



Severe weather contingency plan – snow & ice

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1. Purpose

This plan has been developed to assist managers and staff to deal with a snow and/or ice severe weather event that impacts on the normal operating (business continuity) of the Health Board.

2. Principles

The plan forms part of the Health Board's strategy for minimising the risk to its business and its statutory duty to comply with the requirements of the Civil Contingencies Act 2004. Further details can be found in the overarching Business Continuity Policy.

The development of this plan has been based upon the findings of the risk assessments as set out in the South Wales Local Resilience Forum Community Risk Register as well as a number of 'lessons learned' from past severe weather events.

This plan must be read in conjunction with the Workforce & Organisational Development Unit document 'Adverse Conditions Policy' W&OD (16) which can be found at <http://cthb-intranet/Docs/Human/Human%20Resources%20Policies%20and%20Procedures/Adverse%20Conditions%20Policy.pdf>

3. Aim & objectives

The aim of this plan is to maintain either the normal business of the Health Board or an acceptable level of business wherever reasonably practicable. This will be achieved through meeting the following objectives

- *Maintain effective management arrangements to minimise the risks to patients safety*
- *Maintaining effective management arrangements to minimise the risks to staff health, safety and welfare.*
- *Working with partner agencies to communicate and minimise the risks to the public*

4. Definition

The Health Board covers a wide geographical area within which varying depths of snowfall can differ significantly. In addition relatively small amounts of snowfall frequently result in school closures thus impacting upon staff availability.

For these reasons the Metrological Office (Met. Office) National Severe Weather Warning Service (NSWWS) alerts, that forecast an event in a given area, are taken as the trigger for activating this plan.

These alerts are based on the level of disruption as opposed to the level of risk that snow or icy conditions will occur, these are described as follows;

Yellow alert: minimum amount of disruption/any disruption will be transient

Amber alert: disruption can be expected to last for some time

Red alert: significant disruption can be expected to last for some time. The details of duration and any specific considerations such as loss of infrastructure (e.g. power) will be included in the narrative of the alert.

It is important to read each alert carefully and plan on the basis of the information provided.

5. Hazards

The most common type of event is for a period of snow that falls and results in disruption over a short time i.e. 24/48 hours. This type of event often puts staff at great risk of having road traffic collisions as they try to go home/collect children from schools that close early or when inexperienced drivers attempt to drive to/from work. The risk of patient and staff injury from slips on ice also increases.

Less common in recent years is the risk of a protracted period of snowfall that disrupts the supply chain and utilities infrastructure (e.g. food and electricity)

During these events the mobile telephone networks frequently fail as the numbers of calls exceed the capacity within each cell of the area where the severe weather is occurring.

6. Information/alerts

In recent years the ability to forecast severe weather events has become more accurate. This advance has allowed organisations to plan for these events and ensure that adequate arrangements are in place to minimise the risk to normal business.

The Health Board, as a Category 1 Responder under the Civil Contingencies Act 2004, has an agreement with the Metrological Office (Met. Office) to automatically receive advanced warnings and alerts of

severe weather within its catchment area. This arrangement is called the National Severe Weather Warning Service (NSWWS) alert and consists of a database of Health Board contacts held by the Met. Office.

The database has been arranged to ensure that the correct personnel are informed, via email, of the forecast events e.g. road ice alerts are sent to Facilities staff.

When snowfall is forecast the Met. Office issues an NSWWS as soon as the risk is identified. These warnings are updated on a regular basis to reflect the increased/decreased risk.

Once the alerts are received by personnel within the Health Board it is the responsibility of managers to;

- Cascade the information to staff
- Ensure that suitable arrangements are in place
- Minimise the risk to the business and the health, safety and welfare of both patients and staff

All staff have a responsibility to ensure that they understand this plan and the associated Workforce & Organisational Development Units Policy. Staff are also expected to follow any safety advice issued.

7. Command & control

When a forecast, or unpredicted event is realised, the overall response must be coordinated using the standardised approach of strategic, tactical and operational command arrangements (also commonly known as Gold, Silver and Bronze).

For the purposes of this plan the geographical area of Cwm Taf Health Board has been split into Localities and mirrors the command and control arrangements in response to a major incident.

The following principles will apply when planning for an imminent event and the subsequent response;

- Tactical management will be lead by the Assistant Directors of Operations in the acute Hospitals and the Locality Management teams across all other areas of the Health Board
- Designated deputies (as per action card 4) will undertake these roles in the absence of the leads. This can be arranged on a rotational basis for a protracted incident.
- The Tactical Managers in the acute Hospitals will act as a single point of contact for the Transport coordinators and the Emergency Services (i.e. Ambulance, Police etc.).

- The Senior Manager on call will undertake the Tactical role if an unexpected event occurs outside of normal working hours.

In the event of the scale of the forecast being deemed serious/protracted the Executive Director on call (out of hours) or a designated Director will attend the pre incident Strategic (Gold) command meeting and feed back to the respective Tactical (Silver) Managers.

The Transport Coordination Centres will be activated at either/both acute hospital sites and Dewi Sant Hospital for the duration of the incident and will act as the 'hub' for the respective Health Board areas.

In the event of a severe/protracted weather event a command base at Dewi Sant Hospital will be established to act as the overall centre for the strategic coordination of the management response.

Phase 1 – Planning

This phase will occur during the summer months and will include;

- A review of the number of 4x4 vehicles required and arrangements made to lease them. Tasked to the Facilities Department.
- Ensure that all staff who will be required to drive the 4x4s are trained. Tasked to the Facilities Managers.
- A review/revision of the register of voluntary 4x4 drivers. Tasked to the Facilities Managers
- The gritting contract will be reviewed against the previous years response and adjusted if required (tasked to the Facilities Department). At present the sites that will be treated are;

Dewi Sant Hospital
Prince Charles Hospital
Royal Glamorgan Hospital
Keir Hardie Health Park
Ynysmeurig House
Ysbyty Cwm Cynon
Ysbyty Cwm Rhondda
Ysbyty George Thomas

- Any amended gritting plans will be given to the Transport Coordinators and Locality Management teams. Tasked to the Facilities Managers.
- The Locality Management teams will identify a lead at each site and ensure that they are included in a directory which will be circulated to the Tactical Managers.

- Contact Local Authority Highways Departments and secure copies of the highways gritting plans and ensure that the Transport Coordinators have copies. Tasked to the Civil Contingencies team.
- Consider which premises that do not provide direct patient care should be temporarily closed. Tasked to Executive Directors.
- Identify which hotels will be used and arrange call off contracts so that rooms can be reserved at short notice. Tasked to Directorate Managers and Procurement.

Phase 2 – Preparation

Please see action cards 1 - 6

When a Met. Office NSWV warning is received it is necessary to assess the situation within the Health Board. The warning will indicate the amount of snow forecast and its geographical spread. This information will inform the decision to: -

- Establish a command and control team(s) and transport team(s). Tasked to Chief Operating Officer and Facilities Managers.
- Review rotas and off duty to ensure staff cover for the duration of the event. Tasked to all managers.
- Discuss with Medical staff who will be required where and arrange accommodation accordingly. Tasked to Directorate Managers and supported by Procurement.
- Identification of accommodation for staff who may have to stay on or near a site. Tasked to all Directorate Managers.
- Ensure staff are informed of the risk and advised to make suitable arrangements (e.g. alternative child care) and that clear safety messages are issued. Tasked to lead Director to be cascaded by Directorate Teams.
- Plan for service prioritisation/disruption – e.g. elective surgery, OPD services, primary and community services. Tasked to the lead Director to arrange for this to be communicated via all media channels
- Plan contingency arrangements for patients whose discharge is delayed due to the lack of transport. Tasked to Assistant Directors of Nursing and Heads of Nursing.

In the event of a protracted period of snowfall being forecast the following planning actions are required **in addition** to the above:-

- Review, at a senior level, the additional planned activity that may need to be suspended
- Arrange for this to be communicated by the lead Director via all media channels
- Review of the supplies and provisions in stock to ensure that these are temporarily increased if necessary

Phase 3 – Response

Please see action cards 1 - 6

This phase will be triggered when public transport stops operating. The roles that need to be undertaken are set out in the action cards attached.

Phase 4 – Post incident Recovery

When public transport resumes the Transport Team will be stood down. However the Tactical Management Team may need to continue until all normal services are resumed.

As soon as practicable after an incident a debrief will take place to ensure that lessons are learned. A debrief can be called by either the most senior person leading the coordination response to the incident or by the Civil Contingencies Team.

The debrief can be facilitated by either face-to-face meetings, video/teleconferencing or via email. The most appropriate method will depend on the severity and extent of the severe weather event.

8. Training

A training needs analysis will be undertaken after each incident debrief in order to ensure that staff are equipped with the correct skills to respond to these events. However staff who are required to drive 4x4 vehicles will be trained to do so.

9. Non Conformance

Although this document is not mandatory, failure to comply with the Civil Contingencies Act 2004 and/or Health and Safety legislation could result in prosecution or proceedings being undertaken in accordance with the relevant Health Board Policy.

10. Equality impact assessment

This Contingency Plan has been subject to a full equality assessment and no impact has been identified.

Action card 1 – All Personnel

Ensure that you are familiar with Adverse Conditions Policy, W&OD (16)
<http://cthb-intranet/Docs/Human/Human%20Resources%20Policies%20and%20Procedures/Adverse%20Conditions%20Policy.pdf>

As set out in the Policy please remember that Health Board transport is limited and cannot be guaranteed and must be authorised by line managers

Managers

Managers must identify which staff will require transport and inform the Adverse Weather Coordination Team at the relevant base (as set out below).

This should be done in advance of the incident beginning and should take into consideration where staff live, any personal health issues and the anticipated duration of the incident.

Upon receiving transport requests from staff all Line Managers MUST then contact the Adverse Weather Coordination Team (see numbers below) and provide details of the staff that require support from this service. All details MUST contain staff's contact number (Home/ Mobile) and a suitable pick up point on the main road which is as close to their home as possible and can be reached conveniently and safely (e.g. a local pub / leisure centre etc).

If staff are unable to make the agreed pick up point then they MUST contact their Manager as soon as possible. The Manager must then in turn contact the Adverse Weather Coordination Team to notify them of this change of arrangement.

Staff who directly contact the Adverse Weather Coordination Team **will not be transported** if prior authorisation has not been given.

The Adverse Weather Coordination Team teams are located at

Royal Glamorgan Hospital, Coffee Lounge

Telephone numbers

01443 443443 extn. 4051

01443 443443 extn. 4054

Prince Charles Hospital, Estates Department

Telephone number

01685 728776

Dewi Sant Hospital, Nursing Administration

01443 486222 extn. 5813

01443 486222 extn. 5842

Action Card 2 – Transport Coordinator(s)

The Transport Coordinators are the Facilities Managers at Prince Charles & Royal Glamorgan Hospitals and the Community Facilities Manager.

Phase 2 – Preparation

When warnings are received the coordinators will ensure that 4X4 vehicles are located at the designated sites, trained porter/drivers are rostered. They will then monitor public transport and be prepared to activate this plan.

When a NSWWS alert is received the Adverse Weather Coordination Team (AWCT) will be put on standby.

Contact the 4x4 voluntary drivers and put on standby

Phase 3 – Response

When all public transport ceases to operate in the Cwm Taf area the Facilities Manager will activate the team. Outside of public transport normal operating hours the decision to activate will be made by the Head of Facilities (Hotel Services). During the response phase the Coordinators will

- Take overall management of transport coordination
- Liaise with the Tactical Manager on issues of prioritising transport
- If the 4x4 voluntary drivers are mobilised, plan their workload in consultation with the Tactical Manager i.e. transportation of medical staff
- Monitor public transport resumption

Phase 4 – Recovery

When public transport resumes the Coordinator(s) will give the stand down. They will then review the response and feed back key issues at the debrief.

Action card 3 – Adverse Weather Coordination Team

Phase 2 – Preparation

Prior to an event the Facilities Office Manager will ensure that a rota is prepared of administrative support staff

Phase 3 - Response

On being contacted by the Facilities Manager the Facilities Office Manager will:

- Contact Administrative Support Team to attend site in compliance with pre-arranged rota;
- Set up the call centre for receiving calls to transport staff to and from their place of work;
- Ensure list of contact numbers is readily available and all relevant paperwork is to hand;
- Set up waiting room for members of staff waiting for transportation to return home;
- Ensure all calls for transport requests are logged on prepared spreadsheet, collated by area and passed to Facilities Manager for prioritisation;
- Contact members of staff waiting for transportation to inform them of an approximate time and nearest pick-up point;
- Contact drivers with information on additional and/or cancelled passengers.
- Liaise with regional transport agencies periodically to check on status of local services.
- Update transport log with information on cancellations, no shows or any untoward incidents.

Phase 4 – Recovery

- When confirmation has been received that public transport has been resumed, inform the Facilities Manager and stand down.
- Hand over any relevant paperwork to the Facilities Manager.
- Attend debrief.

Action card 4 – Tactical & Strategic roles

Phase 1 – Planning

Prior to each winter Assistant Directors of Operations, Assistant Directors of Nursing and Locality Management Teams will agree who will be based where and any fall back/cover arrangements

Phase 2 - Preparation Tactical Management

On receipt of a NSWWS warning the Assistant Directors of Operations, Assistant Directors of Nursing and Locality Management Teams will agree who will be based where and any fall back/cover arrangements. The arrangements are to be communicated to the Executive Directors

Strategic Management

A Director will be designated to attend the Strategic Coordination Group (Gold command) if required and will feed back pertinent information to the Tactical Managers

Phase 3 – Response Tactical management

In hours the Tactical Manager will collect the dedicated tactical phone on arrival and will advise the Transport Coordinator that they are on site. The number of the tactical phone will be restricted to

- Switchboard
- Transport Coordinator
- Senior Managers
- Executives
- Category 1 Responder partners (i.e. Ambulance Control, Silver and Gold commands)

Out of office hours if unexpected snow fall occurs the Senior Manager on call will assume this role but will not be expected to attend the hospitals. They will need to contact all Tactical Managers to brief them on hand over

Tactical Managers will be required to make decisions on the prioritisation of transport, clinical services as well as the risk management of staff and patient safety issues. Tactical Managers are advised that the use of volunteers to transport discharged patients is a **high risk** and should only be considered when all other options have been exhausted (e.g. utilise Day Surgery Units as 'discharge' waiting areas).

Strategic Management

A strategic role is likely to be only required if the disruption is forecast to last for >72 hours. A base will be made available at Administration Block, Dewi Sant hospital for all Directors in the event that strategic coordination is required.

Phase 4 – Recovery

Tactical and/or Strategic Management may be required to continue after the transport arrangements have been stood down in order to manage the situation until normal services are resumed.

A debrief will be arranged for feedback and to learn lessons.

Action card 5 – Temporary site shut down

Phase 1 – Planning

A number of sites do not have patients attending to receive assessment/treatment or care. This **does not** mean that services for patients are not delivered from the function within these sites however such services can be provided from alternative bases.

These sites can be temporarily closed during periods of snow to reduce the risks to staff travelling to/from these sites and to reduce the burden on Facilities for site clearing. One example is Health Board Headquarters, Navigation Park.

Just prior to the onset of winter managers/deputies need to check staff sign in sheets to ensure that they are up to date and need to discuss with staff where their alternative base would be during periods of snow. The six hospital sites which will be proactively salted/cleared may be preferred alternative bases.

Phase 2 – Preparation

When snow is forecast a decision needs to be made if the site(s) are going to close. For HB HQ the manager who will make the decisions is the Senior Executive on site.

When the decision is made this needs to be communicated to all staff who use the site with a clear statement of when the closure will be in effect from and (if this can be decided) when it will reopen. Communication will be via text messaging and email.

All staff must be reminded to contact and inform any visitors and/or reschedule meetings this must include cleaning staff and contractors.

Immediately Prior to closure

The Voice Communications Manager (IT Department) will be contacted and requested to transfer the phones from HB HQ to Royal Glamorgan Hospital switchboard. Both Switchboards to be informed that, other than mobile phones, the temporary base will be the Admin Offices at Dewi Sant Hospital

All staff must divert their phones to Switchboard or (if they have it) activate their answer phone service with a message giving alternative contact numbers to ring where appropriate.

The last person to leave must ensure that the buildings are secured.

Phase 3 Recovery

During protracted incidents, Facilities may be required to clear these sites in order to allow normal operation to resume.

When sites are going to reopen this will be communicated to staff using text messages and email.

The Voice Communications Manager (IT Department) to be asked to reinstate the telephone lines from RGH to HB HQ. Both Switchboards to be informed of the scheduled re opening.

All answer phones to be reverted to normal operating.

Action card 6 - Switchboard

Phase 2 – Preparation

The volume of incoming phone calls from concerned patients can become challenging in the early stages of an incident. Facilities Managers are to consider employing additional operators to be rostered to ensure the response phase remains manageable.

Phase 3 - Response

If any members of staff contact the Switchboard directly the Switchboard team **MUST** advise the caller to contact the individuals Line Manager and familiarise them with the procedure to be followed.