

PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 July 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	1155 Critical Threat Level Response Framework
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Sam Hussell, Head of Emergency Preparedness, Resilience & Response (EPRR)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Committee is asked to consider the attached Framework which has been reviewed to facilitate the Health Board response to a rise in the UK Counter Terrorism Threat Level to CRITICAL.

Cefndir / Background

In response to the terrorist threat, the UK Government through the Joint Terrorism Analysis Centre (JTAC) assesses the likelihood of a terrorist attack on the UK, publishing the threat to the country in the form of one of five threat levels.

UK Threat Levels:

- **LOW** means an attack is highly unlikely in the near future
- **MODERATE** means an attack is possible, but not likely
- **SUBSTANTIAL** means an attack is likely
- **SEVERE** means an attack is highly likely
- **CRITICAL** means an attack is highly likely in the near future

The UK threat level related to international threats is currently SUBSTANTIAL (was reduced on 09 Feb 2023 from SEVERE).

Asesiad / Assessment

Hywel Dda University Health Board (HDdUHB) collaborated with Swansea Bay University Health Board (SBUHB) to develop a response framework that details appropriate measures and identifies responsibilities, to ensure we respond effectively and proportionately to a rise to CRITICAL. The framework also details how we will respond to a direct/credible risk to the Health Board and maintain the appropriate level of preparedness and response.

The protocol focuses on 3 scenarios:

1. UK Government increase the threat level based on intelligence prior to an attack.
2. UK Government increases the threat level following an attack on mainland UK or any of its territories.
3. Direct/credible threat to the Health Board itself resulting in a similar approach being required, even though this would not impact on the UK Government threat levels.

A full review of the Framework has been undertaken by EPRR leads for both HDdUHB and SBUHB, Communications leads, Security Managers, and the Health Boards EPRR Group, together with Local Counter Terrorism Security Advisors who have also provided input.

Whilst the protocol has been developed jointly with SBUHB, it will be activated independently, and has been localised to reflect roles within our Health Board. No significant changes have been required in this review.

Argymhelliad/Recommendation

The Committee is asked to:

- **APPROVE** this framework for the management of the Health Board response to a rise in UK Threat level to CRITICAL and to respond to a direct/credible risk to the Health Board.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc. 2.6 Provide assurance to the Board that the UHB's Emergency Management Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity. 3.6 Ensure that service/business continuity plans are in place for major incidents and emergency situations that affect the provision of normal services, that staff have been trained to enable them to manage a major incident or emergency, and that lessons learned are incorporated into future planning.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All apply

Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Contained within the document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	SBUHB EPRR Team/Dyfed Powys Police Counter Terrorism Security Advisors Action Card Holders HDUHB EPRR Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Potential risk to the health and safety of staff, patients and visitors
Cyfreithiol: Legal:	Potential for enforcement action including Improvement Notices/prosecutions and claims due to breaches in legislation.
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	No adverse impacts identified

Critical Threat Level Response Framework

Joint between Hywel Dda University Health Board and Swansea Bay University Health Board

Policy information

Policy number: 1155

Classification:

Corporate

Supersedes:

Version 1 (August 2018)

Version 2 (July 2023)

Version number: 3

Date of Equality Impact Assessment: 25 April 2024

Approval information

Approved by:

Health & Safety Committee

Date of approval:

Click or tap to enter a date.

Date made active:

Review date:

July 2027

Summary of document:

The aim of this document is to provide a **framework** for the Health Boards to deal with the UK threat level being raised to CRITICAL. It details appropriate measures and identifying responsibilities, to ensure we respond effectively and maintain the appropriate level of preparedness.

Scope:

This framework applies to SBU & HDU Health Boards for the duration that the UK threat level is raised and remains at CRITICAL. This is regardless of whether specific intelligence exists to indicate a threat within the organisation, as the whole of the UK will be affected, or as a result of point 3 above.

When the UK threat level is raised to CRITICAL, the Health Boards may be called upon to provide mutual aid to areas affected by a terrorist attack outside its boundaries.

To be read in conjunction with:

[749 – Lockdown policy](#) – opens in a new tab

Owning group:

Executive Team

Click or tap to enter a date.

Executive Director job title:

Director of Public Health

Reviews and updates:

Version 3

Keywords

Critical level response



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

CRITICAL THREAT LEVEL RESPONSE FRAMEWORK

Version	3
Date	April 2024
Authors	<ul style="list-style-type: none"> • Sam Hussell, Head of EPRR, HDUHB • Karen Jones, Head of EPRR, SBUHB
Approved By	HDUHB Health & Safety Committee SBUHB EPRR Strategy Group
Review Date	June 2027 unless new guidance issued

HEALTH BOARD EMERGENCY RESPONSE, COMMAND, CONTROL & CO-ORDINATION (C3)

The following will be a standard process as articulated within the Health Board (HB) Major Incident (MI) Procedures for any Emergency Response:

- C3 arrangements
- JESIP Interoperability Principles
- Information management
- Communication Strategy
- Service Business Continuity Procedures to be invoked alongside any Emergency Response

All Emergency Response Procedures are flexible and adaptable, this allows for a tailored response to all emergencies and any additional threats and risks that may arise at the time.

Introduction

The threat from terrorism and the desire to cause mass fatalities and casualties worldwide are unlikely to diminish. This threat similarly applies to the United Kingdom (UK).

The threat to Northern Ireland from Northern Ireland-related terrorism is also considered.

In July 2019 changes were made to the terrorism threat level system, to reflect the threat posed by all forms of terrorism, irrespective of ideology. JTAC analyses and assesses all information relating to international terrorism at home and overseas. It is responsible for setting the threat level for Great Britain (including Islamist Terrorism, and the Right and Left Wing Terrorism in Northern Ireland).

Threat levels are designed to give a broad indication of the likelihood of a terrorist attack.

UK Threat Levels:

- **LOW** means an attack is highly unlikely in the near future
- **MODERATE** means an attack is possible, but not likely
- **SUBSTANTIAL** means an attack is likely
- **SEVERE** means an attack is highly likely
- **CRITICAL** means an attack is highly likely in the near future

Source: MI5 www.mi5.gov.uk

The UK threat level related to both international threats, and threats from Northern Ireland, has remained consistently at either **SEVERE** or **SUBSTANTIAL**.

However, during 2017 there were 2 instances of threat levels being raised to **CRITICAL**.

Underpinning the threat levels are corresponding response levels which should be applied by the Health Boards in response to any change in the threat level. These are described as:

Threat Level	Response Level	Description
CRITICAL	Exceptional	Maximum protective security measures to meet specific threats and to minimize vulnerability and risk.
SEVERE SUBSTANTIAL	Heightened	Additional and sustainable protective security measures reflecting the broad nature of the threat combined with specific business and geographical vulnerabilities and judgements on acceptable risks.
MODERATE LOW	Normal	Routine baseline protective security measures appropriate to the business and location

Response Levels

The UK Government Response Levels provide a general indication of the protective security measures that should be applied at any particular time. They are informed by the threat level, but also take into account specific intelligence, assessments of vulnerability and risk.

Response levels equate to threat levels and tend to relate to sites, whereas threat levels usually relate to broad areas of activity. There are a variety of site specific security measures that can be applied within each response level, although the same measures will not be found at every location.

The security measures deployed at different response levels should not be made public, to avoid informing terrorists about what we know and what we are doing about it.

Aim of Framework

The aim of this document is to provide a **framework** for the Health Boards to deal with the UK threat level being raised to CRITICAL. It details appropriate measures and identifying responsibilities, to ensure we respond effectively and maintain the appropriate level of preparedness.

National Triggers

It is conceivable that the activation of this framework could be in response to four scenarios:

1. UK Government increases the threat level based on intelligence prior to an attack.
2. UK Government increases the threat level following an attack on mainland UK or any of its territories.

Local Triggers

3. Direct/credible threat to the Health Board itself resulting in a similar approach being required, even though this would not impact on the UK Government threat levels.

4. Direct/credible threat to the Health Board from a Cyberattack/ransomware attack resulting in a similar approach being required, even though this would not impact on the UK Government threat levels. This protocol could be activated in conjunction with the HDUHB Cyber Incident Response Procedure.

Scope

This framework applies to SBU & HDU Health Boards for the duration that the UK threat level is raised and remains at CRITICAL. This is regardless of whether specific intelligence exists to indicate a threat within the organisation, as the whole of the UK will be affected, or as a result of point 3 above.

When the UK threat level is raised to CRITICAL, the Health Boards may be called upon to provide mutual aid to areas affected by a terrorist attack outside its boundaries.

Planning Assumptions:

- **A FULL COMMAND AND CONTROL STRUCTURE AND ACTIVATION OF RELEVANT CO-ORDINATION CENTRES WILL ONLY BE ACTIVATED IF THERE IS A DIRECT THREAT TO THE HEALTH BOARD.**
- The move to a Critical level would be time limited and, if declared, should not exceed 2 weeks.
- That there is free flow of intelligence information from Police and /or other security services relating to the threat which can inform the vulnerability and risk mitigation measures being taken by the Health Board.
- This framework may be activated alongside appropriate response procedures (if activated) such as [Major Incident Plan](#) / procedure, Mass Casualty Arrangements for NHS Wales, Medical Emergency Response Incident Team (MERIT), [Lockdown](#), Digital Frameworks (cyber response) etc. Therefore, this framework will not duplicate actions identified within these procedures but will enhance response.

Notification

Notification may be received by the following means:

- Media
- Welsh Government / Local Resilience Forums
- Wales Counter Terrorism (CT) Policing

Responsibility for Invoking this Framework

In-Hours: Any of the following:

- Emergency Preparedness, Resilience & Response (EPRR)
- Communications Team
- Security Advisor
- Executive Director/Deputy with EPRR responsibility
- Service Delivery Group / Directorates / Triumvirates
- Digital Lead (for cyber issues)

Out of Hours: Any of the following:

- Executive / Gold On-Call
- General / Site Managers / Silvers On-Call

Activation of the Framework

This framework has been agreed by the EPRR structures and has been ratified by the Health & Safety Committee.

In the event that any one of the above triggers is activated, this framework will be invoked, and all Service Delivery Group / Directorates / Triumvirates will be informed to implement the agreed measures with immediate effect.

Aspects of this framework will require consideration and agreement from the Executive Team as to whether they should be invoked and the duration they should remain in place. It is imperative that clear communications with all staff and key stakeholders takes place during the period where the threat level remains at CRITICAL.

The Corporate Communications Team will provide assistance to ensure key messages are published on Health Board platforms.

Key managers may be required to attend external briefings from partners through existing mechanisms, where a joined-up approach to managing the prevailing threats will be fostered, including Local Resilience Forum (LRF) Tactical Co-ordination Groups (TCG's) and Strategic Co-ordination Groups (SCG's).

Incident Declaration

If the threat is identified as a direct threat to the health board, then an internal incident may be declared rather than a major incident. The response structure may be similar but more appropriate to the scale of the incident (see [Major Incident Plan / procedure](#) as above).

If an internal incident is declared (rather than a major incident) then some of the principals of our major incident response may apply in addition to above, i.e:

- Requests for mutual aid from other health boards and/or networks/private providers.
- Capacity and capability planning.
- Diversion frameworks

Command and Control Arrangements

Establishment of Gold and Silver Commands as appropriate to the threat. Initially, neither of these may be required, and an operational response is activated only.

Critical Threat Level Action Card

Health Board Exec Director / Gold On Call

On notification of a threat level increase, and subsequent activation of any of the above national triggers, the Executive Director with EPRR responsibility (and/or the Executive Director / Gold On-Call will):

In Hours:

1. **Assess the risk and implications and relevancy to the Health Board by reviewing available intelligence, location & type of the trigger incident i.e. does the threat directly impact on the Health Board?**
2. Define, agree and communicate command & control structure dependent on the risk to the Health Board.
3. Ensure activation of this framework at operational, tactical and strategic levels as required and **proportionate to the risk** (command & control structures)
4. Provide a conduit between Health Board and Welsh Government if required.
5. Participate in any LRF Strategic Co-ordination Group activation.
6. Brief Executive Team colleagues on the current intelligence picture and the response by the Health Board.
7. Liaise with the Communications Team regarding internal and external communications and links to partner agency media messages.

Out of Hours:

1. **Assess the risk and implications and relevancy to the Health Board by reviewing available intelligence and location & type of the trigger incident i.e. does the threat directly impact on the Health Board?**
2. Define, agree and communicate command structure dependent on the risk to the Health Board.
3. Complete the Communications Template ([Appendix 1](#)) and arrange for messages to be circulated as appropriate.
4. Activate this framework at operational, tactical and strategic levels as required and proportionate to the risk (command & control structures)
5. Provide a conduit between the Health Board and the Welsh Government if required.
6. Participate in any LRF Strategic Co-ordination Group activation.
7. Ensure key personnel are alerted:
 - On Call Managers
 - Executive Director with EPRR Portfolio
 - Director of Communications
 - Head of EPRR
 - Security Advisor
 - Digital Lead on-call

Critical Threat Level Action Card

Health Board Communications Team

The Corporate Communications Team will:

- On receipt of notification of an increase of UK Threat Levels to Critical, liaise with Executive Director with EPRR responsibility (and/or the Executive Director / Gold on Call) to provide advice and guidance on the required communications response.
- Support and advise on the production and distribution of media statements, as may be required.
- Ensure utilisation of the predetermined Communications Template ([Appendix 1](#)).
- Provide inward facing communications via established communication routes, including reiteration of the Stay Safe messages (see [Appendix 2](#)).
- Explore the need for a 24/7/365 on call capability for as long as the CRITICAL threat level remains in place.
- Support communication flows with external partners, including other Health Boards, WAST, Public Health Wales, EMRTS and others, as deemed appropriate.
- Supporting any multi agency media cell at the Strategic Co-ordination Group (SCG)
- Where appropriate, move threat level from Run, Hide, Tell intranet page to intranet homepage and highlight change in status on declaration of Critical

Critical Threat Level Action Card

Head of EPRR

- Upon receipt of notification of increase to CRITICAL, inform the Executive Director with EPRR Responsibility (in hours) and the Executive Director / Gold On-Call.
- Provide support and guidance to the Health Board in both identifying specific organisational risks and response, and participation in multi-agency command & control structures.
- Participate in any internal meetings to discuss response structures and arrangements.
- Ensure trained Loggists are available to support organisational Command & Control structures.
- Act as link to Local Resilience Forum and Welsh Government.
- Work with the Executive Director with EPRR responsibility/Executive Director / Gold on-call and the Communication Team to ensure internal awareness raising messages are issued as well as any media responses as appropriate.
- Liaise with relevant Police/CTSA links as appropriate to determine any additional local advice and/or actions required.

Critical Threat Level Action Card

Health Board Security Lead

On receipt of notification that the UK Threat Level has increased to Critical, the Health Board Security Lead will:

- Liaise with the EPRR & Communications Teams.
- If not already undertaken, notify the EPRR Executive Director / Gold on-call.
- Provide advice in relation to appropriate actions which may include:

In hours, discuss the need for the following with Executive Director with EPRR responsibility (and/or the Executive Director / Gold On Call will):

Out of hours, contact the Executive Director / Gold on-call and discuss the need for:

- Increase in physical security presence & patrol options.
- Limitation of visitors to sites
- Site lockdown procedures/limiting access/egress points
- Mandatory wearing of ID badges
- Promotion of the “keep our sites safe” message (i.e. challenging people without ID, be aware of tailgaters etc.); asking staff to report anything suspicious.
- Promotion of good housekeeping i.e. request to close all windows, door closures,
- Provision of clear information to staff on methods to report anything suspicious.
- Promotion of the “stay safe message”.
- Management of contractors and deliveries.

Critical Threat Level Action Card

Hospital General Managers or Deputies

On receipt of notification of an increase of UK Threat Levels to Critical, liaise with the Executive Director with EPRR responsibility/Executive Director / Gold on call to provide advice and guidance on the required operational & tactical response, which may include:

- Participate in internal meetings relating to Critical Threat Level activation and the Health Board response as required.
- Communication of agreed messages to staff across the Health Board.
- Consider cancellation of non-essential visits/visitors to the Health Board as appropriate.
- Link with key critical areas such as Emergency Departments, Critical Care, Diagnostics, Theatres, Medicine, Primary & Community Care, Pharmacy & Pathology to consider ensuring that maximum staffing levels in support of normal business activities for risks that directly impact on the Health Board. Confirm arrangements for maintaining capacity as appropriate.
- Remind staff that vehicles need to be parked in appropriate areas.
- Consider activation of lockdown procedures as appropriate to the threat/risk.
- Uniformed staff should be reminded not travel to and from work in uniform that is visible, remove ID badges when not on site (civilian jacket / coat should be worn over uniform) but have their ID available to enter sites.
- Review need for non-critical infrastructure works, especially where outsourced.

Critical Threat Level Action Card

Checklist for Service Operational Leads

Consideration should be given to the following upon notification of an increase to “Critical”:

- Participate in internal meetings relating to Critical Threat Level activation and the Health Board response as required.
- Ensure all staff roles on each shift pattern are resourced to baseline levels including senior staff.
- Communicate to senior (Medical / Nursing) staff details of the threat level and any specific response actions required by Silver/Tactical and by Gold/Strategic (or Executive Director with EPRR responsibility/ Executive Director / Gold on-call)
- Enhance staff rotas if required.
- Lockdown – determine specific areas where/if required.
- Liaise with relevant specialty networks to alert of Critical Threat Level response and in relation to specific risks to Health Board and network function and actions required.

Appendix 1 - Emergency Communications Template

Communication is vital in an emergency; it helps ensure that all of the relevant people are kept up to date on what may be a changing picture, as well as providing assurance that an effective plan is in place to manage any potential problems as they may arise.

Please use this template in the event of a local emergency or change to the national threat level. It is suggested that communications are shared sequentially during the course of the emergency and into the aftermath, using the 'reduce, respond, recover, resume' guidance provided below.

1. **Reduce** – act to reduce immediate panic and the likelihood of the situation escalating unnecessarily.
2. **Respond** – inform people how they should respond to the situation at hand and mitigate any risks.
3. **Recover** – confirm the required and ongoing actions taking place to recover the situation swiftly.
4. **Restore** – confirm when normal operations have been restored and escalation measures can end.

This template will need to be completed by the Executive Director with EPRR responsibility and/or Executive Director / Gold on call.

Firstly please ensure you have determined your channels and audiences and confirm these in the table below. Following this please complete the template, depending on the stage of the incident (reduce, respond, recover, restore) by replacing the words in red with the details pertinent to the specific event.

Tick list	Determine audiences
	Staff (all)
	Staff (targeted – e.g. senior leaders, executives, site leads, clinical leads, etc.)
	Patients and the public
	Media
	Regulatory authorities (this could also include political stakeholders)
	Determine channels
	Internal email cascade and/or daily Global bulletin (please confirm staff groups or all staff)
	External bespoke email cascade (please confirm broad groups – e.g. MSs, local press)
	Social media channels
	Face to face briefings (particularly where the situation is sensitive/technology is unavailable)
	Printed information/handouts (particularly where technology is unavailable)

EMERGENCY/INCIDENT BRIEFING FOR STAFF: INSERT TOPIC AND BRIEFING NUMBER (E.G. BRIEFING ONE FOR 'REDUCE')

Name of Executive Director / Gold on Call: YOUR NAME HERE
Contact information: PLEASE INCLUDE YOUR EMAIL OR MOST APPROPRIATE TELEPHONE NUMBER HERE
Date and time of incident/emergency: PLEASE SPECIFY WHERE AND WHEN INCIDENT CAME TO LIGHT
Severity of incident/emergency: Number of areas impacted: INCLUDE NUMBER OF SITES, STAFF, PATIENT GROUPS, SERVICES, ETC.

Reduce – briefing one

- Confirm that the situation is being addressed and that more detail will follow shortly
- Tell the audience if there is anything they can do initially to help quell any panic or to avoid things from escalating further – e.g. any emergency measures that are needed
- If possible, confirm when people can expect to receive an update (briefing 2 – respond)

Respond – briefing two

- Confirm the high level details of plans in place to manage the emergency
- Confirm the details of who will lead on remedying the situation as additional assurance
- Confirm how long the emergency is projected to last (hours, days, weeks, etc.)
- Confirm any steps the audience(s) can take to reduce the things escalating further – e.g. staff must wear name badges, members of the public to refrain from coming to A&E
- If possible, confirm when people can expect to receive an update (briefing 3 – recover)

Recover – briefing three

- Confirm what actions have been taken and highlight any new issues that have arisen
- Reconfirm any actions that the audience(s) can take to help things to recover swiftly
- Reconfirm when it is expected that things will return to a state of normality
- If possible, confirm when people can expect to receive an update (briefing 4 – restore)

Restore – briefing four

- Confirm that the incident/situation and escalation measures have now officially ended
- Confirm any residual issues that the audience should be aware of following the incident
- Thank the audience for their efforts to help manage the situation
- Provide contact information for people who are still concerned about the aftermath

Appendix 2 - Example of Communications Briefs:

Bwletin Staff
Staff Bulletin



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

As you may have seen in the news, following the appalling attack in Manchester on Tuesday, the UK terrorist threat level has been raised from SEVERE to CRITICAL. This means that the risk of a national attack has moved from a 'highly likely' classification to 'expected imminently'.

The terrorist threat scale is a tool for security practitioners to use to determine what response may be required at a national and a local level. In terms of Hywel Dda, we are members of the All Wales Emergency Planning Advisory Group which means that any changes in our planning arrangements, such as additional security measures, will be done in line with best practice for counter terrorist efforts nationally.

In terms of our local responsibilities, we are working with Dyfed Powys Police to ensure our staff, patients and the public are aware of the increased threat as well as the revised safety advice. As you may have seen today, we have put out some new social media posts on our Twitter feeds and Facebook pages in conjunction with the police.

All of the latest information on counter terrorist guidance will be available on our intranet by visiting: <http://howis.wales.nhs.uk/sitesplus/862/page/47598>; we will continue to update this page as we receive more information from the police.

In the meantime please can everyone ensure that they are doing the following:

- **Wear your name badge:** please ensure that you wear your name badge at all times, so that you can be clearly identified – this applies to all staff, both clinical and non-clinical, as it's vital that we know that people have a right to be on site.
- **Keep our sites safe:** if you come across someone who you do not recognise then please ensure you challenge them about who they are and the purpose of their visit. In these times of tightened security, people with a legitimate reason to be on site will understand that staff need to politely check that they have a right to be there; you can contact portering services for assistance if you need it.
- **Be vigilant:** if you see anything of a suspicious nature then please contact the police directly, exactly in the same way that you would at home or in the community, by calling 101 to report a crime or other non-emergency concerns, or 999 in an emergency such as when a crime is in progress, when there is a danger to life or when violence is being used or threatened.

Thank you for your understanding and your cooperation, it's very much appreciated.

Steve Moore
Chief Executive
24 May 2017



GLOSSARY

C3	Command, Control and Co-ordination
CTSA	Counter Terrorism Security Advisor
EMRTS	Emergency Medical Retrieval and Transfer Service
EPRR	Emergency Preparedness, Resilience & Response
JESIP	Formerly the Joint Emergency Services Interoperability Programme (now just known as JESIP)
JTAC	Joint Terrorism Analysis Centre
LRF	Local Resilience Forum
PHW	Public Health Wales
SCG	Strategic Co-ordination Group
TCG	Tactical Co-ordination Group
WAST	Welsh Ambulance Service NHS Trust
WCTP	Wales Counter Terrorism Policing