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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

CRISIS AND BUSINESS CONTINUITY PLAN

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Approved by:

Executive Team

Approval Date:

22 October 2020

Date of Equality Impact Assessment:

April 2019

Equality Impact Assessment Outcome:

This Policy has been screened for relevance to equality. No potential negative impact has been identified.

Review Date:

October 2023

Version: v2

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1. Introduction

- 1.1 This document sets out the general principles and processes for ensuring that HEIW can continue to operate its core services and functions via appropriate business continuity plans in the event of unforeseen circumstances causing disruption to access to our office or business systems.
- 1.2 The Crisis and Business Continuity Plan supports HEIW's Crisis and Business Continuity Policy. Both documents can be found electronically on the staff intranet and in hard copy at reception.
- 1.3 This plan is intended to provide a clear outline to establish a business continuity management arrangement that will enable the organisation to:
 - Continue to provide key services in times of disruption;
 - Make best use of personnel and other resources in times when both may be scarce;
 - Reduce the period of disruption to the organisation and the stakeholders it services;
 - Resume normal working more efficiently and effectively after a period of disruption.
- 1.4 There are many and variable causes of service disruption such as:
 - A major accident; national disaster; epidemic; terrorist attack.
 - Fire, flood, extreme weather conditions.
 - Loss of utilities including loss of power, loss of telephone or internet connection or computer systems.
 - Major disruption to staffing as a result of a pandemic, transport disruption, no available office accommodation, industrial action etc.
 - Fuel shortages.
- 1.5 This Crisis and Business Continuity Plan provides guidance and support during an incident and a response structure to those responsible for managing a crisis. It outlines the procedures adopted to maintain business continuity in terms of the delivery of critical business functions in the event of a crisis and indicates the proposed means of mitigation in the event that reasonably foreseeable risks are realised.
- 1.6 Given the unpredictable nature and potential severity of a crisis, the response must be flexible and proportionate and build on the current business continuity arrangements, while addressing the issues specific to the crisis. As a Special Health Authority, this plan integrates and utilises the expertise and resources from across the organisation to work together in a coordinated way to mobilise an effective, inter-professional and coordinated response. Additional guidance documentation is given in Appendices 3-7.

2. Scope

- 2.1 The scope of this plan covers all staff working within their HEIW capacity, functions and premises required by HEIW to deliver its critical activities and functions. This plan extends to ensure that third party suppliers who deliver core services and functions for HEIW have appropriate business continuity arrangements in place to achieve organisation wide resilience and avoid potential points of failure. The plan also addresses business continuity plans for the education and training for trainees and students across Wales.

3. Distribution, Monitoring and Review of the Plan

- 3.1 A copy of the current, approved Crisis and Business Continuity Plan shall be circulated to all members of HEIW's Crisis Management Team (CMT), their deputies, SLT and the Chief Executive Support Team who are to hold a copy electronically on their individual SharePoint space and a hard copy off-site.

3.2 An electronic open version (with all personal mobile phone/email addresses removed) will be published on the staff intranet. The Crisis and Business Continuity Plan will be reviewed and updated annually by the CMT and submitted to the SLT for approval. Feedback on the operation of the Crisis and Business Continuity Plan from any crises that occur shall be provided to CMT, OMG, SLT, Executive Team and Board.

4. Roles and Responsibilities

4.1 Overall accountability for compliance with appropriate legislation and responsibility for business continuity management within the organisation lies with the Chief Executive who is deemed to be the Accountable Emergency Officer. In the event of his/her absence, the Deputy Chief Executive will fulfil this role.

4.2 The Director of Planning, Performance and Corporate Services (PPCS) is the lead executive for crisis management, advising the Accountable Emergency Officer. She/he is responsible for leading operational activities on a day to day basis but may delegate this to the Deputy Director of PPCS as appropriate. In the event of his/her absence the Deputy Director of PPCS will fulfil this role.

4.3 The Director of Finance has overall accountability for ensuring there are sufficient financial resources available for HEIW to operate in an emergency situation. As the lead executive, the Director of Planning, Performance and Corporate Services is responsible for the approval of all additional costs incurred as a direct result of the incident, subject to the limits in the scheme of delegation. While costs may initially be incurred by HEIW in order to effectively deal with an incident, the organisation will seek to recover these from any relevant party after the event.

4.4 The overall decision to invoke this plan will be taken by the Accountable Emergency Officer, taking account of advice received.

4.6 Staff throughout the organisation need to be aware of their responsibilities, which are summarised in the table below:

Lead	Responsibilities
<p>Accountable Emergency Officer</p> <p>Chief Executive / Deputy Chief Executive in the absence of Chief Executive</p>	<ul style="list-style-type: none"> • Provide local and national leadership for HEIW's response. • Ensure the health and safety of all persons. • Collate information about HEIW's needs and to convey this to the Crisis Management Team (CMT). • Maintain overall control and coordinate actions at HEIW level. • Liaise with NHS Crisis Management Team. • Maintain links with other CEOs as well as the CEO of Social Care Wales where appropriate. • Liaise with Director General of NHS Wales and senior officials in NHS Wales and WG. • Inform the Chair and/or Engage the HEIW Board through regular briefings and communications to keep them updated on developments. • Agree and communicate recommendations on the suspension of non-critical work programmes and functions across the organisation and review and reprioritisation of the IMTP. • Agree and communicate recommendations about the space and resources are needed for business continuity. • Agree recommendations on the exit strategy considering business as usual activity, which activities can be started up again in terms of education and training, what will become the new normal, the objectives outlined in the IMTP and consider any further new activities. • Decide when to reduce frequency of meetings and intent to step down the CMT.

Lead	Responsibilities
Director of Planning, Performance and Corporate Services	<ul style="list-style-type: none"> • Take the lead executive role for crisis management and will lead operational activities on a day to day basis • Consider what space and resources are needed for business continuity and make recommendations to the Accountable Emergency Officer. • Consider the suspension of non-critical work programmes and functions across the organisation and review and reprioritisation of the IMTP and make recommendations to the Accountable Emergency Officer. • Making decisions relating to operations and budget but to recommend to the Accountable Emergency Officer to make critical/radical/strategic decisions i.e. closing/reopening the building. • Consider the exit strategy and make recommendations to the Accountable Emergency Officer. • Brief the CEO/Deputy CEO and Chairman as required. • Collaborate with other businesses and with the community. • Collaborate with other Planning Leads and national arrangements where appropriate. • Coordinate the restoration of all services, communications and locate/supply and equip alternative workspaces for business continuity. • With the Head of Digital and IT, liaise with NWIS in terms of restoring IT systems, applications and data for business continuity. • With the Facilities and Compliance Manager, oversee the salvage operation and clean-up operations and safe reopening for business continuity.
HEIW Executive Directors	<ul style="list-style-type: none"> • Ensure that they and all their direct reports are aware of the crisis and business continuity arrangements. • Implement the Crisis and Business Continuity plan. • Provide appropriate levels of resource and budget to achieve the required level of business continuity. • Act as HEIW representative on a national response group as appropriate.
Board Secretary	<ul style="list-style-type: none"> • Develop and implement revised governance arrangements to take account of current situation. • Arrange legal representation if there is any potential for a corporate manslaughter case. • Identify specific risks arising and maintain a risk log. • Determine how HEIW deals with the extension of contracts.
Senior Leadership Team	<ul style="list-style-type: none"> • Responsible for ensuring dissemination of information, guidelines, and programmes of activity to staff. • Maintain an up to date contact lists for all direct reports. • Prepare business continuity arrangements for teams identifying which staff will work from home/alternative office in the event of invoking this plan. • Ensure that disaster recovery plans are regularly reviewed, tested and exercised.
Head of People & Organisational Development	<ul style="list-style-type: none"> • Responsible for liaison with HEIW local partnership forum and NHS partners • Key point of contact for managers and staff and for ensuring dissemination of key information via appropriate channels. • Advising and inputting to information for HEIW staff, amendments to policies, practices and working models.
Facilities and Compliance Manager	<ul style="list-style-type: none"> • Responsible for liaison with service providers and authorities. • Liaison with NHS Specialist Estates services to determine alternative accommodation.
All Staff	<ul style="list-style-type: none"> • Be aware of the business continuity processes and procedures. • Monitor all methods of communication and engagement to ensure they are up to date. • Provide up to date contact information in an emergency on ESR.

Lead	Responsibilities
Head of Communication and Engagement/ Deputy	<ul style="list-style-type: none"> • Advise the Chief Executive, Deputy Chief Executive and the CMT on all aspects of communication and engagement. • Inform WG Communications team and other relevant comms teams • Key point of contact for all communication and engagement and managing any media involvement and/or public relations.

Additional roles and responsibilities in the event of a pandemic crisis:

Lead	Responsibilities
Medical Director	<ul style="list-style-type: none"> • *Provide input to the UK position with Regulators, Royal Colleges, HEIs and governments. • *Identify where additional critical input is needed and offer support and guidance for redeployment of existing staff and recruitment and selection of new staff into the NHS and training provision. • Take decisions regarding multi-specialty, medical and pharmacy education and training (redeployment of existing staff i.e. junior doctors, dentists and pharmacists in training and final year medical students when applicable). These will need to be taken alongside those of the Director of Nursing, to ensure the best decisions are made on a multi-professional basis. • Agree 4 nations approach and inform UK position with relevant Regulators, Royal Colleges, HEIs and government. • Liaise closely with Medical Directors of other NHS organisations to agree response in relation to education and training • Identify where additional critical input is needed and identify opportunities for redeployment of existing NHS staff and students. • Identify training requirements for relevant NHS Staff being redeployed into different roles, staff returning to the NHS (e.g. return to practice) and students. • Review education and training duties of relevant clinical HEIW staff and release where feasible (medical, dental and pharmacy). • Monitor the impact on training, consider supervision arrangements and indemnity. • Consider and agree suspension of non-critical work programmes and functions. • Undertake communication and negotiation with key stakeholders as part of external communications plan. • Prior to easing of the lockdown consider the exit strategy, business as usual activity, which activities can be started up again in terms of workforce, education and training, what will become the new normal, the objectives outlined in the IMTP and consider any further new activities to support the Health Boards and Trusts.
Postgraduate Medical Dean	<ul style="list-style-type: none"> • Provide advice and guidance on medical training and education to the Medical Director (Trainers and Trainees). • Deputise for the Medical Director in his absence. • Confirm UK position with Regulators, Royal Colleges, HEIs and governments. • Review education and training duties of clinical HEIW staff and release where feasible. • Recall out of programme trainees to return to practice. • Identify training requirements for NHS Staff being redeployed into different roles, staff returning to the NHS (e.g. return to practice) and students. • In agreement with Medical Director undertake communication and negotiation with key stakeholders including trainees. • Consider the exit strategy, business as usual activity, which activities can be started up again in terms of workforce, education and training, what will become the new normal, the objectives outlined in the IMTP and any further new activities to support the Health Boards and Trusts.
Lead	Responsibilities

Postgraduate Dental Dean	<ul style="list-style-type: none"> • Provide advice and guidance to the Medical Director on dental training and education (Trainers and Trainees). • Consider support dental trainees and dental practices can offer to support the NHS. • Review education and training duties of clinical HEIW dental staff and release where feasible. • In agreement with the Medical Director undertake communication and negotiation with key stakeholders including students/trainees. • Consider the exit strategy, business as usual activity, which activities can be started up again in terms of dental education and training, what will become the new normal, the objectives outlined in the IMTP for dental education and training and any further new activities to support the Health Boards/Dental Practices.
Pharmacy Dean	<ul style="list-style-type: none"> • Provide advice and guidance to the Medical Director on pharmacy training and education (Trainers and Trainees). • Consider availability of Welsh domicile pharmacy students and support they can offer to the workforce. • Review education and training duties of clinical HEIW pharmacy staff and release where feasible. • Identify training requirements for NHS pharmacy Staff being redeployed into different roles, staff returning to the NHS (e.g. return to practice) and students. • In agreement with the Medical Director undertake communication and negotiation with key stakeholders. • Consider the exit strategy business as usual activity, which activities can be started up again in terms of pharmacy education and training, what will become the new normal, the objectives outlined in the IMTP regarding pharmacy education and training and any further new activities to support the Health Boards/Pharmacies.
Director of Workforce and OD	<ul style="list-style-type: none"> • *Provide input to the UK position with Regulators, Royal Colleges, HEIs and governments. • *Identify where additional critical input is needed and offer support and guidance for redeployment of existing staff and recruitment and selection of new staff into the NHS and training provision. • Provide high level HR advice and guidance on staff, trainees and students in a multi-professional context. • Communicate with WG, HBs and Trusts to clarify use of students and potential numbers for workforce planning purposes. • Consider and offer support to promote the health and wellbeing resources for all NHS staff. • Oversee support for developing any arrangements for a temporary workforce including advertising and publicity campaign, developing a role outline, developing induction and training, application and on boarding process. • Consider and agree suspension of HEIW non-critical work programmes and functions. • Ensure that appropriate measures are put in place to safeguard the well being of HEIW staff including new ways of working. • Coordinate external communication and engagement on behalf of the CEO and to ensure there is a comprehensive log of all communication activity. • Prior to easing of the lockdown consider the exit strategy, business as usual activity, which activities can be started up again in terms of workforce, education and training, what will become the new normal, the objectives outlined in the IMTP and consider any further new activities to support the Health Boards and Trusts.
Head of People	<ul style="list-style-type: none"> • Provide advice and guidance on HEIW staff issues. • Maintain a log of staff who are in self-isolation/symptomatic/confirmed cases etc. • Establish a wellbeing help line for HEIW staff. • Monitor home working arrangements and review as situation develops.
Lead	Responsibilities

Head of Communications and Engagement and/or Deputy	<ul style="list-style-type: none"> • Develop plans for internal and external communications. • Provide advice and guidance on key communication issues to the CEO and Deputy CEO. • Oversee communications and information sharing with external partners and stakeholders as needed – in particular NHS organisations and Welsh Government. Clear 4 Nations guidance and ensure that HEIW operational guidance is in place. • Maintain up to date current advice and news on website. • Maintain communications and information sharing with HEIW staff. • Prior to easing of the lockdown consider the exit strategy, business as usual activity, which activities can be started up again in terms of education and training, what will become the new normal, the objectives outlined in the IMTP and consider any further new activities to support NHS organisations.
Director of Nursing	<ul style="list-style-type: none"> • *Make decisions regarding nursing and allied health and clinical scientist professions training and education (HEIs and students) and education commissioning issues. These need to be taken alongside those of the Medical Director, to ensure best decisions are made on a multi-professional basis • *Confirm UK position with Regulators, Royal Colleges, HEIs and governments. • Communicate with HBs and Trusts to clarify redeployment of relevant students and potential numbers for workforce planning purposes. • Consider and agree suspension of non-critical work programmes and functions. • Oversee the refocusing of delegation guidance on COVID 19 . • Undertake communication with key stakeholders. • Prior to easing of the lockdown consider the exit strategy, business as usual activity, which activities can be started up again in terms of workforce, education and training, what will become the new normal, the objectives outlined in the IMTP and consider any further new activities to support NHS organisations.
Deputy Director of Education, Commissioning and Quality	<ul style="list-style-type: none"> • Provide advice and guidance on nursing and allied health professions training and education (HEIs and students) and education commissioning issues. • Work with HEIs to provide targeted training courses e.g. refresher training, critical care etc. • In agreement with the Director of Nursing, and in line with the communications and engagement plan, undertake communication with key stakeholders. • Consider new activities to support the Health Boards and other NHS organisations.
Director of Finance	<ul style="list-style-type: none"> • Provide advice and guidance on business continuity and alert staff to the increased risk of fraud. • Consider financial implications such as delays in progressing strategic objectives, workforce, education and training programmes, study leave budgets etc. • Approve additional costs as a result of the pandemic. • Consider costs of clinical HEIW staff released (medical, dental and pharmacy). • Review the impact of agreed reductions and activities on financial plans for the year. • Consider and agree suspension of non-critical work programmes and functions. • Maintain close communication with Welsh Government and auditors. • Prior to easing of the lockdown consider the exit strategy, business as usual activity, which activities can be started up again in , what will become the new normal, the objectives outlined in the IMTP and consider any further new activities to support NHS organisations.

Lead	Responsibilities
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Director of Planning, Performance & Corporate Services	<ul style="list-style-type: none"> • Lead and oversee the planning for and the operational arrangements during a pandemic. • Provide high level crisis planning advice and guidance. • Chair the CMT meetings on behalf of the Accountable Emergency Officer. • Liaise with other Directors of Planning to ascertain the Health Board and Trusts needs and feed this back to the CMT. • Oversee the distribution of key reports for the Executive Team and update reports for Board. • Undertake communication and engagement with key stakeholders. • Consider and agree suspension of non-critical work programmes and functions. • Oversee any changes or adaptations to physical environment. • Prior to easing of the lockdown or other containment measures, consider the exit strategy, business as usual activity, which activities can be started up again in, what will become the new normal, the objectives outlined in the IMTP and consider any further new activities to support NHS organisations.
Assistant Director of Planning & Corporate Services & Digital	<ul style="list-style-type: none"> • Provide high level planning advice and guidance. • Maintain safe work environment at Ty Dysgu during partial closing and reopening. • Coordinate production and regular maintenance of a COVID-19 Action Log and Risk Log for the CMT. • Coordinate production of a HEIW Infographic and a weekly update report for the Board. • Oversee the restoration of services at reopening. • Undertake communication and engagement with key stakeholders.
Facilities and Compliance Manager	<ul style="list-style-type: none"> • Provide health and safety advice and guidance on managing reduction in the spread of infection within the facility. • Organise partial closing and then full closing of the building and maintain cleaning and security arrangements for the duration of the lockdown. • Compile a risk assessment to mitigate the risk of transmission of the virus and devise a plan for the safe return of staff to Ty Dysgu including office redesign to facilitate social distancing and implementation of reasonable measures. • Undertake communication and engagement with key stakeholders.
Planning and Performance Business Partner	<ul style="list-style-type: none"> • Review and revise the Crisis and Business Continuity plan. • Undertake communication and engagement with key stakeholders.
Director of Digital Development (Vacant)	<ul style="list-style-type: none"> • Provide high level IT advice and guidance in relation to digital support to enable homeworking for staff and in terms of activities requiring digital input to support the Health Boards, Trusts and other NHS organisations. • Liaise with members of the CMT and SLT to identify and provide input where required to digital solutions for key programmes (e-learning, wellbeing, compassionate leadership) to support the Health Boards, Trusts and other NHS Organisations during the crisis. • Facilitate and oversee arrangements for HEIW staff to have access to IT workshops to facilitate working from home. • Facilitate access to IT equipment Oversee the restoration of IT services at reopening. • Advise on Cyber security and mitigate such risks accordingly. • Consider and agree suspension of non-critical work programmes and functions. • Ensure capacity is available to support increased demand from virtual running and e-solutions to business needs • Prior to easing of the lockdown consider the exit strategy, business as usual activity, which activities can be started up again in what will become the new normal, the objectives outlined in the IMTP and consider any further new activities to support NHS organisations.

Information Technology Manager	<ul style="list-style-type: none"> • Provide advice and guidance for staff in relation to technology to enable home working and facilitate team working and mitigate increased risk of cyber security. • Make arrangements for staff to collect IT equipment prior to/during closure and return of equipment at reopening.
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(* Note: Shared responsibilities between the Director of Workforce & OD, Medical Director and Director of Nursing).

5. The Crisis Management Team (CMT) Membership

The CMT will be made up of a small emergency response group of staff from the key corporate enabling functions (facilities, communications, IT etc) and will be responsible for taking the strategic lead, advising the CEO when to activate and terminate HEIWs response plan (according to the 3 categories of incident), managing business continuity for the organisation and leading the lessons learned review. The team will act as a virtual incident co-ordination centre and will also act a horizon scanning cell to pre-empt what may come and plan on most likely scenario rather than worst case scenario. Membership is therefore based on the subject matter experts to aid decision making in the relevant areas.

Lead	Name(s)	Nominated Deputy	Name(s)
Chief Executive	Alex Howells	Deputy Chief Executive and Director of Workforce and OD	Julie Rogers
Director of Planning, Performance & Corporate Services	Nicola Johnson	Assistant Director of Planning, Performance and Corporate Services	Chris Payne
Director of Finance	Eifion Williams	Deputy Director of Finance	Rhiannon Beckett
Director of Workforce and OD	Julie Rogers	Deputy Director of W&OD	Angie Oliver
Head of Communications and Engagement	Angharad Price	Deputy head of Communications and Engagement	Helen Cade
Director of Digital	Vacant	Head of Digital Services	Jay Beavan
Facilities and Compliance Manager	David Price	Planning and Performance Business Partner	Jane Powell
Executive Support Manager	Cath Williams	Executive PA	Susan Marszalek
Chair of the Education and Training Cell	Tom Lawson	TBC	
Chair of the Workforce, Facilities and IT Cell	Chris Payne	TBC	

Depending on the type of incident, membership may also include those Executive Directors directly involved and CMT can draw in relevant members of the two cells as appropriate.

In the event of an incident impacting the whole organisation, such as a pandemic, the CMT will establish one or both of the cells to coordinate contingency plans for critical functions that will feed directly into the CMT; supporting the wider system in response, reducing operations as necessary through postponement of non-critical work programmes and transferring key business knowledge to nominated deputies in advance. Other members of staff may be co-

opted to join the CMT or it's cells. The CMT will be proactive in obtaining greater detail of implementation of the work underway in the cells and sharing decisions back to the cells.

Education and Training Cell

This tactical and operational cell will be responsible for coordinating arrangements around education and training to ensure that HEIW business functions operate as usual. The cell will also support the wider NHS system in the development of new areas of work relating to education and training (e.g. developing appropriate training courses in the response during a major incident). The frequency of these meetings will be less onerous than CMT in order to facilitate our Clinician's responsiveness to CMTs requests.

Lead	Name(s)	Nominated Deputy	
Nursing Director	Angela Parry	Deputy Director of Education, Commissioning and Quality	Martin Riley
Medical Director	Push Mangat	Postgraduate Medical Dean	Tom Lawson
Postgraduate Medical Dean	Tom Lawson (Chair)	Director of Educational Improvement & Governance	Anton Saayman
Dental Dean	Vacant	Associate Director for Dental Team Workforce Planning and Development	Kirstie Moons
Pharmacy Dean	Margaret Allan	Head of Programme Delivery and Foundation Practice (pharmacy)	Kath Hodgson
Deputy Director of Education, Commissioning and Quality	Martin Riley	Deputy Head of Education Commissioning and Quality	Christine Love
Head of Revalidation Support Unit	Chris Price	Organisational Lead, Revalidation Support Unit	Julie Nallon
Deputy Director of Workforce Transformation	Charlette Middlemiss	Deputy Director of Education, Commissioning and Quality	Martin Riley

Workforce, Facilities and IT Cell

This tactical and operational cell will be responsible for coordinating arrangements around the implementation of variations to HEIW's internal operating model. It will be responsible for all aspects related to our internal workforce, coordinating arrangements around facilities and ensuring that our core IT systems and bespoke systems such as MARS and Intrepid continue to function as normal. The cell will also be responsible for liaising with IT colleagues in NWIS.

Lead	Name(s)	Nominated Deputy	Name(s)
Director of Workforce and OD	Julie Rogers	Deputy Director of W&OD	Angie Oliver
Director of Planning, Performance & Corporate Services	Nicola Johnson	Assistant Director of Planning, Performance and Corporate Services	Chris Payne

Assistant Director of Planning, Performance & Corporate Services	Chris Payne (Chair)	Assistant Director of Planning, Performance and Corporate Services	
Head of People and OD	Foula Evans	Senior People Business Partner	James Coglean
Workforce Wellbeing lead	Claire Smith		
Facilities and Compliance Manager	David Price	Planning and Performance Business Partner	Jane Powell
Director of Digital Head of Digital Services	Vacant	Head of Digital Services	Jay Beavan
Head of Cyber Security	Ricky Hartland	TBC	
IT Manager	Robert Heritage	TBC	
Executive Support Manager	Cath Williams	Executive PA	Susan Marszalek

* The first person listed will be the primary contact for the CMT or cell. If they are not available, the deputy on the list will assume that role. However, they still remain ultimately accountable for the decisions made by their representative on their behalf.

The role of the Executive Team is to maintain an overview of the crisis and to support the Director of Planning in the discharge of this plan.

The role of the HEIW Board is to support the Executive Team during the crisis and to ensure that the organisation maintains high standards of governance throughout.

6. The 5 Step Action Plan

Step	Trigger	Action
1	Commencement of a potential incident	<ul style="list-style-type: none"> Follow standard emergency procedures administering first aid and contact emergency services (999). Commence evacuation of the building and isolate immediate hazards (as far as is safe and practicable). Inform line manager who will escalate through the management structure to the Director of Planning, Performance and Corporate Services and the Facilities and Compliance Manager. If an incident occurs overnight in Ty Dysgu, security will contact the Facilities and Compliance Manager (or the Planning and Performance Business Partner if unavailable) as the designated keyholder who will follow the action above to alert the Director of Planning, Performance and Corporate Services.
2	Director of Planning, Performance & Corporate Services to assess the level of incident and inform the Chief Executive and Deputy Chief Executive. Liaise with the Head of Communications and Engagement and convene	<ul style="list-style-type: none"> The meeting will be held in meeting room 13 in Ty Dysgu. If Ty Dysgu is unavailable, the meeting will be held virtually on <i>Microsoft Teams</i>.

	a meeting of the CMT as soon as practicable	
3	CMT to assess extent of problem utilising information supplied	<ul style="list-style-type: none"> Define the level of incident (Gold, Silver or Bronze) as identified in Appendix 1. Identify which services have been affected.
4	CMT to invoke Business Continuity Plan	<ul style="list-style-type: none"> Identify requirements including business space and infrastructure services. Priority will be given to business-critical areas and where we need to ensure that our legal and regulatory obligations are fulfilled first. Director of Planning, Performance and Corporate Services and Assistant Director of Planning, Performance and Corporate Services, with Head of Digital to work with colleagues from NWIS to restore IT systems, applications and data for business continuity. Board Secretary to arrange legal representation immediately if there is any potential for a corporate manslaughter case. Follow instructions regarding communications and engagement in section 7. All members of the CMT and SLT should ensure that their mobile phones are kept on for the duration of the crisis.
5	CMT to undertake Review	<ul style="list-style-type: none"> CMT to monitor and re-assess situation. CEO or Deputy, as responsible officer, to authorise stand down. Head of Communications and Engagement to confirm stand down position with staff and stakeholders. Chief Executive or Deputy to undertake a lessons learnt exercise with the CMT and SLT and prepare a report to the appropriate authority as applicable. Communicate any changes required.

6.1 All members of the CMT and the cells are to hold the mobile 'phone numbers of the other members in their mobile phone contact lists and to hold an electronic or paper copy of this plan where they can easily access it off-site. Members of the CMT are to copy each other in all emails regarding the crisis to avoid omission and duplication. HEIW has established a SLT *Whats App* group to communicate quickly with leaders. It is essential that all line managers hold the mobile 'phone numbers of their direct reports, including agency staff, for emergency use.

7. HEIW Staff Based at Ty Dysgu

7.1 Prior to COVID-19, there were over 200 HEIW office-based staff (approximately, depending on working day for part-time staff, sickness and maternity absence, secondments etc.). In the event of any office disruption, all staff can gain access to a laptop, screen, keyboard and mouse. Each member of staff will be able to make calls / video calls via *Microsoft Teams*. If the building is closed, staff will not have access to printers / copiers. Arrangements to collect laptops (new or replacement) can be arranged through the IT operations team.

8. Communication and Engagement

- 8.1 The Head of Communications and Engagement and the Deputy Head of Communications and Engagement will be fully briefed on the situation and will lead on all communications, ensuring their accuracy, consistency and timeliness. They will be the single point of contact for exchange of information with PHW and Welsh Government.
- 8.2 The Head of Communications and Engagement will assess the urgency of informing staff, the Senior Leadership Team, the Executive Team, the HEIW Board, visitors, stakeholders.
- 8.3 The Head of Communications and Engagement will agree all internal and external communications with the Chief Executive / Deputy Chief Executive before they are published.
- 8.4 The Head of Communications and Engagement will be responsible for making the WG communications team aware of the situation and any other communication teams deemed appropriate.
- 8.5 The Chief Executive / Deputy Chief Executive will be responsible for informing the Chair of HEIW and Welsh Government Colleagues. The Chair will be responsible for informing independent members. The CEO/Deputy CEO will be responsible for maintaining ongoing engagement with the Board.
- 8.6 Executive Directors will inform their Senior Leadership Team (SLT) members by the most appropriate method about the incident or failure of a system. This will include a brief description of what has happened and the provisional scope of impact on the organisation, provisional alternative working arrangements, frequency of updates and associated timescales. Members of the SLT will cascade this information to all members of staff within their teams by text and email.
- 8.7 The Communications and Engagement team will publish key information for the staff in the corporate news channel on the HEIW intranet.
- 8.8 Once the situation has been assessed and business continuity arrangements are being implemented, staff will be informed of the situation via SLT. Regular update notices will be posted via corporate news channel on the HEIW intranet and via email. Should staff have any concerns or queries they should contact their line manager.
- 8.9 Messages will be communicated by the most appropriate communications channels to use at the time, including print media, broadcast and social media.
- 8.10 Once the situation has been assessed and business continuity arrangements are being implemented, stakeholders will be informed of the situation via update notices posted on appropriate channels e.g. HEIW website and Social Media.
- 8.11 In line with the HEIW Media Handling Procedure for All Staff, all media queries should be directed to the communications team. Any staff who receive any queries or requests of any nature from journalists / writers / TV companies should refer them to the communications and engagement department. Staff should not answer any questions on behalf of HEIW. It is permissible to say you cannot help and direct the media to the communications and engagement department. If there is an urgent or major incident out of office hours, the media will be able to contact the Head of Communications and Engagement directly.
- 8.12 The Head of Communications and Engagement will set up a media room / call a press conference if deemed appropriate.
- 8.13 If the crisis is declared a major incident (Bronze, Silver or Gold) the Head of Communications and Engagement will continue to work closely with the communication leads from other

agencies involved (e.g. police, fire and rescue, council) and determine any media action to date and agree a statement and course of action. As per major incident protocol, the police will take the lead on communications related to the incident until they decide otherwise. This does not include communications in relation to the everyday business of HEIW.

9. Emergency Contact and Supplier Details

The following section provides the key supplier contact details of key organisations in the event of a crisis.

Contact	Telephone	Email
Police, Fire and Rescue	999	-
Security (Chubb) contract 15595333	03448791770	-
Solo / Chamberlains	24 Hour control room 08000 443803 Local control room 08000 443801 Richard Trevivian 07855 529579	richard@chamberlainssecuritycardiff.co.uk
HEIW Switchboard	03300 585005	-
Neil Davies, Director of Specialist Estates Services	02920 904117 07798 607962	neil.davies4@wales.nhs.uk
NWIS IT	02920 502525	it.servicedesk@wales.nhs.uk
David Price, Facilities and Compliance Manager	(01443) 824171 07814 770519	david.price6@wales.nhs.uk
Welsh Water	0800 052 0145	-
NWSSP Specialist Estates Services Neil Davies	02920 904117 07798 607962	neil.davies4@wales.nhs.uk

10. Scenarios

10.1 Scenario 1: One of the meeting rooms becomes unavailable

- In the event that one of the meeting rooms becomes unavailable, arrangements will be made to lock down the room and to identify the issue.
- Remedial action will be managed by the Facilities and Compliance Manager. Communications will be issued to the staff via the staff intranet.
- If one of the office floors became available, then arrangements will be made to lock down the floor and to identify whether arrangements could be made for staff to utilise space elsewhere in Ty Dysgu.

10.2 Scenario 2: The Ground Floor meeting rooms become unavailable

- If the ground floor and all meeting rooms became unavailable, arrangements will be made to lock down the floor and identify the issue. Remedial action will be managed by the Facilities and Compliance Manager.
- If all meeting rooms on the ground floor became unavailable, it will be necessary to determine the number of pre-arranged events and the number of delegates. Arrangements would be made to prioritise key events in other available meeting rooms on floor 1 and floor 2 or by making use of other meeting rooms in buildings in the Nantgarw area. Failing this, it would be essential to make arrangements to contact the event organiser to contact all delegates to notify them of the problem and give them notice that the meeting has been moved to a different venue, rearranged or cancelled.

10.3 **Scenario 3: The open plan office area on floor 1 or floor 2 became unavailable**

- If the open plan area on floor 1 or floor 2 became unavailable, arrangements would be made to lock down the floor and identify the issue. Remedial action will be managed by the Facilities and Compliance Manager.
- If the open plan area on floor 1 or 2 became unavailable, it would be necessary to determine the number of staff affected and the equipment required. Arrangements would be made (if possible) to identify whether the staff affected could be accommodated in the ground floor meeting rooms. If there was insufficient capacity, the Facilities and Compliance Manager will contact the Specialist Estates Services in the NHS Wales Shared Services Partnership, who maintain a list of current available accommodation.
- It would be essential to contact all staff notifying them of the problem and give them notice of the short term temporary (up to 1 month) and longer term arrangements.

10.4 **Scenario 4: The whole of Ty Dysgu becomes unavailable**

- If the whole of Ty Dysgu became unavailable, it would have a significant impact on business continuity from a workplace perspective.
- In the event of short term unavailability (up to 3 months), staff will be directed to work from home (subject to the availability of laptops) or out of other NHS sites.
- If Ty Dysgu became unavailable on a longer-term basis (over 3 months), arrangements would be made by the Facilities and Compliance Manager to contact the Specialist Estates Services in the NHS Wales Shared Services Partnership, who maintain a list of current available accommodation about alternative options.
- Where prioritisation is necessary, we will have to ensure that our business critical areas and legal and regulatory obligations were fulfilled first.
- The CMT will look to use more cost effective and efficient means of transporting staff between sites if the outage is prolonged.

10.5 **Scenario 5: In the event of managing an environmental or contamination incident**

- The "*Managing Public Health Risks from Environmental Incidents: Guidance for use in Wales*" should be referred to for managing the public health implications from environmental or contamination incidents for example, health-related incidents which involve both public and private drinking water supplies.
- Contact the water supplier to understand the cause, effects and extent of the issue and inform the CMT fully of any events before the incident or outbreak was declared. Make the appropriate operational decisions on behalf of the CMT and ensure that they are immediately and fully implemented by the water company.
- Undertake a risk assessment to identify the contaminant(s), the source and extent of contamination.
- Evaluate and characterise the risk and likely illness in the community, including defining the staff and visitors at risk and identify any high risk / susceptible individuals.
- Provide the CMT with a water company perspective on the management of the incident and ensure that they are made aware of, and have access to, all relevant water quality and operational data.
- Declare the contamination incident and agree and initiate immediate and long-term control measures to reduce exposure. Immediate control measures may have been taken by the water company before CMT meets and these should be reviewed by the CMT.
- Notify staff to stop using the water supply.
- Flush the supply system and issue warning advice/ notices ('Do not use for drinking, cooking or washing' or remind staff to 'boil before use for drinking and food preparation').
- Provide alternative supplies of bottled water.
- Ensure that the Water Company tests the water, identifies the source and the extent of any contamination and then tests to ensure that it is safe to restore the supply.
- Monitor control measures by continued surveillance for disease/symptoms.

- Issue Live Warning Notices subject to agreed criteria being met.
- Evaluate the management of the incident and make appropriate recommendations for the future.
- Declare the incident over and communicate this to all staff and visitors.
- Produce report on the outcome, including recommendations and epidemiological report (if required).

10.6 **Scenario 6: In the event of a communicable disease outbreak**

- *The Communicable Disease Outbreak Plan for Wales* otherwise known as “*The Wales Outbreak Plan*,” July 2020 will be used as the template for managing all communicable disease outbreaks with public health implications across Wales.
- The most likely scenario in Ty Dysgu are likely to be water or food sourced. As such the Facilities and Compliance Manager will protect the staff’s health by identifying the source and/or main determinants of the outbreak and implementing necessary measures to prevent further spread or recurrence of the infection. The protection of public health takes priority over all other considerations and this must be understood by all.
- To mitigate any risks, the Facilities and Compliance Manager will ensure that water is regularly tested in Ty Dysgu and ensure that appropriate facilities are provided and maintained for staff to bring in food and where food is sold on the premises, that this is appropriately managed. The Facilities and Compliance Manager will provide sufficient and accessible means for reducing spread of infection (e.g. provision of hand washing facilities or hand-hygiene products) and consider additional measures to reduce the risk of infection i.e. more frequent office cleaning arrangements to support the working environment).
- The CMT will be guided by the Facilities and Compliance Manager and the People Team to undertake ongoing surveillance, refining our measures for managing such an outbreak, collecting evidence and learning from any lessons experienced to improve communicable disease control for the future.
- The successful management of outbreaks is dependent upon good and timely communication, collaboration and action between teams, the Local Authority, Health Boards and Public Health Wales.

10.7 **Scenario 7: In the event of a global pandemic**

- Following national Government and/or WG direction, the Director of Planning would designate the level of incident with the CEO and convene meeting of CMT.
- CMT would meet to assess the extent of the problem.
- Phase 1. Staff would be advised to work from home until such time as the Government permits staff to return to the office.
- Staff would be permitted to gain limited access to the building to collect equipment to undertake safe working at home.
- CMT would establish the three underpinning cells (Facilities and IT; Education and Training; and Workforce Planning and Intelligence) to review the following areas, develop monitor and reassess the CMT action log and risk log:
 - Business continuity for the organisation
 - Contingency plans for critical functions including education, training and recruitment (see appendix 4)
 - Support for the wider system response to the pandemic response
 - Postponement and pause of non-critical work programmes
 - Develop a communications plan.
- CMT would await Welsh Government direction on scaling down/standing down the response to the pandemic.
- CMT would develop a quarterly operating plan for the remainder of the financial year to consider the reactivation of postponed and paused non-critical work programmes.
- CMT to consider regrouping in anticipation of a future wave.
- The Facilities and IT cell would develop an interim Phase 2 plan for limited numbers of staff to return to work for business and/or personal wellbeing for approval by CMT.
- CMT would advise the CEO to stand the CMT down.

- The Facilities and IT cell would develop a Phase 3 full reopening of Ty Dysgu for all staff to return to work blended with working from home. This would require a health and safety risk assessment to ensure that the local infrastructure is prepared and able to contain the virus, prevent/reduce any potential escalation, incidents and outbreaks.
- The communications team would reinforce the primary control measures (social distancing, hand washing, respiratory etiquette and enhanced cleaning regimes) in order to combat the spread of infection.
- The People Team would implement a risk assessment process for the staff to identify whether they are able to return to work in Ty Dysgu.
- CMT would coordinate a lessons learnt review and revise any plans accordingly and communicate these to staff and stakeholders.
- CMT would develop plans for mass vaccination in readiness for a vaccine; and plan to maximise the routine vaccination programme to limit impact on the NHS.

11. Supporting Infrastructure

11.1 Telephones

In the event of an emergency, work telephone numbers can be diverted to a more suitable number (home number or mobile number).

11.2 Mobile Phones

A number of key staff in HEIW have been provided with mobile phones which can provide access to communications. As a temporary arrangement staff will be required to use their own personal mobile phones to keep in contact with their line manager. See mobile phone policy.

11.2 Laptops

All staff have laptops that enable them to work from home. Some finance staff are able to work on Oracle from home using a VPN token.

Not all staff take their laptops home with them overnight and in the event of Ty Dysgu becoming unavailable, the equipment would not be usable. Therefore managers should ensure that teams have the required equipment with them to be able to work in the event of the building being unavailable.

For new staff collecting a new laptop, or for staff returning any laptops, arrangements will be made to collect drop off the laptop either from NWIS in Pontyclun or from Ty Dysgu. Staff will be required to update their password at Ty Dysgu as these cannot be updated from home or when not connected to the NHS network.

11.3 The IT Operations Team will continue to provide support via Teams, Telephone, or email.

Staff will have access to a laptop, mouse, headset and a laptop charging cable. Staff should shut down their laptops fully to ensure all files are saved and updates installed. New staff are advised to test their laptops and charger at home as soon as possible to identify any issues.

Staff can submit a request for a RSA (VPN) token to connect to secure systems (finance/oracle etc.).

Staff can plug into a monitor / TV screen using a HDMI lead and a keyboard using a USB port so you have a full size screen and keyboard.

Passwords will need to be kept updated. Staff are required to check their password settings via the NWIS service portal <https://nwis-service-portal.wales.nhs.uk/>. Details will be made available on the staff intranet.

Staff are required to update their desk phone with a message saying to contact you on email or forward calls to a mobile device.

Staff are required to open Skype and update availability regularly so colleagues know when you are available and to check the staff intranet for regular updates.

Staff are advised to use a different browser such as Chrome if they experience problems accessing programmes.

Contact details:

HEIW IT team: HEIW.IT.Team@wales.nhs.uk

NWIS IT team: itservicedesk@wales.gov.uk or call 02920 502525

11.3 **Network recovery**

The Digital team will liaise with NWIS to arrange network recovery.

See the IT Business Continuity and Disaster Recovery Plan.

11.4 **Power supply failure**

In the event of power supply failure at Ty Dysgu, caused by a loss of access to the gas supply thus affecting the heating and hot water or loss of electrical supply, affecting our lighting and IT equipment, the Facilities and Compliance Manager would contact the main energy suppliers and ask the CMT to give consideration to staff working from home. He/she would determine the duration of the outage and report back to the CMT. Depending upon the decision of the Team, the building may be closed and staff instructed to work from home. Following the restoration of power, the Facilities and Compliance Manager will notify the CMT that work can continue as normal.

11.5 **Service Recovery for Hosted Services**

See the IT Business Continuity and Disaster Recovery Plan.

11.6 **Information Security**

See the IT Information Security Policy.

All staff are encouraged to store electronic data on the NHS network space unless there is a particular reason not to do so and restricted access folders are available to staff to enable them to store confidential electronic data and securely. Data stored on SharePoint is automatically backed up by NWIS. It is NWIS's responsibility to restore the network, the supported software and the data according to the priorities.

11.7 **Payments and Banking**

The financial systems used by HEIW are managed by NHS Wales Shared Service Partnership (NWSSP), and therefore would not be affected by an incident within HEIW. NWSSP also make most payments on behalf of HEIW, including payroll.

In order to access the general ledger to review and process any payments during an incident, at least two finance staff will hold VPN tokens to allow access off-site. Should this fail, emergency payments can be made by:

- Emailing authorisation (in line with the scheme of delegation) to the Accounts Payable section in NWSSP to release payments.
- Accessing the web-based bankline system provided by Natwest bank. Payments can be set up through any internet connected computer. In order to approve payments, two officers will be given access to the Natwest mobile app which replaces the bankline smartcard and readers that are held in Ty Dysgu. Where payments are made using this method but the financial system is not available, the Financial Accounting Team will update the ledger within 1 working day of the system being made available to ensure that all transactions are properly recorded.

Should a failure occur in the NWSSP systems, emergency payments (including payroll), can be made directly by HEIW through the bankline system. The processing of non-emergency payments through bankline will be considered depending on the expected timescales for the recovery of NWSSP systems.

11.8 Financial Reporting

In order to access any required information during an incident, all finance documentation must be stored on the NHS network space, ensuring that appropriate security controls are in place for confidentiality purposes. Access to the Oracle system is available off-site using VPN access, which will allow ad-hoc reports to be produced as required.

12. Testing the Plan

- 12.1 The plan will be tested and issues identified will be documented to enable lessons to be learnt and the plan will be redrafted accordingly.
- 12.2 The CMT will undertake a 'Walk Through' of the plan at least every two years in the event of the plan not having been activated during that time. Simulation exercises will be used to test the efficiency and effectiveness of the plan utilising low level and significant level scenarios to test out the suitability and viability of these plans.

14. Training and Development

- 14.1 Training is critical to ensuring the quality of HEIW's performance in addressing a crisis and ensuring the business continuity of the organisation. HEIW will therefore invest in training and development of its staff in Crisis and Business Continuity processes. The People team will arrange for all new line managers with a responsibility for deploying business continuity plans to be briefed on their role and made aware of the content of plans as part of the corporate induction programme.
- 14.2 Line managers will be required to consider the generic skills and training for staff to ensure that they are capable of developing contingency plans and delivering the most appropriate response.
- 14.3 The Director of Planning, Performance and Corporate Services will take the lead in coordinating a lessons learnt exercise and communicate any changes to ensure that all staff to learn from the experience.

15. Review

- 15.1 The Planning Team will regularly evaluate and quality assure the state of its Crisis and Business Continuity plans. They will ensure that plans are tested by CMT and will work with the Executive Team, SLT and OMG to ensure that any revisions to the document are made and that any changes to the Crisis and Business Continuity Plan are widely communicated throughout the organisation.

16. Publication

- 16.1 Once developed and approved the Crisis and Business Continuity Plan should be implemented fully. A copy of the current, approved Crisis and Business Continuity Plan (with personal contact numbers) shall be circulated to all members of HEIW's Crisis Management Team (CMT), their deputies, SLT and the Chief Executive Support Team who are to hold a copy electronically on their individual SharePoint space and a hard copy off-site.
- 16.2 An electronic open version (with all contacts removed) will be published on the staff intranet. The Crisis and Business Continuity Plan will be reviewed and updated annually by the CMT and submitted to the SLT for approval. Feedback on the operation of the Crisis and Business Continuity Plan from any crises that occur shall be provided to the OMG, SLT, Executive Team and Board.

Appendix 1

Framework for defining Levels of Incident

This framework defines three different levels of incident (Bronze, Silver and Gold) and describes the examples of triggers that would start the escalation process.

1. Bronze Level Incidents

Types of incident

- Local incidents i.e. occurrences causing no serious physical threat to people or property.
- Incidents that result in only a limited disruption of services, involve no legal ramifications and pose no threats to the reputation or status of HEIW.
- Incidents that can be handled entirely at local level and do not require dedicated management teams as such and can be managed by implementation of standard procedures and notifications.

Examples of Triggers for raising to Silver Level

- Where the location/spread of the incident reduces the possibility of isolating it.
- Where an emergency evacuation of the area is necessary.
- Where the incident cannot be controlled without additional *external* assistance.
- Where environmental factors (e.g. weather) are worsening.
- Where the incident has the potential to damage the reputation of HEIW.

2. Silver Level Incidents

Type of Incident

- Lower level emergencies i.e. situations or incidents which pose a potential threat to people or property, or cause disruption to its operation.
- Incidents that whilst not seriously affecting the overall functional capacity of HEIW, threaten its reputation or status or have potential legal ramifications.
- Incidents that may involve the isolation and/or evacuation of part of the building and assistance from the external emergency services as well as from the HEIW's own support services.
- Incidents that can be handled jointly by central and local managers.

All potential silver level incidents should be reported to the Director of Planning, Performance and Corporate Services.

The Director of Planning, Performance and Corporate Services, in consultation with the Assistant Director of Planning, Performance and Corporate Services and/or the Facilities and Compliance Manager as necessary, shall decide upon the initial designation of any potential silver level emergency.

It shall be the responsibility of the CMT to monitor the level of the emergency. The Chief Executive (or deputy), with guidance from the CMT as appropriate, shall be responsible for upgrading from a Silver level emergency to a Gold level emergency.

Examples of Triggers for Raising to Gold Level

- The incident has caused actual serious harm to a person or person(s)
- The incident is now widespread and cannot be readily isolated or contained
- The incident is causing on-going threats to the safety of people
- The incident is likely or inevitably going to cause further damage to the estate
- The incident is going to require the relocation of a Directorate or Directorates.
- The incident has caused legal ramifications/threats to HEIW's reputation to emerge.

3. Gold Level Incidents

Type of Incident

Major emergencies that may escalate into disasters and require handling centrally.

- These are situations or incidents actual or potential which significantly affect HEIW's students and/or staff and/or the status and reputation of HEIW.
- These are incidents which may compromise the functioning of an entire Directorate, or building, causing significant disruption to HEIW's overall operations.
- This incident will require major efforts from the HEIW's own support services as well as from external emergency services.

Appendix 2

The CMT Terms of Reference

1. Timings

The CMT is to be convened by the Chief Executive for its first meeting as soon as possible after a crisis has been identified. It should then meet every morning for at least seven days or until the crisis and its aftermath has been completely resolved.

2. Aims and objectives

The CMT's role is:

- to implement the Crisis and Business Continuity Plan
- to manage all aspects of the crisis and restoration of business activity
- to liaise with staff and internal and external stakeholders
- to prioritise work for the continuity of HEIW business

3. Draft Agenda



Health Education and Improvement Wales (HEIW) Crisis Management Team

AGENDA

Tuesday, 4 August 2020

1:00 – 2:30 pm

Microsoft Teams Meeting

1. **Welcome and Apologies**
2. **Minutes of the meeting held on [Date]**
Matters arising from the minutes
3. **Status reports on:**
 - The cause of the incident
 - Casualties or (deaths)
 - Physical damage to the estate and work areas affected
 - Emergency services involvement to date
 - Communications, Media and public reaction
 - Possible escalation
4. **Confirmation of actions already undertaken and maintenance of a log of actions**
5. **Confirmation of further action required and assignment of actions to Team members:**
 - Managing communications, internal and external
 - Managing financial and insurance issues
 - Liaising with NWSSP (Legal and Risk and Estates) and NWIS.

- Liaising with NHS and WG contacts
- Managing the damage
- Relocating staff and work
- Prioritising business continuity

6. AOB

7. Date and time of next meeting
1-2:30 pm, 11 August 2020, *Microsoft Teams*

Agenda after seven days:

1. Long term recovery strategy
2. Re-appraisal of back-up requirements
3. Status of replacement equipment and supplies
4. Legal and financial progress
5. Stand down – at the discretion of the Chief Executive

Actions following stand-down:

1. De-briefing of the CMT
2. Review of Crisis and Business Continuity planning
3. Reports to HEIW Board as required
4. De-briefing of staff and stakeholders

CMT Response Action Log

Ref	Action	Date Action Agreed	Responsible Executive	Responsible Manager	Due Date	RAG Status	Comments/Issues

CMT Risk Log

Type of Risk	What is the specific risk?	What actions do we need to take to manage/ reduce/mitigate the risk?	Progress	Escalate to Corporate Risk Register? Close Risk

Appendix 3

Pandemic Prevention and Response Plan

1. IMPACT OF A PANDEMIC CRISIS ON THE NHS

The impact of a pandemic on the NHS is likely to be intense, sustained and nationwide. Services may quickly become overwhelmed as a result of:

- the increased workload given the volume of patients and its direct complications
- the particular needs for critical care and infection control facilities and equipment
- depletion of the workforce and of numbers of informal carers, due to the direct or indirect effects of illness on staff and their families
- logistical problems due to possible disruption of PPE, supplies, utilities and transport as part of the general disruption caused by a pandemic
- the longer-term macroeconomic effects of a pandemic on the national (and world) economy
- the stress placed on the workforce in terms of their anxiety
- the stress and anxiety placed on people as a consequence of bereavement and lockdown.

In response to the increased demands and to maintain an effective response, the NHS will have to find innovative approaches for many aspects of healthcare, including staffing, triaging of patients and coping with those patients needing more complex care than is normally possible at home but who may not be able to be admitted to hospital.

The epidemiology of an emergent pandemic virus and its clinical behaviour cannot be predicted with certainty and therefore plans will have to be adjusted as new information becomes apparent. Uncertainty about the nature and impact of the pandemic virus means that planning needs to be prudent in order to be sufficiently flexible to cope with a range of possible impacts.

Similarly, the impact of a pandemic on HEIW will also be disruptive to the business continuity of the organisation with the suspension of non-critical work programmes and functions and a refocusing to support the NHS workforce. HEIW will support the redeployment of existing HEIW staff back into the NHS workforce and healthcare students, recruitment of staff returning to the NHS and new roles within a temporary workforce joining the NHS (e.g. Patient Care Assistants). It will also take the form of induction and training requirements (e.g. Critical Care, Return to Practice and Induction and Training for new temporary NHS workforce roles).

2. PLANNING AND RESPONSE

2.1 Principles underlying planning and response

HEIW will apply the following general principles to its planning and response:

- Plans must include mutual aid and /or shared agreements to support service delivery and to sustain an integrated response.
- Plans must ensure adequate staffing support for the maintenance of the organisations' business critical services.
- Response arrangements will be based on supporting the Health Boards to strengthen and supplement normal delivery mechanisms as far as practical.
- Plans will be developed on an integrated multi-professional basis.
- Plans should encourage pan-organisational working, seeking to mobilise the capacity and skills of all public sector healthcare staff (redeployment if existing staff, onboarding those recently retired NHS staff), students and new roles temporarily joining the NHS.

- Plans should be flexible and able to adapt to local circumstances that may be different from the overall UK picture, for instance in ‘hotspot’ areas.
- Response measures should maintain public confidence and ‘feel fair’.
- Response measures should be transparent and applied in a consistent and equitable way that utilises the capacity available for the seriously ill.
- Plans should recognise the need to respond to psychosocial issues and concerns such as anxiety, grief and distress and for sympathetic arrangements to manage additional fatalities.
- Plans should maintain and support staff health, safety and welfare throughout and after the response;
- Response measures should assess what actions need to take to minimise the impact of current plans on education, training and workforce in the future.

<ul style="list-style-type: none"> • HEIW Staff and Organisation • Postgraduate Medical, Dental & Pharmacy Education • Nursing & Health Professional Students • Medical, Dental and Pharmacy students • Educators & Trainers • Temporary workforce 	<ul style="list-style-type: none"> • Return to practice • Critical Care needs • Workforce Planning & Deployment • NHS Staff Health & Wellbeing • Compassionate Leadership • Post COVID-19 Support • Workforce Guidance
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2.2 Partnership working

In developing plans to prepare for and respond to a pandemic, HEIW should ensure there are good partnership/multi-agency working and communication arrangements with different healthcare services and other local stakeholders in order to ensure that responses are structured and cohesive. In particular, with the Health Boards and Trusts, NWSSP, and Welsh Government, Regulators, Royal Colleges and Trade Unions.

2.3 Command and control

At the start of a pandemic there will be a transition from business as usual, where operational decisions are taken at the local level, to a command and control system led at the national level to co-ordinate the response. It is vital, therefore, that HEIW has clear arrangements for command and control to underpin HEIW's pandemic response, minimise business disruption and promote early recovery. Leadership challenges may include high levels of uncertainty during the initial response phase requiring flexibility and rapid adaptability of plans, and increased pressures and demand on services which may be exacerbated by staff absence. This requires visible director level leadership, direction and ownership of plans; engagement, motivation and support for staff; pre-established and tested command and control arrangements; good coordination; and appropriate channelling of communication to maintain public confidence.

2.4 Pandemic plan activation

The decision to declare a pandemic will be taken by the Minister for Health and Social Services on receipt of advice from the WHO. The decision will be cascaded at this point to Welsh Government, Public Health Wales, Health Boards and Trusts. HEIW will ensure that it has a robust system capable of receiving and acting on a decision to declare a pandemic.

The CEO will trigger activation of HEIW's pandemic response and will ensure that he/she can be readily contacted and that there are means of communicating decisions to staff, to activate the plan and respond. In practice, it is likely that escalation of the planned response will evolve in steps over a number of weeks, as the pandemic threat and case presentation increase.

The Government has developed four phases to fight a pandemic:

1. Containment
2. Delay
3. Research
4. Mitigate

1. Containment Phase: managing the initial cases

When there are initial cases and small clusters, the focus is on containment through following up close contacts and trying to prevent the disease from taking hold in the country for as long as possible. Gaining an understanding of the epidemiology of the virus through this period helps to inform the ongoing response.

The NHS is largely concerned with supporting sampling and testing, managing the worried well and those impacted by the health response, and establishing the systems that will be used during most of the response by preparing for increased impact, demand, and disruption.

2. Delay Phase: managing community transmission

Widespread and sustained community transmission will lead to changes in the response at all levels. The focus will continue to be on slowing the spread in the country and lowering the height of the peak impact and pushing it into the future to enable more time for readiness.

The impact will be felt across Wales, and all NHS and social care organisations will be responding to the situation. National oversight will aim to ensure that the healthcare functions operate cohesively across Wales to provide the best care for patients, and as consistently as possible.

A key aspect is the need to understand the impact on operational capacity. Processes employed across the system to manage capacity and demand during periods of increased activity are the basis for this. Actions from the previous stage of the response remain relevant, although they may require increased implementation across wider areas or for longer durations.

3. Mitigate Phase: escalating to a national epidemic 7

As the number of cases continues to increase changes will be required to the way healthcare is maintained and delivered to those at greatest need, be they COVID-19 patients or with other conditions.

The focus is on providing the best care possible for people who become ill, supporting hospitals to maintain essential services and ensuring ongoing support for people who are ill in the community to minimise the overall impact of the disease on society, public services and the economy.

This may require significant changes to healthcare service provision, particularly if there is a move into extreme surge, prioritisation and triage. The details of the actions that might be needed in the event of extreme pressures on the NHS will be published separately as needed.

4. Research

The UK action plan describes the need for research throughout the response to COVID-19. This will help us to better understand the virus and the actions that will lessen its effect on the UK population and inform innovation.

2.5 Risk assessment-based planning

HEIW will take a risk assessment-based approach in order to understand each of the risks faced, to set them into priority order, to act on them accordingly and evaluate progress towards achieving optimum preparedness. This should assess the likelihood of occurrence against severity of impact to produce an overall risk score. Risks will be recorded at each CMT meeting noting the person responsible for managing the risk and identifying the steps

being taken to mitigate the risk and this CMT risk register will be duly monitored. Actions and plans put in place have the potential to create further risks to cause significant disruption in the short to medium term. In accordance with HEIW's Board Assurance Framework, any significant risk or compliance issues will be reported to the Corporate Risk Register in accordance with HEIW's Risk Management Policy.

2.6 Decision-recording system

Clear recording of decisions will help avoid confusion and ensure consistency at a time of significant disruption. HEIW will update the action log at the end of every meeting and circulate this document to members of the CMT and its sub groups thus providing an audit trail of the command and control judgements being made.

2.7 Information requirements

The Chief Executive will need to be aware of the current pandemic phase and the local, national and international situation. In order to maintain an effective response, the CEO will need to collect a number of data streams. These will include:

Internal

- Number of staff self-isolating due to family member displaying symptoms
- Number of staff in at risk group self-isolating
- Number of staff displaying symptoms
- Total number of staff reporting COVID 19 issues
- Number of staff illness by department/directorate
- Number/rates of staff admitted/discharged from hospital
- Case demographics/other underlying disease profiles
- Number of staff deaths
- Number of staff redeployed back into the NHS by department/directorate and duration

- Note the number of CPD events not held as a result of COVID19
- Note the financial impact on HEIW.
- Monitor the impact of the disruption on HEIW staff study leave/annual leave
- Monitor the impact on consumables within HEIW – stocks remaining/utilities availability/supply chain issues
- Results from the staff wellbeing surveys

External

- Number of training programmes provided and number of NHS staff completing that training
- Note any innovation and timelines to introduce new staff roles, new training programmes
- Sickness absence reporting across the Health Boards and Trusts

Welsh Government will require HEIW to provide certain key data on behalf of the Cabinet Office on a daily basis. There is likely to be a requirement to feed into national intelligence about incidents and complaints using the Datix/Once for Wales Concerns Management System. Welsh Government will issue further guidance on information that HEIW will be required to supply centrally and will also make recommendations on data streams that HEIW may need to collect to optimise its response to the event. Data collection will be crucial for decision making and for the lessons learned exercise and may have a significant impact on the subsequent management of staff.

2.8 Homeworking

(Make reference to the new HEIW Agile Working Policy).

For these contingency plans to work effectively, all staff must ensure that they take their laptops home in the event of the need for homeworking. Staff are reminded to use *Skype* or *Microsoft Teams* (n.b. it is not recommended to use *Zoom* video conferencing software on NHS computers).

3. ACTION PLANNING

In developing plans to minimise disruption to essential services from a pandemic, HEIW must utilise the following elements of planning.

3.1. Communications and Engagement

The Department of Health in London will lead on health aspects with the Cabinet Office coordinating across Government and Welsh Government is part of this process.

The Chief Executive, or Deputy Chief Executive will participate in the CEO teleconferences with Welsh Government emergency planning and response group three times a week and will also engage with Health and Social Services Group for COVID-19 planning and response group. HEIW will also contribute via Joint leadership of the Workforce Deployment and Wellbeing Planning and Response Group (Workforce Cell) as part of the national arrangements. This cell will lead two working groups: A workforce capacity planning group led by our Deputy Chief Executive and a wellbeing group. In addition, HEIW will contribute to the Field Hospital sub-group of the Acute Care Cell, which should provide valuable insight and information to inform workforce planning and modelling as well as opportunities to offer education and training support.

Other senior members of the group will participate in meetings with Health Boards and Trusts, e.g. Medical Directors, Directors of Nursing and Directors of Workforce and OD and Health Education Institutions.

The Executive Team and the SLT will maintain contact with senior officials in their respective areas in Welsh Government, the Regulatory bodies, Health Boards and NHS Trusts, Royal Colleges and Trade Unions.

HEIW will establish regular CMT meetings to share and consider the wide range of information being provided, discuss current updates and take appropriate and timely action and issue more detailed communication after weekly meetings to staff and stakeholders (e.g. trainees, trainers, health professional students and the wider workforce) even if there is no 'new' news. Members of the team will use all existing meetings to update HEIW staff face to face concerning the latest position. It is critical that all communications are directed through the HEIW communications team to ensure that only official information published by Public Health Wales is used.

Messages will be reinforced by the CEO and Executive Team at staff forums and in staff and stakeholder briefings to drive increased knowledge, confidence and compliance locally.

Each CMT meeting will review the minutes of the prior meeting and review the Action and Risk Logs. A weekly update report will be prepared for the Board.

The Communications Team will develop a clear multi-sectoral communications plan to support the emergency and to be clear about which elements HEIW leads on. They will disseminate easily accessible and timely information to staff about pandemic to HEIW Staff which is appropriate to the stage of the alert (e.g. signs and symptoms of the illness, modes of transmission when this information is available), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans). This should be the same information already available on the Public Health Website. They will also circulate a series of FAQs for NHS Managers and Staff outlining detailed responses to staff queries and any other subsequent updates.

The Communications Team will arrange for internal/external communications to be appropriately cascaded, determining the frequency of delivery and utilisation of the most appropriate form of media (e.g. staff intranet and/or email or HEIW website or social media). This will be done in conjunction with local, regional and national stakeholders, including Welsh Government, Public Health Wales, the emergency services and local authorities.

The Communications Team will use a dedicated COVID-19 page on the external website to provide guidance issued to and associated with:

- Medical, Dental and Pharmacy trainees and students
- Nursing, midwifery and Allied Health Professional students
- Medical, Dental and Pharmacy trainers, educators and employers
- Nursing, midwifery and Allied Health Professional trainers, educators and employers

The IT Manager will provide enhanced communications and technology infrastructures where needed to support employees from working from home, video conferencing instead of face to face meetings and remote customer access. He/she will also ensure that staff who need to use a particular NHS business system remotely (e.g. Oriel) can do so from home via use of additional VPNs or other systems.

4. HEIW STAFF

A pandemic will compromise the ability of HEIW to continue to provide normal services. As the threat of a pandemic escalates, it will be necessary for HEIW to divert resources to respond effectively to the emergency and it will put in place the necessary measures to maintain core business activities for several weeks by facilitating home working.

4.1 Mapping directly employed staff groups

It is important that HEIW holds a database mapping out the strengths of the workforce in order to help map where staff could be redeployed during a pandemic and ensure they are mobilised to where there are best needed. It will also be useful to map the usual modes of transport to work of these staff and whether they can walk or cycle if transport links are disrupted. As part of this mapping work HEIW will audit the usual locations of staff to help in any redeployment required during a pandemic.

4.2 Mapping agency/contracted staff

Many pandemic plans have included the use of agency staff. A clear understanding of the availability and skill sets of this group will be necessary in order to supplement the employed workforce.

There may be external contractors working directly for HEIW or supplying services to it. Understanding the impact of any disruption to the services provided by these contractors is important. Where the service supplied by the external contractor is deemed important or critical to HEIW's continuing functioning, it should seek assurances that the external contractor has developed its own business continuity plan to cover the impact of a pandemic on its staff.

4.3 Normal/minimum acceptable staffing levels

The normal and minimum staffing levels required in HEIW should be mapped allowing decisions to be made about redeployment.

4.4 Skills audit

Understanding what skills staff have over and above their usual functions will help in the redeployment of HEIW staff during a pandemic.

4.5 Roles during a pandemic/redeployment including sharing of health professionals between organisations

The People Team will identify a list of HEIW staff who are also jointly health professionals who may need to be fully redeployed into the NHS should a pandemic occur and take the necessary steps to meet any of their training needs. It will be necessary therefore to map what roles these staff will need to undertake, according to the stage of the emergency and the epidemiology of the emergent pandemic virus. These plans will need to be flexible to take account of changing circumstances.

4.6 Staff absence from work

As the impact of the pandemic becomes more intense there will be an expectation that staff are encouraged to work more flexibility and in particular will have to change their fixed commitments such as study leave. Indeed, HEIW will make arrangements to continue teaching where possible, but in the event of a full lockdown, it is likely that some programmes will be delivered online or paused altogether.

Staff are not expected to postpone or cancel approved annual leave, however, if they have annual leave scheduled but are willing to postpone to help support the response, 5 days annual leave can be carried forward into the next leave year (this will be the same for staff who were TUPE transferred from Cardiff University and NHS staff).

4.7 Ethical and professional obligations of staff

A pandemic will put all NHS staff under considerable pressure. There are likely to be conflicts between staff's professional or contractual obligations, their own personal or family responsibilities and concerns about the risks they are exposed to by caring for patients.

Welsh Government, in conjunction with the Department of Health and NHS Employers, have developed guidance on human resource issues that will have relevance to the ethical and professional obligations of staff during a pandemic.

It is acknowledged that at the height of a pandemic the ability to provide care to usual standards will be affected. Welsh Government guidance on the prioritisation of care will help staff meet their ethical and professional obligations during a pandemic.

4.8 Staff discipline including the handling of suspended staff

There may be instances during a pandemic where the conduct of some staff might warrant a disciplinary intervention. The usual staff disciplinary procedures will apply.

4.9 Supporting staff and provision of support to relatives and dependents

HEIW will make services available that can enable staff to work effectively, by providing support for them and their families or dependants. Services that might be needed include:

- transport arrangements for children of staff
- communication facilities between staff and their children/families
- support for bereaved staff.

4.10 Payment of agency staff

HEIW will ensure that systems are in place for payment of agency staff and agreed the criteria for and scale of payment that will be made.

4.11 Contracted hours

It is possible that due to low staffing levels created by absence from work during a pandemic, there will be a need to increase the hours worked by those staff still able to work.

4.12 Training

In preparing for a pandemic HEIW will check that sufficient resources are committed to enable adequate training for staff to ensure a sustainable response. All training needs should be tailored to HEIW's specific requirements. For pandemic there are a number of key elements of training that need to be covered (depending on which staff group the education is being delivered to), in particular:

- general awareness of the implications of pandemic for staff
- duties of staff during a pandemic
- training specific to roles when redeployed
- occupational health of staff during a pandemic and containment of possible cases
- vaccination and psychological support for staff
- case reporting (for pandemic surveillance and response purposes)
- prevention and control, including infection control/awareness of how to reduce risks of transmission to self/other staff, visitors and non work personal contacts including family
- staff annual vaccine benefits.

Where possible, HEIW will use published national training sources, adapted where necessary to suit staff group needs and contexts. Staff will be advised on how to avoid catching the infection and the action they should take if they develop an illness. Staff may themselves become ill during the course of a pandemic. HEIW will develop systems for enabling these staff to obtain medical care and should ensure staff are educated as to how to access care if they become ill, either during or out of work hours. HEIW will emphasise to staff the importance of registering with a general practitioner, as primary care will be the main route for staff to obtain assessment and treatment. HEIW will develop a series of FAQs and guidelines that are fit for purpose and these will be regularly updated to keep abreast of new developments.

Service expansion in areas required to respond to a pandemic, will be dependent upon redeploying staff from other areas and these staff will require specific training. This may require resource allocation and backfill of the posts during training sessions and will need to be agreed and planned in advance and regularly updated to ensure that reserve staff retain the core competencies required to support their new roles. Agency staff will also be included in such training activities.

During periods of homeworking, staff are encouraged to undertake their mandatory ESR training and welsh language training from home.

4.13 Occupational Health

HEIW has devised a system for handling staff that become ill with possible pandemic whilst at work and before they arrive at work. As an employer, we will:

- ensure that adequate hygiene (e.g. hand washing) facilities are routinely available to all business areas

- ensure that health and safety responsibilities to employees continue to be fully discharged in order to protect staff, reduce the risks they face and avoid unnecessary staff exposure to risk from infection.
- monitor and optimise the uptake of seasonal vaccine by staff.

4.14 Restriction of deployment of potentially infected staff

Potentially infected staff will need to have their deployment restricted, either because of personal risks from contracting an infection, risks to family members particularly vulnerable to infection or risks to vulnerable people.

4.15 Criminal Records Bureau assessment of staff and agency staff

Under normal circumstances, staff are subject to Criminal Records Bureau checks prior to commencing employment. During a pandemic, the timely recruitment of staff will be constrained by the need to check previous criminal history.

5. HEIW WORKING ENVIRONMENT AND HEALTH AND SAFETY/RISK MITIGATION

HEIW will consider and mitigate health and safety risks wherever possible for staff based at Ty Dysgu, those working out of the Optics Centre in North Wales and those working from home. For example:

- Staff at high personal risk of complications (e.g. those who have pre-existing respiratory disease or other chronic disease likely to be exacerbated by the infection). Consideration should be given to reallocating such staff to work where they are less likely to be exposed or to work from home.
- Staff at risk of infection will be given appropriate training on infection control and the handling of potentially infected staff.
- Staff will be requested to work from home in the event of a national lockdown scenario.
- Staff will be given limited access to Ty Dysgu to collect additional items of IT equipment and chairs for homeworking.
- Arrangements will be made to make Ty Dysgu safe for staff to return to work once lockdown arrangements are lifted.

6. NHS WORKFORCE TRAINING AND EDUCATION

6.1 Junior Doctors and Dentists and Pharmacists in Training

The Education and Training cell will undertake the following:

- Issue an initial response for Junior Doctors in Training on guidance from HEIW and largely follow similar advice as previously issued regarding winter guidance for foundation trainees.
- Give approval and advice with regard to the redeployment of junior doctors and dentists in training in the event of a major incident where additional critical input is needed. HEIW will advise and monitor the timeframe to ensure that this does not adversely affect trainees progress that may lead to extensions to training impact on training and consider supervision, competency, fulfilment of the curriculum and indemnity issues. Release guidance on facilitating the return of trainees on flexible training pathways (out of programme, working less than full time, taking parental leave).

- Issue a suite of Frequently Asked Questions including Trainee use of Annual Leave and Study Leave.
- Act on the advice of the relevant regulator in considering and agreeing the management of medical trainee rotations and foundation doctor rotations, Recruitment and ARCP/Interim Review and Revalidation processes.
- Consider the suspension of routine functions and undertake frequent communication with stakeholders. This will include the running of local and regional educational meetings, conferences and regional training days and teaching events on an individual basis.

6.2 Educational Supervisors/Trainers

- Provide specific guidance to Education Supervisors/Trainers at risk of working in a different environment, or a different role from usual, with details of appropriate training for working in different settings or roles from usual.

6.3 Health Professional Students

- Consider the viability of all clinical placements and consider the impact on students in the event of HEI closures

6.4 Wider NHS Workforce

- Arrangements will need to be made to ensure that other potential staff identified (such as those recently retired or health professional students near their point of registration) can be provided with appropriate training for example return to practice for Nurses and AHPs. HEIW will provide specific guidance on this.

6.5 Indemnity and Certification

- Ensure that reallocated staff are not working beyond their competence limits, that their professional registration (where relevant) allows them to do so and that insurance arrangements cover their work. Arrangements will need to be made to ensure that other potential staff identified (such as those recently retired) can be provided with certification to work in an emergency.
- NHS staff who are redeployed into the NHS must ensure that they have appropriate indemnity. Responsibility for this lies with the Welsh Risk Pool and this will not change should payment be required as a result of a pandemic outbreak.
- NHS staff who are redeployed into the NHS will require rapid recertification with their professional body. Health Boards and Trusts should identify who will need this urgently and should have systems in place to provide it. Further guidance on human resource issues, including those of certification, will be issued by the Welsh Assembly Government, in conjunction with the Department of Health and NHS Employers.

7. LEGAL ISSUES AND GOVERNANCE

- 7.1 There are potential legal issues that may impinge on HEIW's pandemic plans. These range from regulatory matters through to concerns about staff undertaking different roles from usual to the level of treatment that it may be possible to sustain. HEIW will therefore be in frequent communication with our regulators, including:

General Dental Council
 General Medical Council
 General Optical Council

General Pharmaceutical Council
Health and Care Professions Council
Nursing and Midwifery Council
Social Care Wales

- 7.2 Prior to a pandemic occurring, the Deputy Director of Training, Commissioning and Contracting and the Board Secretary should consider which contracts will need to be suspended or renegotiated. HEIW should not however destabilise other organisations they have contracts with. It would also be prudent to build into any new contract/service level negotiations contingencies for emergencies in general and pandemic in particular. In addition, there may be new contracts/service level agreements that will be necessary in a pandemic and, therefore, where possible or relevant, these should be negotiated in advance.
- 7.3 Welsh Government will confirm the necessary governance arrangements for NHS Wales whilst responding to a pandemic. HEIW will need to ensure that its legal responsibilities are discharged especially where they are designed to protect the health, safety and welfare of staff, patients and service users. This will require good risk management based on effective and dynamic risk assessment. It is widely acknowledged that there will be a continued focus for HEIW's governance responsibilities to the public and partners in relation to openness, transparency and accountability but it is accepted the ways these have traditionally been discharged will need to change whilst responding to this pandemic. As such requests to the amendment of the Model Standing Orders can be made subject to the agreement of the Minister for Health and Social Services.

Welsh Government will provide clear guidance on the minimal expectations about what is or is not maintained with regard to financial management and end of year reporting requirements and a detailed schedule will be issued to Directors of Finance. There needs to be a continued focus on good financial governance and increased vigilance of the risk of fraud and as such, guidance on maintaining effective fraud control will be made available.

It will be for the Auditor General for Wales to determine the requirements placed upon NHS organisations in Wales and the subsequent audit programme while the Head of Internal Audit will determine the requirements for Internal Audit programmes.

Guidance will be provided on whether Consultations will still need to take place in partnership with the Community Health Councils on the changes being made in response to the pandemic but if not, constructive engagement with the CHCs must still be maintained.

The Public Appointments Unit will provide advice with regard to the appointment and tenure of Board Members. It is vital during a pandemic that individual and collective decision-making is effective and stands the test of scrutiny when services and systems return to normal.

- 7.4 HEIW Board meetings will continue to be managed by using video conferencing systems such as *Skype* and *Microsoft Teams* and papers will continue to be circulated on *iBabs* until they are safe to resume to face to face meetings.
- 7.5 A pandemic is considered as an incident so this can be reported on Datix. The action taken in response to the crisis will be reported on the system as 'The closure of Ty Dysgu on [the first date] in order to protect the safety of the staff'. The system will generate a response request which will need to be completed within 30 days. This will be reported on the system as 'As a result of the need to protect our staff during the pandemic, the HEIW building at Ty Dysgu has been closed from [the first date] until further notice. During this period all staff will be working from home'.

8. PERFORMANCE

8.1 Benchmarking, evaluation and quality assurance

HEIW has benchmarked the preparedness of its plans against those of similar NHS Organisations to allow examples of good practice to be disseminated and incorporated where appropriate.

8.2 Audit and evaluation of exercises and training

It is vital that the learning points from any exercises and training are evaluated and plans modified accordingly. HEIW will seek evidence of the quality of education imparted to staff, their acquired knowledge and how that understanding is being applied. Similarly, learning points from handling an actual pandemic emergency has been considered when developing plans. The Planning Team will be clear about what they will assess prior to any exercises, including measures and performance targets.

8.3 End of the first wave: preparing for subsequent waves

The first priority at the end of the first wave will be to develop recovery plans to restore services and activities depleted or curtailed during the pandemic.

The plan must assume that some regrouping may be necessary in anticipation of a future wave. HEIW will assume that heightened monitoring and surveillance will be required for some time beyond the first wave and plans will require review and revision in the light of any lessons learnt. In particular, the likelihood of ongoing constraints on supplies and services and continuing pressures on health and social services will be considered. Updated information on the epidemiology of the virus, effectiveness of treatment, availability of countermeasures and lessons learnt from the first wave will help inform and shape the response measures that HEIW will need to undertake to respond to second or subsequent waves.

8.4 Second or subsequent waves

Second or subsequent waves may be more or less severe than the first: UK alert levels 1–4 will come into play again, informed by epidemiological and mathematical modelling following the first wave.

8.5 Recovery phase – returning to normality

As the impact of the pandemic subsides and it is considered that there is no threat of further waves occurring, Wales will move into the recovery phase. Although the objective is to return to pre-pandemic levels of functioning as soon as possible, the pace of recovery will depend on the residual impact of the pandemic, ongoing demands, backlogs, staff and organisational fatigue and continuing supply difficulties. Therefore, a gradual return to normality should be anticipated and expectations shaped accordingly. HEIW recognises the potential need to prioritise the restoration of services and to phase the return to normal in a managed and sustainable way.

Health Boards and Trusts are likely to experience persistent secondary effects for some time, with increased demand for continuing care from:

- patients whose existing illnesses have been exacerbated by the infection
- those who may continue to suffer potential medium or long-term health complications (such as encephalitis lethargica)
- a backlog of work resulting from the postponement of treatment for less urgent conditions.

The reintroduction of normal working in the wider NHS system will need to potentially recognise loss of staff and their experience and that most staff will have been working under acute pressure for prolonged periods and are likely to require rest and continuing support. Essential supplies may also be depleted, or resupply difficulties might still persist, and some physical assets are likely to need backlog maintenance, refurbishment or replacement. Impact assessments may therefore be required. Other sectors and services are likely to face similar problems and may also experience difficulties associated with income loss, changes in competitive position, loss of customer base, etc.

The reintroduction of normal working at HEIW may also need to recognise loss of staff and their experience, and a backlog of work resulting from the postponement of education and training events.

Appendix 4

Pandemic Plan Checklist

HEIW's response a pandemic situation should remain concentrated on the following areas:

1. Business continuity for the organisation
2. Contingency plans for critical functions including education, training and recruitment
3. Support for the wider system response to the pandemic response
4. Postponement and pause of non-critical work programmes

The step-by-step approach does not imply that each action must follow the one preceding it. In practice, some steps must be carried out simultaneously and not all steps will be required on every occasion.

Business Continuity for the Organisation

The CMT will initially meet twice weekly on Mondays and Thursdays to ensure appropriate communications, dialogue and to maintain appropriate scrutiny and management of risks and actions. The frequency of meetings will be reduced in accordance with the reduction in the severity of the situation.	<input type="checkbox"/>
The Facilities and Compliance Manager will provide sufficient and accessible means for reducing spread of infection (e.g. provision of hand washing facilities or hand-hygiene products) and consider additional measures to reduce the risk of infection i.e. more frequent office cleaning arrangements to support the working environment).	<input type="checkbox"/>
The IT Manager will consider enhanced communications and technology infrastructures to support employees from working from home (e.g. Oriel and Oracle) and make arrangements for remote customer access. This will require the purchase of additional VPNs or other systems.	<input type="checkbox"/>
The CMT will consider suitable arrangements for staff to collect papers and equipment and the closure of the building. It will subsequently consider and agree the re-opening the building to facilitate skeleton working, and/or arrangements to allow staff to pick up equipment (in time limited appointment slots) to enable business activities to function as effectively as possible.	<input type="checkbox"/>
The People Team will develop FAQs to address special measures for staff with underlying health conditions and for sick-leave absences suspected to be ill or become ill at their place of work (e.g. infection control response). This will also cover staff who have recovered and are able to return to work after illness. The FAQs will also include arrangements relating to study leave and annual leave and arrangements for flexible working and flexible working hours whilst home working. They will also establish mechanisms to ensure that this is applied consistently by all line managers across the organisation.	<input type="checkbox"/>
The SLT will monitor the staff and check how well their staff are adjusting to home working arrangements and pick up any issues and report them to the CMT.	<input type="checkbox"/>
The Executive Team will review the IMTP and clarify all non-essential work programmes that can be paused, which essential programmes must continue or refocus appropriate work programmes to support the pandemic response. The SLT will be consulted on this list and arrangements will be confirmed with the wider staff group.	<input type="checkbox"/>
The SLT will review and consider business needs and whether to review the business model and arrangements to continue to meet those needs. The reduction in a number of core functions will enable HEIW to redirect resources and capacity both internally and externally.	<input type="checkbox"/>
The Finance team will review the impact of agreed reductions and activities on financial plans for the year.	<input type="checkbox"/>
The People Team will devise a plan for the increase in demand for employer's welfare services.	<input type="checkbox"/>
The People team will determine the potential impact on business related travel both domestic and overseas and establish a policy that includes arrangements on managing employees working in or near an affected area (i.e. access to medical treatment and whether any specific arrangements need to be put in place, based on duty of care, on managing staff working overseas taking into account reduced access to consular services). Should staff be working overseas when international travel is curtailed in a country due to quarantines and/or border closures staff are advised to follow Foreign and Commonwealth Office advice.	<input type="checkbox"/>
The People Team will manage sickness absence reporting on a daily basis.	<input type="checkbox"/>

Contingency plans for critical functions including education, training and recruitment, Trainees (Medical, GP, Dental and Pharmacy)

Members of the Education and Training cell will be responsible for providing advice and support for trainees on the following: <ul style="list-style-type: none"> Government guidelines about social distancing (e.g. where both parents work in general practice and especially for trainees who are single parents). Operational guidance on discontinuation/continuation of recruitment processes. Operational guidance on the arrangements for the redeployment of current Trainees to front line services. Operational guidance on facilitating the return of trainees on flexible training pathways. Operational guidance on the management of Medical Trainee Rotations. Discontinuation/continuation and operational guidance on the Annual Review of Competency Progression (ARCP). Arrangement for new, current and newly qualified Foundation Doctors and Dentists. Operational guidance on Trainee use of Annual Leave and Study Leave. Confirmation of Single Lead Employer Arrangements. Operational guidance on the redeployment of HEIW staff into front line services. Identify business needs for recruitment including guidance for candidates, panellists and recruiters and ARCPs. 	<input type="checkbox"/>
They will also be responsible for addressing training requirements (e.g. return to practice) for trainers who may be redeployed into critical care services or primary care services and scope out potential mechanisms for delivery.	<input type="checkbox"/>
They will consider the impact on students who may not be able to sit their A Levels during this period.	<input type="checkbox"/>
They will provide guidance for the recruitment of prospective students to programmes, the ongoing training provision for new and current students and the graduation of students and their registration to the relevant professional register.	<input type="checkbox"/>
They will make arrangements to deploy newly qualified students to roles to support the NHS workforce.	<input type="checkbox"/>
They will assess the impact on health professional programmes given that a number of the teaching staff will also be health professionals and may be redeployed to other front-line NHS services.	<input type="checkbox"/>
They will confirm the educational approach to be taken should any university buildings be required to close.	<input type="checkbox"/>
They will confirm arrangements should mentors or educational supervisors be too busy or unwell to sign off a student's competencies.	<input type="checkbox"/>

Support for NHS Wales Workforce

Members of the Education and Training cell will work in partnership with universities and specialist NHS staff to examine the training requirements for staff who may be redeployed into critical care services or primary care services.	<input type="checkbox"/>
They will also coordinate training programmes for non-critical care staff working in Critical Care and Acute Care and courses for those working outside Critical Care supporting patients with a coronavirus.	<input type="checkbox"/>
They will coordinate arrangements to run Respiratory Skills for Physiotherapy Staff courses in North and South Wales.	<input type="checkbox"/>
In conjunction with NWSS, they will provide e-resources to support critical care skills. This is aimed at supporting staff who are redeployed to acute service clinical roles from non-clinical roles such as education or outpatient settings and staff who are returning to practice and require their skills updating to deliver a safe service during a pandemic.	<input type="checkbox"/>
They will work with NHS colleagues and HEIs to run clinical skills and refresher courses for professional staff wishing to return to practice.	<input type="checkbox"/>
Working with NWSSP, they will contribute to the national redeployment of staff on to the front line (development of an online Coronavirus Hub) and establish a joint team to undertake employment and recruitment checks for the additional staff that will be required by the NHS.	<input type="checkbox"/>
Follow processes to enable new Field Hospitals to be approved as approved training sites by the Regulator (e.g. GMC) across Wales.	<input type="checkbox"/>
They will circulate refreshed Delegation guidance to Health Boards and Trusts.	<input type="checkbox"/>

They will circulate the NHS Wales Staff Wellbeing resource developed in partnership with health and wellbeing leads across NHS Wales and Trade Union partners on behalf of the Workforce and OD Directors of NHS Wales.	<input type="checkbox"/>
They will identify solutions to provide additional capacity and or new roles e.g. Patient Care Assistant, to support clinical teams with a range of basic care tasks and make arrangements to facilitate rapid recruitment, induction and training of these emerging groups of NHS Staff.	<input type="checkbox"/>
They will coordinate the analysis and consideration of the development of workforce models and plans and to match the various streams of workforce supply against the plans and identify if the system needs/additional actions/interventions to be put in place.	<input type="checkbox"/>

Postponement and pause of non-critical work programmes

The CMT will consider the general approach to reducing the spread of the coronavirus and assess the business needs for face to face contact with customers/suppliers.	<input type="checkbox"/>
The CMT consider a consistent approach to the management of events being run for staff and between staff and customers. This is particularly important in those circumstances where a high number of healthcare staff are invited to attend, or there is a high degree of non-attendance and the event is no longer viable and a decision is required about whether to postpone or cancel.	<input type="checkbox"/>
The CMT will make use of full video-conferencing via <i>Skype</i> and <i>Microsoft Teams</i> and Training opportunities utilising <i>Y Ty Dysgu</i> during the closure of the main headquarters.	<input type="checkbox"/>

Communications and Engagement

The CMT will ensure that all staff ensure that their photographs are loaded into <i>Skype</i> so that all staff can be recognised (particularly for new staff joining the organisation).	<input type="checkbox"/>
The Head of Communications and Engagement will agree with the CEO all communications to be issued to staff and key stakeholders.	<input type="checkbox"/>
The Communications Team will issue appropriate guidance and support to ensure staff can work from home prior to closure and following closure to ensure staff maintain their wellbeing and remain vigilant to the increased risks associated with cybercrime and fraudulent attacks	<input type="checkbox"/>
The Communications Team will issue communications to staff notifying them of updates and useful advice and information: Threats/intimidation to NHS staff wearing ID badges and not to wear badges unless on an NHS site. Message on NHS Wales advice and guidance on homeworking. Message on How to manage your wellbeing Message on different opening arrangements for the Optics centre. Message on IT equipment for homeworking. Message on driving licence and MOT renewals. Message on stopping the spread of false information online. Message on claiming mileage/expenses due to the pandemic. Staff survey on how staff are finding homeworking. The staff community homepage CEO/Deputy CEO staff weekly update FAQs for NHS Staff and Managers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The IT Manager will ensure that staff can make full use of <i>Microsoft Teams</i> to enhance HEIWs ability to collaborate and remain in contact through enhanced usage of <i>Microsoft Office 365</i> .	<input type="checkbox"/>
The Communications Team will hold the ring on all communications (e.g. guidance issued to ensure students can make the maximum contribution to service, whilst maintaining clarity about roles, status etc for each professional group).	<input type="checkbox"/>
The Director of Planning, Performance and Corporate Services will oversee the publication of the minutes of the CMT meetings, response Action Log, Risk Log, Infographic and the weekly update report for the HEIW Board.	<input type="checkbox"/>

Ty Dysgu Closing Arrangements

The Facilities and Compliance Manager will telephone all suppliers and follow this up with an email to confirm requirements.	<input type="checkbox"/>
The Facilities and Compliance Manager Arrange for security to lock the building, set alarms and to continue to do a drive by and undertake internal daily checks of the building.	<input type="checkbox"/>
The Receptionist will close reception, lock cupboards and put a notice on the front door to show building closure and for how long.	<input type="checkbox"/>

Staff will empty fridges and remove any waste into bins outside. Arrange for final collection of waste from site with Veolia and further collections put on hold until further notice.	<input type="checkbox"/>
The Facilities and Compliance Manager will notify Datashred that requirement for removal of confidential waste is not required due to office closure and that this temporary suspension of services will be required until further notice.	<input type="checkbox"/>
The Facilities and Compliance Manager will notify Rentokil pest control of the temporary suspension of services due to office closure until further notice.	<input type="checkbox"/>
The Facilities and Compliance Manager will notify J Manny, who service the automated reception door system, of the temporary suspension of services due to office closure until further notice.	<input type="checkbox"/>
The Facilities and Compliance Manager will notify Chubb Alarms of the temporary suspension of services due to office closure until further notice.	<input type="checkbox"/>
The Facilities and Compliance Manager will notify Solo (Cleaners) of office closure and suspension of services until further notice.	<input type="checkbox"/>
The Facilities and Compliance Manager will notify Cool Solutions (Building Management System) that the building has been closed and seek advice as to the management of the heating system and the HVAC system. Once confirmed, request that the heating remains on (no changes) and for them to remotely monitor the HVAC system and to report any issues asap.	<input type="checkbox"/>
The Facilities and Compliance Manager will notify all cleaning consumable deliveries of office closure and rearrange delivery arrangements once the office is reopened.	<input type="checkbox"/>
The Facilities and Compliance Manager will notify Zip Water UK of office closure and suspension of services until further notice.	<input type="checkbox"/>
The Facilities and Compliance Manager will arrange for the post to be rediverted to Llanishen PO for a period of time and review the situation after 3 weeks. The receptionist will then collect and disseminate the post accordingly.	<input type="checkbox"/>
The Facilities and Compliance Manager will oversee the maintenance of a list of staff who have taken chairs and IT equipment.	<input type="checkbox"/>
The CMT will arrange opportunities for staff to collect screens and chairs during an office closure.	<input type="checkbox"/>
The Facilities and Compliance Manager will close all blinds and switch off all meeting room screens, monitors and photocopiers.	<input type="checkbox"/>
Staff will cancel all other deliveries and cancel milk.	<input type="checkbox"/>
The Communications Team will advise staff to cancel meeting room bookings and associated catering. Where face to face meetings have been diarised to amend these to <i>Skype/Microsoft Teams</i> meetings.	<input type="checkbox"/>
The IT Manager will advise all staff to put a call forward on their telephones before the office is closed.	<input type="checkbox"/>

Ty Dysgu Return to work

Before staff officially return to the building, the Facilities Manager will undertake a health and safety risk assessment and identify all actions that need to be put in place to mitigate any risks and arrange for this to be communicated to the staff.	<input type="checkbox"/>
The Facilities Manager and IT Manager will make all of the necessary preparations to reopen Ty Dysgu (e.g. power up IT equipment and screens, office cleaning, social distancing measures). This will normally require a minimum of 72 hours notice.	<input type="checkbox"/>
The Assistant Director of Planning will check on access to the Optics Centre in North Wales and communicate the arrangements for the safety of staff via the Communications Team.	<input type="checkbox"/>
For a full reopening of the building, staff will be requested to arrange the return of all items of borrowed equipment including screens and chairs.	<input type="checkbox"/>
The People Team will be required to consider the longer-term emotional support for the staff e.g. debrief and time off in lieu for exceptional hours overtime worked.	<input type="checkbox"/>
The Finance Team will assess the impact of the incident in the longer term, i.e. in terms of costs (telephone calls, cancellation of catering, meeting venues) and delays in meeting targets.	<input type="checkbox"/>
The Facilities team will work with the Communications Team to communicate the initial phased return of staff to Ty Dysgu, followed by return to business as normal as appropriate to all staff and key stakeholders.	<input type="checkbox"/>
Staff will use the NHS Workforce Risk Assessment Tool to undertake a risk assessment prior to determine whether they are able to return to work in Ty Dysgu.	<input type="checkbox"/>
The Director of Planning will undertake an incident debrief with the CMT and review the Crisis and Business Continuity Plan and build lessons learned into future plans. This will include the identification of areas where deviation from specified procedures took place and to log these for	<input type="checkbox"/>

amending the procedures for future use and the identify any contractors/providers who did not have robust and tested business continuity plans.	
The CEO will thank colleagues in HEIW, the NHS, Welsh Government for their contribution in dealing with the pandemic.	<input type="checkbox"/>
The Facilities team will ensure sufficient supplies of consumables and other services required to maintain the reopening of Ty Dysgu are in place.	<input type="checkbox"/>
The CMT will anticipate actions in the event of a further closure given the possibility of a second wave of the pandemic or any local outbreaks and responses need to cover any actions the organisation needs to take with regards to students and trainees in particular areas rather than a national, all Wales approach.	<input type="checkbox"/>

Appendix 5

Pandemic Action Log Template

	For consideration	Actions agreed	Responsible
COMMUNICATIONS & ENGAGEMENT	Communication and information sharing		
HEIW STAFF	Working environment and general wellbeing		
	Staff who fit case definition		
	Mobile working policy		
	Review of HEIW staff with current professional registrations		
	Health and Safety		
MEDICAL AND DENTAL TRAINEES	Changes/disruption to placements/training to focus on priority areas		
	Consider digital options for formal contacts/reviews from trainees		
	Out of programme trainees who may need to return to practice		
PHARMACY TRAINEES	Changes/disruption to placements/training		
TRAINERS etc	Releasing time for clinical duties – how/when etc		
HEALTH PROFESSIONAL STUDENTS	Viability of clinical placements		
	Potential to be utilised in wider workforce – potential for changes to point of registration		
	Impact on next year's intake if school closures impact on exams		
RECRUITMENT	Candidates, panellists and recruiters		
WIDER WORKFORCE	Return to practice – intensive training requirements, what can we do to support.		
TRAINING AND DEVELOPMENT EVENTS	What kind of events do we have scheduled over next 6 months – need to be able to cancel effectively if we get to that point		
ENGAGEMENT WITH WG PLANNING MECHANISMS	CEO calls three times a week from 9 March		
	Engagement with Health and Social Services Group COVID-19 Planning and Response Group		

HEIW PLANNING AND COORDINATION MECHANISMS	Weekly meeting of Emergency Planning Team – Wednesdays at 11.30 am		
REVIEW OF BUSINESS CONTINUITY PLAN	Does it fully account of situations where we have to support the wider system – as opposed to a crisis for us		
	Have we got a clear comms plan to support it?		
OTHER	At what point do we need to stop what we are doing as business as usual and concentrate on the above?? What can we deprioritise/postpone?		

Appendix 6

Activities to be continued/paused Template

The following template will help CMT identify the critical activities that need to be continued, including other inputs that support those activities and those activities that can be paused.

Area	Critical Activities to be continued	Activities to be paused
Dental		
GP Training		
New Initiatives		
Pharmacy		
Postgraduate Medical Dean's Office		
Postgraduate Secondary Care Training		
Professional Support Unit		
Quality and Postgraduate Education Support		
Quality Improvement Skills Training		
Revalidation Support Unit		
Staff and Associate Specialist Doctors		
Trainee Progression Governance		
Workforce Modernisation		
Nursing Directorate		
Careers		
Communications and Engagement		
People		
Workforce Analytics		
Digital		
Finance		
Planning, Performance & Corporate Services		
Executive Team		

Discuss with suppliers/sub-contractors whether they have robust continuity plans in place.

	Critical Activities that need to be undertaken	Activities to put on hold
Suppliers		
Sub-Contractor services/products		
Security		

Appendix 7

Flu Information

1. How Flu can spread between people

Flu is thought to be primarily spread through large droplets (droplet transmission) that directly contact the nose, mouth or eyes. These droplets are produced when infected people cough, sneeze or talk, sending the relatively large infectious droplets and very small sprays (aerosols) into the nearby air and into contact with other people. Large droplets can only travel a limited range; therefore, people should limit close contact (within 6 feet) with others when possible. To a lesser degree, human flu is spread by touching objects contaminated with flu viruses and then transferring the infected material from the hands to the nose, mouth or eyes. Flu may also be spread by very small infectious particles (aerosols) traveling in the air. The contribution of each route of exposure to flu transmission is uncertain at this time and may vary based upon the characteristics of the flu strain.

2. Novel Coronavirus

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020. The incubation period of Novel Coronavirus (COVID-19) is between 2 and 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not been infected. It can cause flu-like symptoms, including fever, cough and difficulty breathing. The infection is not serious for most people, including children. Currently there is no vaccine but most people get better with enough rest, water to drink and medicine for pain.

3. Symptoms

Novel Coronavirus (COVID-19) causes symptoms similar to other respiratory viruses such as the flu. These may include:

- Cough
- Shortness of breath
- Fever

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease. There is no evidence that children are more affected than other age groups – very few cases have been reported in children.

Like the common cold, the Novel Coronavirus (COVID-19) infection usually occurs through close contact with a person who has the infection. Close contact means being less than 2 metres away from a person with the virus for more than 15 minutes. A person can also be infected by touching contaminated surfaces if they do not wash their hands.

At the time of publishing, the risk to the general public is low, unless you have recently returned from a country or region listed on the Public Health Wales website, or have been in close contact with an individual with confirmed Novel Coronavirus (COVID-19). For the latest information on Novel Coronavirus (COVID-19) please visit: phw.nhs.wales/coronavirus

4. Prevention

There is currently no vaccine to prevent Novel Coronavirus (COVID-19). The best way to prevent infection is to avoid being exposed to the virus through good hygiene. There are general principles you can follow to help prevent the spread of respiratory viruses such as Novel Coronavirus (COVID-19). These include:

- Washing your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitiser that contains at least 60% alcohol if soap and water are not available
- Avoid touching your eyes, nose and mouth with unwashed hands
- Avoid close contact with people who are unwell
- If you feel unwell, stay at home and do not attend work, school or childcare/ educational settings
- Cover your cough or sneeze with a tissue then throw the tissue in the bin, and then wash your hands immediately
- Clean and disinfect frequently touched objects and surfaces in the home and work environment.

Keep away from others or stay at home to stop the infection spreading. Avoid public transport if you think you have symptoms of coronavirus. If you become unwell at a place of education, tell a member of staff and let them know if you have travelled to any other countries in the last 14 days.

If a staff member or parent are worried about their symptoms they should not go directly to their GP or other healthcare environment, they should Call 111 (all Wales coronavirus service) to find out what to do next. Information and advice on coronavirus is also available on the Public Health Wales website. Please check the information on the website before you decide whether you need to dial 111.

Staff, students, pupils and children who have returned from Wuhan and Hubei Province in China should self-isolate, and NOT attend education or childcare settings or work for 14 days. See phw.nhs.wales/coronavirus for further advice.

5. Travel Restrictions

HEIW has considered ways to reduce the amount of travelling staff need to do in a pandemic and minimise the staff movements within Ty Dysgu. HEIW will enable staff where possible to work from home so that exposure to others is minimised. Functions will continue to be provided and sustained without the physical presence of staff on site.

6. Providing treatment and care for those who become ill

If a confirmed case occurs in Ty Dysu, the People Team will provide you with advice. Advice should be given to staff as follows:

- If they become unwell with cough, fever or shortness of breath they will be asked to self-isolate and should seek medical advice from NHS 111.
- If they are unwell at any time within the 14 days of contact and they are tested and are positive for Novel Coronavirus (COVID-19) they will become a confirmed case and will be treated as such.

7. Service image and reputation

The public will expect a coherent, effective response to a flu pandemic across government. However, public perception is likely to be influenced by the response of the health service. The NHS will be the cornerstone of successful management of a flu pandemic, and it will need to ensure public confidence in its operational delivery during the event. It is therefore critical that HEIW plans for a flu pandemic and tests the flu pandemic preparedness plans, so that the response can be as smooth as possible in the actual event. In particular, planning will need to ensure that for example:

- access to care and treatment is uniform according to clinical need and availability and within the constraints that the pandemic imposes
- wherever a patient presents in Wales, as far as possible and according to their clinical need the treatment and management they receive will be same as any other patient, subject to the limitations imposed by a flu pandemic and available resources

- dependent on the exposure risks, healthcare workers are all given the same degree of protection for the tasks they are undertaking.

Healthcare communities and the NHS cannot afford for there to be any variation in provision that would damage the reputation of the service, not least because robust public confidence will help optimise compliance with plans and therefore enhance the response to the emergency.

Appendix 8

Fraud in Emergency Management

In times of emergency it is important that resources and funds get where they are needed as quickly as possible. In response to the pandemic, policies and processes may have been relaxed to get resource to where it is needed. The provision of emergency relief and services has an inherently high risk of fraud, and is a prime target for those seeking to make a gain at the expense of others. It is important that those leading the creation and administration of this support are made aware of the threat posed by fraud and are able to make conscious decisions on which risks are to be tolerated. The International Public Sector Fraud Forum paper entitled Fraud in Emergency Management and Recovery highlights the following control principles:

- Accept that there is an inherently high risk of fraud, and it is very likely to happen.
- Integrate fraud control resources (personnel) into the policy and process design to build awareness of fraud risks.
- The organisation and fraud control should work together to implement low friction counter measures to prevent fraud risk where possible.
- Carry out targeted post-event assurance to look for fraud, ensuring access to fraud investigation resource.
- Be mindful of the shift from emergency payments into longer term services and revisit the control framework – especially where large sums are invested.

COVID-19 Fraud and Security Risks (Cyber - Online Scams)

The rise in online communication can heighten vulnerability to cyber, data security and privacy threats. Cyber criminals will actively look to exploit these threats. The majority of reports are related to online shopping scams where people have ordered protective face masks, hand sanitiser and other products which have never arrived.

NHS Counter Fraud Authority (NHS CFA) Guidance

The NHS CFA recently launched an expanded NHS Fraud Reference Guide. The guide is a simple but essential way in which you can help in knowing how to spot NHS Fraud. It contains information on different types of NHS fraud and preventative advice, case studies and further resources.

Zoom conference calling

Zoom is a video chat platform, which has received quite a lot of adverse publicity because of a number of important security flaws. Criticism included uninvited people joining your conversation to deliver racist messages or pornographic images, to poor encryption methods that mean private conversations are not always private.

Vishing

Vishing is actually a combination of two key terms 'voice' and 'phishing'. Phishing uses deception to get an individual to reveal personal, sensitive, or confidential information, such as bank details or account passwords. Instead of using regular emails, or fake websites like phishers do, vishers use an internet based telephone.

Procurement Fraud

NHS England/Improvement recently issued guidance to health bodies allowing prepayment of goods and services during the pandemic. Prepayment can only be exercised in extremely limited and exceptional circumstances.

See CIPFA Guidance to remind us about the continuing risks to supply chains posed by fraud and corruption, many of which are exacerbated by emergency circumstances and how to protect them.

Password Security

Passwords are used widely and include accessing personal computers and computing devices and services of all kinds. While protecting them from attackers who might read, steal or even destroy

sensitive data. For password tips and system user tips and more detailed guidance on passwords, from the National Cyber Security Centre (NCSC).

Other types of fraud

Online Retailers / Counterfeit goods, e.g. rogue traders trying to sell items such as face masks, sanitisers, thermometers, immunity oils and testing kits. Door to Door Fraud, e.g. rogue traders trying to sell items such as face masks or fake charities knocking on doors and asking residents to donate to coronavirus related causes. Spoof websites / emails e.g. a hoax copy of the NHS website.

Appendix 9

CMT Contact details

Lead	Name(s)	Nominated Deputy	Mobile	Email
Chief Executive	Alex Howells Julie Rogers	Deputy Chief Executive and Director of Workforce and OD	07970 206044 07736 539233	Alex.Howells@wales.nhs.uk Julie.M.Rogers@wales.nhs.uk
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Director of Workforce and OD	Julie Rogers Angie Oliver	Deputy Director of W&OD	07736 539233 07583 097014	Julie.M.Rogers@wales.nhs.uk Angie.Oliver@wales.nhs.uk
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Operating Model, Workforce Wellbeing, Facilities and IT Cell

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Appendix 10

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