

TITLE OF PAPER

2018 Health Resilience (including pandemic influenza)

Sponsoring division: Public Health

Contact:

Who will present:

Name Redacted

Ext 5392

Please confirm that in developing the policy/proposal/guidance you have considered Welsh Language, Equality, Sustainable Development, United Nations Convention on the Rights of the Child, any digital technology / ways of working, and socio economic impacts

☐ Confirmed – please include a short description of how in the body of the paper, including confirmation that the necessary impact assessments have been completed.

☒ Not applicable

If not applicable, why not (e.g. internal corporate matter)

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Please confirm that in developing the policy/proposal/guidance you have considered and maximised the contribution to the Wellbeing of Future Generations (Wales) Act 2015

☐ Confirmed

Has the Policy Assurance Board considered this paper?

☐
☒

Not applicable

If not applicable, why not (e.g. internal corporate matter)

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Please state if the paper is for:

☐
☒
☒

Discussion

Decision

Information

PURPOSE

EXECUTIVE DIRECTORS TEAM IS ASKED TO:

List clearly what EDT is asked to do.

☒ To *agree* a course of action

☐ To *endorse* a decision

☐ To *advise* on an approach

☐ To *identify* action required

☒ To *note* for information

INTRODUCTION

1. The UK Cabinet Office undertakes an annual review of sector resilience across UK Departments. In response to the 2018 UK review, Welsh Government is seeking information on sector resilience across devolved services in Wales. The request has come from Reg Kilpatrick, Director of Local Government and Public Services, who has corporate resilience responsibilities. The introduction of Wales sector resilience reports are likely to be an annual event and so the information provided this year can be built on and developed for future years.

BACKGROUND

2. The attached health resilience paper below (Annex 1) has been developed to meet the above requirement and has been circulated to EDT and to the Cabinet Secretary who has confirmed that he is content with it. The paper sets out how H&SSG positions its health resilience functions, the structures for co-ordinating Wales NHS resilience activities and also specific information on our approach to addressing nationally significant risks particularly:

- Pandemic Influenza
- Cyber Security Risks
- Chemical, Biological, Radiological and Nuclear (CBRN)
- Widespread Power Failure
- Mass Casualty Event

3. There are other risks that may need to form part of future resilience assessments such as social care provider failure and perhaps more in-depth work undertaken to examine resilience in specific health sectors such as primary care, acute care, ambulance and shared services.

4. The Permanent Secretary has recently written to Director General's concerning their responsibility for Emergency Planning and Response (EPR). The letter (see attached below)

:

- * Delegates to the DG responsibility to ensure H&SSG complies fully with its civil contingencies functions;

- * Asks the DG to prepare a concise plan of how H&SSG is prepared and organised to respond to emergencies and how it engages in the corporate planning and response;

- * Commissions all Groups to prepare annual Sector Security and Resilience Plans and engage with WG Groups, partner agencies and Whitehall counterparts



Delegation letter -
Andrew Goo...

5. Arising from the Permanent Secretary's letter are policy implications for all H&SSG Directorates. Annex 1 provides a good start in meeting some of the PS requirements but more work is necessary if the required information is to be provided to the PS by the 29th March 2019.

6. The Health Emergency Planning Unit, advised by the Health Emergency Planning Adviser, is probably best placed to lead the work on behalf of the DG and CMO. **It is recommended that each Directorate identify someone (SEO or above) to be part of a H&SSG EP Group that the Health Emergency Planning Unit would work with to share information of risks, consider policy implications and develop our H&SSG Response Arrangements.**

Pandemic Influenza

7. Pandemic influenza is covered in the above paper and remains at the top of the national risk register. UK permanent secretaries recently received an update on progress with a UK review of pandemic preparedness and Cabinet Office officials have indicated that permanent secretaries are to take part in pandemic table top exercise to test pandemic preparedness.

- The New and Emerging Respiratory Virus Threats Advisory Group (NEVTAG) has stated that H7N9 (China) is currently the strain with the most pandemic potential. It is a disease in poultry with very limited human to human transmission and is being closely monitored;

- Welsh Government officials are engaged in the UK pandemic review working groups and there is a WG pandemic flu group, chaired by the HEPA, to co-ordinate engagement and outcomes from the UK review activities. A pandemic workshop for the Wales Local resilience Fora is planned for December;
- Work to address a surge in NHS and social care is especially challenging and requiring possible changes in working /treatment practices. A UK Moral and Ethics Group is being established to consider some of the issues;
- Some aspects of the pandemic planning assumptions are set to change arising from the increase in population (resulting in more excess deaths and illnesses) and increases in absenteeism (through illness and caring commitments);
- UK pandemic influenza products to be refreshed include the 2011 UK Pandemic Flu Strategy (previously signed off by 4 countries Health Ministers) and the Cabinet Office 2013 LRF Pandemic Flu Guidance. There is also a national pandemic influenza preparedness standard being developed;
- Progress is being made in having a Draft Parliamentary Bill in place for passing at the time of a pandemic. There are areas of devolved competencies that will require a speeding up of legislative processes , including passing of any Legislative Consent Motion;
- The importance of a broader UK pandemic communications strategy has been identified as work to be taken forward to underpin the UK Health Pandemic Communications strategy that is currently being finalised. Cabinet Office will be sharing a project initiation document to kick of this broader communications work.
- The implications of a pandemic on UK and devolved governments, emergency and essential services are considered to be of concern and the need to raise the profile of the risks and encourage resilience planning was considered to be a priority area to address.

RECOMMENDATION

EDT is asked to:

1. Note the paper and identify a lead official (SEO or above) to work with the Health Emergency Planning Unit and be a first point of contact in taking work forward.

ANNEX 1

OFFICIAL SENSITIVE

H&SSG Resilience Planning 2018

Introduction

1. This paper provides information on health and social care resilience in Wales to a range of national risks. The sector needs to be resilient to risks and disruptive challenges which may affect its ability to deliver services, whilst ensuring it is also able to deal with any resulting casualties.

Context

2. The health and social sector has wide scope including acute care, ambulance services, primary care, social care as well as Public Health Wales, Welsh Blood Service, NHS Wales Informatics Services and NHS Wales Shared Service Partnership.
3. Wales NHS organisations have current contingency arrangements to respond to major incidents and emergencies. They are compliant with their Civil Contingency Act 2004 statutory duties and there is an active Wales NHS Wales Emergency Planning structure with the Wales NHS CEOs Group, positioned to have strategic oversight.
4. There are clinical networks, mutual aid arrangements and co-operation between Wales NHS and other NHS organisations across borders. There is collaborative working between public health agencies to ensure that specialist advice, services and support is available in the event of a public health emergency.
5. Wales NHS organisations participate in National Capabilities Surveys; submit annual emergency planning assurance reports and health preparedness is actively monitored through a Wales NHS Emergency Planning structure.
6. Risks in the social care system are held and managed by local authorities who have contingency plans and respond to emergencies as they arise. H&SSG has oversight of the social care system through its Social Services Directorate. The Directorate is leading national work to consider measures to manage a surge in social care in the event of an influenza pandemic.

Governance

7. H&SSG has a dedicated Health Emergency Planning Unit (HEPU) situated in the Public Health Division of the Chief Medical Officer's Directorate. The Chief Medical Officer has responsibility at Executive Director Team (EDT) level for health resilience with the Director General of Health & Social Services having overall accountability.
8. The H&SSG Risk Register includes health resilience to national risks and measures to mitigate their impact. The Cabinet Secretary for Health & Social Services is kept appropriately informed of health resilience matters and resilience activities are routinely reported to the H&SSG Executive Directors Team (EDT).
9. The Unit has a broad remit to co-ordinate health resilience activities and sponsors and monitors delivery of defined services that are crucial to health resilience in Wales. The Unit is headed by a Grade 7 policy lead and has professional emergency planning advice and support available to it. The Unit's activities broadly cover:
 - * Provision of Wales NHS EP policies and guidance;
 - * National Health countermeasures procurement, storage and deployments;
 - * National H&SSG response planning and Wales NHS co-ordination;
 - * Monitoring Wales NHS compliance with civil contingency requirements;
 - * Oversight of health resilience to deal with national threats and hazards;
 - * Providing the H&SSG focus for WG resilience activities such as CONTEST.
10. H&SSG and Wales NHS contribute through its participation in appropriate Wales Resilience Groups (see chart attached). We also participate in the Wales Governance Structure for Resilience and CONTEST with the Wales NHS Emergency Planning Advisers Group linked to this Structure (see chart) . The structures are headed by the Wales Resilience Forum, chaired by the First Minister. The Director General for H&SSG is a member of this Forum.



11. H&SSG participates in a formal 4 countries health resilience structure that includes the UK CMOs Group, 4 countries Emergency Planning Policy Group and also specific UK Health Groups to address NHS operations, Pandemic

Flu and CBRN risks. This 4 countries approach promotes health sector mutual aid, co-ordination and harmonisation of procedures and equipment across health resilience activities.

12. The H&SSG emergency response is set out in the Group's Health Emergency Response Arrangements which includes arrangements for mobilising a health team to work in the Welsh Government Emergency Co-ordinating Centre Wales (ECCW). These Arrangements are maintained by the Health Emergency Planning Unit and have been tested in exercises and emergency situations.

Wales NHS Emergency Planning Structure

13. Health resilience requires co-ordination and cooperation between NHS organisations. There is an established and very active All Wales NHS Emergency Planning network headed by a Wales NHS Emergency Planning Advisors Group (EPAG) with sub groups to address mass casualties, pre-hospital response requirements, health countermeasures and Wales NHS training and exercises (see attached).



14. Robust arrangements have been put in place to identify and address health lessons from incidents and exercises. We now have a systematic process using Resilience Direct to ensure health lessons are picked up and addressed. This development has improved health resilience and has provided assurance that lessons are not only identified but also learned.

National Risks

15. The National Risk Assessment (NRA) is a classified document that helps prioritise the most significant domestic risks. Arising from the NRA, are specific risks that require national planning to reduce or mitigate them, which include:
 - Pandemic Influenza
 - Cyber Security Risks
 - Chemical, Biological, Radiological and Nuclear (CBRN)
 - Widespread Power Failure
 - Mass Casualty Event

Health resilience in respect of these risks is set out below.

Influenza Pandemic

16. An influenza pandemic is a top national risk and the New and Emerging Respiratory Virus Threats Advisory Group (NEVTAG) has indicated that H7N9 (China) is currently the strain with the most pandemic potential.
17. H&SSG has invested to ensure there are a range of health countermeasures that can be deployed in the event of an influenza pandemic. These countermeasures have been developed under the auspices of the UK Pandemic Influenza Strategy agreed previously by UK Health Ministers of all 4 countries.
18. The Strategy proposed a defence in depth approach based on a reasonably foreseeable worst case pandemic with a 50% clinical attack rate. Health resilience includes working with UK Health Departments, stockpiling medicines and consumables, having an advanced purchase agreement for a pandemic vaccine and also being part of the National Pandemic Flu Service.
19. Wales Health and Social Care Pandemic Planning and Response Guidance has been issued and guidance issued to the LRFs to encourage multi agency pandemic preparedness. There are also pandemic planning checklists aimed at focussing local planning. There is regular health engagement with pandemic flu preparedness through the NHS Emergency Planning Structure and participation in pandemic exercises. A WG led LRF Pandemic Flu Workshop is planned for December 2018
20. H&SSG is also involved in the ongoing review of UK pandemic preparedness and health officials are engaged in UK pandemic flu working groups. H&SSG is leading a WG Pandemic Flu Group to ensure we are engaged in the UK review activities and so that we address Wales's requirements arising from its outcomes. Some of the key areas being addressed through the Review are surge planning in NHS and social care, health communications and a pandemic flu bill that could be passed at the time of a pandemic to support services.

Cyber Security Risks

21. Since the May 2017 WannaCry cyber attack, there has been significant focus on cyber security across the NHS. The attack affected mainly NHS organisations in England and drew out some vulnerability in having out of date IT infrastructure or failures in patching equipment properly.
22. H&SSG through Digital (Health & Care) provides strategic policy oversight of IT arrangements that includes resilience to cyber attack. H&SSG responsibility acknowledges that Health Boards and Trusts together with NHS Wales Informatics Service (NWIS) are responsible for managing the technical elements of any cyber security risk.

23. The key cyber health vulnerabilities are: -

*There is a risk that equipment will become old making it more vulnerable to cyber attack. NWIS is updating its 5 year Infrastructure Business Justification Case for submission into WG for funding.

*Risk of data theft or corruption going unnoticed due to lack of regular proactive monitoring of network audit logs. SIEM has been installed and a number of devices are now sending logs to the SIEM. Additional devices will be added over the next year.

24. As part of managing the health response to cyber security incidents, a task and finish group made up of NHS colleagues and Welsh Government Officials has developed the 'NHS Wales Cyber Attack & ICT Incident Response Communications Framework'.

25. This Framework was developed to ensure that should a major a major cyber-attack take place, that effective communications take place and that decisions to escalate to the correct level are taken quickly and that clear effective communication to the service, public and external organisations (such as the NCSC) are issued effectively.

26. The Framework is a working document that will continue to be developed over the coming months. Its contents are aligned with and supported by the following Local Health Boards and Trusts, the NHS Wales Informatics Service (NWIS), and Welsh Government plans.

- NWIS Cyber Incident Response Plan
- NWIS Major ICT Incident Response Plan
- NWIS Operational Security Team On-Call Rota
- Local Health Boards and Trusts ICT Incident Response Plan
- H&SSG Emergency Response Arrangements
- Pan Wales Response Plan

27. NWIS is represented on the Wales NHS Emergency Planning Advisers Group and there is an intention for exercises to be held to test the responses to IT failure scenarios.

28. H&SSG Digital team also has robust links with the Welsh Government corporate cyber resilience team to ensure that engagement between Welsh Government, NHS Wales and NCSC is more effective and to ensure that appropriate information is shared in both directions.

Chemical, Biological, Radiological and Nuclear (CBRN)

29. There continues to be an increasing threat to the UK from terrorism and much of the health resilience activity has been focussed on strengthening health's capability and capacity to respond.
30. H&SSG contributes to UK level health discussions on CBRN threats and participated in a 2017 review of CBRN health counter measures. The review covered the nature and extent of the CBRN threat and considered the health countermeasures required to provide an effective response. There is a UK Storage and Deployment Group that considers the UK health countermeasures requirements and we are fully involved in this Group.
31. Arising from the UK work, H&SSG co-ordinates Wales NHS CBRN response capability through providing national health countermeasures to a range of chemical and biological releases. This includes provision of nationally procured CBRN Personal Protection Equipment (PPE) for ambulance and hospital staff and decontamination facilities.
32. Clinical information on CBRN antidotes and treatments has been provided to Wales NHS. There is a Wales Health Countermeasures Group in place and a health procedure for the activation and deployment of CBRN countermeasures. H&SSG is leading a series of Wales NHS exercises to test the CBRN health activation and deployment of medicines.

Widespread Power Failure

33. The National Risk Assessment identifies widespread power failure as a significant risk and proposes a scenario of nationwide power failure lasting 7 days. The 7 day loss scenario is up from the previous 5 days and this has stimulated cross government work to assess the impacts on critical sectors.
34. Welsh Government hosted a workshop to consider the 7 day loss scenario to examine the issues and help inform national guidance. There has also been a recent DH led workshop to examine and identify health resilience planning and H&SSG was represented at the workshop.
35. There is no doubt that a 7 day nationwide power loss would severely impact on provision of health and social care services and raise major public health risks through disruption to water supplies and sanitation.
36. Wales NHS generator provision varies considerably between sites depending on their age and the type of site. Whereas ambulance controls have generators, there are a few hundred different hospitals and the level of site coverage provided by the generator varies.

37. H&SSG requirements for which healthcare sites require generators is covered in the Health Technical Memorandum (HTM) 06-01 Electrical services supply and distribution (the HTM is a healthcare guidance standard). The approach taken is the higher the clinical risk (e.g. theatres or Intensive Therapy Units) the higher level of electrical resilience should be provided including generators.
38. Where NHS generators are provided a fuel oil main reserve for 200 hours (8 days) full-load running for each standby generator set is required to be available (as detailed in HTM06-01). Wales NHS Acute hospital should also be protected sites listed under Electricity Supply Emergency Code (ESEC). Consideration is being given to surveying sights to establish the level of compliance.
39. In the event of a 7 day outage, the multi-agency emergency response structures would be activated and the NHS would respond as part of police led multi-agency Strategic Co-ordination Groups. The Welsh Government Wales Response Plan would also be activated and at UK level COBR.
40. There is clearly more work needed by all sectors, including health, to develop resilience for a nationwide 7 day power outage and there is an expectation that UK Guidance will be provided.

Mass Casualty Event /Marauding Terrorist Firearms Attack (MTFA)

41. H&SSG has put into place a Wales NHS Mass Casualty Group that focusses on developing health resilience to a mass casualty event. Through this Group's work the Wales Mass Casualty Arrangements has been developed and health recommendations arising from the UK Mass casualty exercise Red Kite addressed.
42. Health resilience has also been enhanced through the provision of mass casualty equipment to front line services, integrating into the response the clinical support of the Emergency Medical Retrieval and Transfer Service (EMRTS), establishing clinical and managerial co-ordination response structures and putting into place a Wales NHS casualty information dashboard. There are trained medical emergency response incident teams of nurses able to work in a pre-hospital environment at casualty clearing centres and trauma training to doctors has been provided.
43. A significant aspect of the NHS response to a mass casualty will fall to our ambulance service. H&SSG has sponsored and promoted core capabilities in the ambulance service so that it is inter operably with other UK ambulance services and its capability and capacity is maintained to national ambulance standards.

44. This capability includes having a fully trained and equipped Hazardous Area Response Team (HART) in South Wales, Special Operations Response Teams regionally based across Wales and a Marauding Terrorist Firearms response capability supported by regionally based Ambulance Intervention Teams.
45. There is intense focus on health resilience to a mass casualty event and current arrangements are considered robust. The UK National Resilience Planning Assumptions has, however, increased the casualty numbers to be planned for and more consideration will need to be given to our ambulance capability in relation to the revised planning assumption.
46. A mass casualty event involving many hundreds of casualties would require a UK health response. There are clinical networks and co-ordination structures that would support a wide / cross border health response. There is a mutual aid agreement between UK ambulance services and a National Ambulance Co-ordination Centre that would be activated in such a situation.

Impact of EU Exit (BREXIT)

47. H&SSG has an EU Transition team specifically considering the implications of EU Exit on health resilience. The potential health impacts include:
- * Reciprocal healthcare - to ensure those eligible for healthcare receive it with minimum disruption;
 - * Public health-access to systems at EU or WHO level for monitoring communicable diseases;
 - * Workforce – securing EU immigration arrangements that take account of the needs of NHS and social care providers;
 - * Medicine regulations-ensure that there is a medicine regulation system operating giving patient's access to timely and safe medicines post Brexit;
 - * Supply chains –ensuring that future trading relations take account of health and social care systems;
 - * Research-continuation of collaboration with EU partners on health research projects.
48. In relation to some of the above areas, much depends upon deliberations at the UK level. Wales NHS organisations and local authorities have a statutory duty to have current business continuity plans and are also members of the Local Resilience Fora who have been asked by Welsh Government to consider their contingency arrangements for a no deal Brexit.

49. H&SSG, through its Wales NHS emergency planning network, has also established co-ordination of the health contingency arrangements of Brexit.