emergency Planning and Business Continuity Plans on iShare, a number, particularly of Business Continuity Plans, were missing. We are aware that the currency and completeness of Emergency Planning documentation is reviewed as part of a programme of visits to NHS organisations	Plans may not consistently demonstrate LHB ability to maintain service in the event of a major incident.	**Merits Attention** HEPU should keep a record of updates to NHS organisations Emergency and Business Continuity plans, to include the date of the last amendment, to ensure currency of each plan between visits.	**ACCEPTED** **Target Implementation Date:** 28 February 2014 **Responsible Officer** NR

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REF	FINDING / OBSERVATION	RISK / IMPACT	RECOMMENDATION	MANAGEMENT RESPONSE
	by the Head of HEPU. However, the frequency of visits is currently bi-annual. Therefore, HEPU may not be aware of omissions or non-compliance issues with plans in the interim period.			
3.2	**Compliance with Guidance** HEPU monitors NHS emergency planning processes. However, we noted from information provided to HEPU by NHS Wales' organisations as part of the Annual Reporting process, that not all organisations are complying with the WG guidance requirement to carry out communication cascade, table top exercise, setting up of control centre and live exercises. The Annual Plan is circulated to LHB Chief Executives and the Director General of DHSS. However, we were unable to establish a W G process for ensuring LHBs address concerns raised in the Annual Report on a timely basis.	Plans may not be fit for purpose. Policies and plans may be out of date or unworkable.	**Merits Attention** HEPU should establish a process to ensure NHS organisations provide progress updates on rectification of non-compliance issues identified in the Annual Report.	**ACCEPTED** **Target Implementation Date:** 28 February 2014 **Responsible Officer** NR

Control Objective 4: DHSS has effective links into the Welsh Government emergency preparedness process.

There are no recommendations for this control objective.

Annex A

AUDIT OPINION

Opinion	Definition
Full Assurance	A sound system of internal control likely to achieve the system objectives, and which is operating effectively in practice - no "Fundamental" or "Significant" recommendations made.
Substantial Assurance	A basically sound system of internal control but where there are a few weaknesses that may put the achievement of some system objectives at risk - no "Fundamental" recommendations and few "Significant" recommendations.
Limited Assurance	A system of internal control that is satisfactory in part which contains a number of weaknesses that are likely to undermine the achievement of the system objectives and leave it vulnerable to material error/abuse or threatening risk – one or two "Fundamental" recommendations made and / or several "Significant" recommendations.
No Assurance	An unacceptable system of internal control, containing fundamental weaknesses creating serious doubts over the achievement of system objectives and leaving it vulnerable to significant error/abuse – many "Fundamental" recommendations made.

Recommendation Classification

Category	Definition
Fundamental	A weakness of control where there is a major risk of loss, fraud, impropriety, poor value for money or a failure to achieve Departmental objectives. Immediate remedial action required.
Significant	A weakness of control which, though not fundamental, could expose the system to level of significant risk. Such a risk could impact on the operational objectives of the Department and should be a concern to senior management – Requires remedial action as soon as possible.
Merits Attention	Areas that individually have no major impact but where management would benefit from improved control and/or have the opportunity to achieve greater effectiveness and/or efficiency.

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