

Emergency Preparedness Resilience and Response Report 13 May 2019

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Agenda Item No: 8.1

Trust Board Report

Meeting Date:	13 May 2019
Title:	Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2018/2019.
Executive Summary:	This report provides an account of the Trust emergency preparedness activities undertaken from 1 April 2018 – 31 March 2019. It details the planning progress to ensure the Trusts response in the event of severe disruption; training and exercising and procedures to meeting the EPRR Framework 2015, EPRR Core Standards and Civil Contingencies Act 2004. Its sets out the Trust’s state of readiness and provides assurance to the Board of the Trusts continued effective resilience programme.
Action Requested:	For Trust Board to receive and note
For the attention of the Board	To provide an update on the Trust Emergency Preparedness activities for 2018/19.
Assure	<ul style="list-style-type: none"> To provide assurance to the Board of the Trust emergency preparedness activities and statutory compliance with the Civil Contingencies Act 2004.
Author + Contact Details:	Tel 01902 694310 Email diane.preston@nhs.net
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services
Resource Implications:	None
Report Data Caveats	N/A
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people’s needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	None
Risks: BAF/ TRR	1542 – Green
Risk: Appetite	None
Public or Private:	Public
Other formal bodies involved:	Board Committees
References	N/A

NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny
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Report Details

1	<p>This report provides an overview of the Trust’s emergency preparedness in order to comply with the statutory requirements of a Category 1 responder under the Civil Contingencies Act 2004 and the EPRR Framework 2015. It details work undertaken over the last year to ensure the Trusts readiness and resilience in response to any type of disruption or major incident which may impact upon service delivery.</p> <p>The report covers the following activities:</p> <ul style="list-style-type: none"> • Review and updates of a variety of emergency plans • Training and exercising undertaken • Partnership working • Trust’s status regarding EPRR Core Standards • An outline of priorities for 2019/20.
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Appendices

1	EPRR Annual Report 2018/19
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Appendix 1

Emergency Preparedness, Resilience and Response

Annual Report 2018/2019

Department: Emergency Preparedness
Date: 13 May 2019



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Glossary

Abbreviation	Definition
AEO	Accountable Emergency Officer Executive lead for the Trust for EPRR
BCM	Business Continuity Management Trust process for ensuring business continuity
Cat 1 Responder	Category 1 responders are those organisations at the core of the emergency response. They include Emergency Services (Ambulance, Police, and Fire), Health Bodies (Acute Trusts, Foundation Trusts, and NHS England) and Local Authorities.
CCA	Civil Contingencies Act 2004 Civil Contingencies Act – the legal framework that sets the structure for civil protection and governs the response to an emergency in the UK
CBRNe	Chemical, Biological, Radiological, Nuclear, and explosive. A term that covers a distinct range of hazards: Chemical – Poisoning or injury caused by chemical substances, including chemical warfare agents, or misuse or legitimate but harmful household or industrial chemicals. Biological – Illness caused by the deliberate release of dangerous bacteria, viruses, fungi, or toxins Radiological – Illness caused by exposure to harmful, radioactive materials, probably inhaled or ingested in food or drink. Nuclear – Where the explosion of a nuclear device causes widespread effects due to blast, heat and large amounts of harmful radiation. Explosive weapons like regular bombs and improvised explosive devices
ED	Emergency Department

EPG	Emergency Planning Group Trust Assurance Group
EPRR	Emergency Preparedness, Resilience and Response EPRR framework 2015 – the framework for NHS Organisations and providers of NHS funded care must meet.
GDPR	General Data Protection Regulation (GDPR)
LHRP	Local Health Resilience Partnership LHRPs are strategic forums for joint planning and preparedness for emergencies and to support the health sector's contribution to multi-agency planning and preparation. They are not statutory organisations and accountability for emergency preparedness and response remains with individual organisations.
LHRF	Local Health Resilience Forum Local network for emergency planners
MI	Major Incident An emergency that requires the implementation of special arrangements by one or more of the Emergency Services, the NHS for the initial treatment, rescue and transport of a large number of casualties.
PHE	Public Health England The PHE is an executive agency of the Department of Health. Their role is to protect and improve the nation's health and wellbeing.
PRPS	Powered Respirator Protective Suit One piece gas tight chemical protective suit for use by emergency response personnel after a CBRN incident.
SAG	Safety Advisory Group – Wolverhampton The SAG is co-ordinated by the Local Authority (LA) and made up of representatives from the LA, emergency services, other relevant bodies and the event organiser. SAGs provide a forum for discussing and advising on public safety at an event.
WRG	Wolverhampton Resilience Group Local resilience group where local multi-agencies meet to discuss Emergency, Preparedness, Response and Resilience plans/exercises.
WMAS	West Midlands Ambulance Service

1. INTRODUCTION

Under the NHS Constitution 2015, the NHS is there to help the public when they need it most; this is especially true during a significant incident or an emergency. Each NHS funded organisation must therefore ensure it has robust and well tested arrangements in place to respond and recover from these situations.

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the United Kingdom. The Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at a local level. The Trust as a Category 1 responder is subject to the following civil protection duties:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place business continuity management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency.

The NHS England Emergency Preparedness Framework (2015) provides strategic national guidance for all NHS funded organisations to help with meeting the requirements of these statutory obligations.

This annual report provides an overview of the Trusts emergency preparedness and covers the activities the Trust has undertaken during 2018/2019 to ensure the Trust's resilience in the event of a major incident, a mass casualty or severe disruption occurring.

This is to provide the Trust Board with an update regarding activities undertaken in 2018/19 in relation to emergency preparedness, and to ensure that the Trust is able to meet its responsibility to provide an effective emergency response, in any type while maintaining the services the Trust offers.

2. GOVERNANCE ARRANGEMENTS

The overall responsibility for complying with the CCA 2004 and EPRR framework rests with the Chief Executive who is responsible for ensuring through appropriate delegation of responsibility, within the Trust and EPRR core standards are met.

The Accountable Emergency Officer (AEO), the Chief Operating Officer is the Executive Director with delegated responsibility for ensuring resilience across the Trust and the delivery of safe and responsive responses to all kinds of emergency disruptions, supported by the Head of Emergency Planning & Business Continuity.

Operational management support is provided by the Head of Emergency Planning (EP) & Business Continuity (BC). The Head of EP & BC represents the Trust at local and regional forums including the Local Health Resilience Partnership (LHRP) and forums held by Public Health England. The Head of EP & BC has responsibility for ensuring compliance with the Civil Contingencies Act (2004), current NHS EPRR guidance (2015) and other government led guidance.

The Trust has an Emergency Planning Group which meets on a 6 monthly basis supported by two sub-groups: Major Incident Planning (chaired by Emergency Department Consultant) and Business Continuity (chaired by Deputy Chief Operating Officer) which meet on a quarterly basis.

An assurance position is provided to Trust Board on a yearly basis and any other assurance statements required will be presented to the Trust Board as and when required.

3. RISK

The National Risk Register for Civil Emergencies provides a national picture of the risks of emergencies occurring. These are taken into consideration in line with the risks identified on the Local Community Risk Register to ensure that there is an appropriate level of preparedness to enable an effective response to emergency incidents, which have a significant impact on the communities of the West Midlands Conurbation. The Trust must have suitable up to date plans which set out how they plan for, respond to and recover from major incidents and emergencies as identified in the national and local community risk registers.

The Local Health Resilience Partnership (LHRP) have considered all local risks within the West Midlands and developed an agreed risk register to ensure that all NHS Organisations should align to. On this basis, the Trust does hold its own risk register to ensure that it is compatible and that we have plans in place to ensure that we can respond.

The Top Risks identified on the West Midlands community risk register are:

- Infectious diseases
- Industrial accidents and environmental pollution
- Severe weather and flooding
- Fuel shortage
- Cyber threats
- Transport disruption
- Terrorism

4. PLANNING AND PREPAREDNESS ACTIVITIES

A series of plans have been reviewed and updated throughout 2018/2019, these being:

Major Incident/Mass Casualty plan

The Trust major incident plan has been reviewed and launched in October 2018. This is following learning outcomes from the terrorist incidents which occurred in London and Manchester during 2017. Updates to the plan include the addition of a mass casualty addendum which sets out the specific process of surgical triage within ED – upon declaration of a major/mass casualty incident.

All Trust major incident action cards are being reviewed to reflect the new plan.

CBRNe plan

The Trusts CBRNe plan has been reviewed and updated in December 2018. This is in line with its 3 yearly review process. Minor changes have been made to the plan to reflect the publication of new IOR guidance 'Remove, Remove, Remove'. The purpose is to support staff on early actions for suspected exposure to hazardous substances or 'acid attacks'.

Business Continuity Management

As part of on-going delivery of business continuity management, the Trust has updated its Business Continuity Management Policy OP 104. Amendments to the policy now include Primary Care services which are now part of the Trust's portfolio, as well as changes to reflect the latest information governance toolkit requirements. This was approved at TMC in August 2018.

In addition, the Trust has developed a business continuity standard operating procedure. The purpose of the document is to set out the different types of incidents i.e. major incident, mass casualty incident, business continuity incident, critical incident and the escalation process for declaring an incident. This also includes command and control arrangements required to respond to such incidents to ensure continuity of critical activities.

Cold Weather planning

The UK Cold Weather alert watch came into operation between 1 November 2018 and 31 March 2019. Throughout this period senior managers have received alert communications to ensure preparedness across the Trust. Nil changes from the national plan was required therefore, the Trust Cold Weather plan remains in place this being readily available on the Trust intranet.

EU Exit planning (BREXIT)

Following the UK referendum in June 2016 to exit the European Union, the UK was due to leave on 29 March 2019. With a potential for a 'no deal' exit the Trust since November has undertaken contingency planning as per national guidance issued for the NHS.

The Trust set up a Task and Finish group in January 2019, which has been meeting fortnightly to ensure the Trust is prepared and identifying any potential issues and preparing for the impact in the event of 'no deal' EU Exit occurring. Key risk areas which have been monitored as per Department of Health and Social Care (DHSC) guidance include: continuity of supply; workforce; reciprocal healthcare; clinical trials and data flow.

During this time the Trust has also submitted a number of sit rep returns to the NHS regional EU Exit team advising its status in preparing for a 'No Deal' Exit. The Trust has also met with Wolverhampton local authority and the Wolverhampton Clinical Commissioning Group to develop robust planning activities and risk assessments.

Whilst the UK has agreed a further extension to EU Exit until 31 October 2019, the Trust will continue to monitor any potential risks pre and post this date.

5. TRAINING AND EXERCISES

Training

The Trust has undertaken a number of training sessions during 2018/2019, please see table below.

Internal training		
Training	Training overview	Date
Major Incident- Strategic and Tactical on call grab pack	This is an on-going requirement where all newly joined staff on the on call directors and manager's rota receive 1:1 training in relation to major incident response. This includes guidance for commanders on command and control arrangements within the organisation as well as externally. During the last 12 months a further 9 1:1 training sessions have been held.	Mar 2018 On-going
Tactical Command training/table top exercise	Tactical command training has been delivered to on call managers. The aim of the session was to provide managers with an update on EPRR arrangements in being able to respond to a major incident and to build their competence. This also included engagement from clinicians to test EDs response in receiving, triaging and treating casualties involved in a major incident.	23 Oct 2018 27 Nov 2018

<p>CBRNe/major incident response training for ED staff</p>	<p>Major incident response training covering both CBRNe and radiation have been held throughout the year. This is specifically aimed at ED staff that are likely to be involved in the initial response following this type of incident. It covers training on how to operate the protective PRPS suits as well as awareness on the process of patient decontamination using the Trust decontamination facility. A total of 9 in service study day sessions covering CBRNe and major incident response training have been conducted as well as 3 sessions during new staff starter weeks.</p> <p>These sessions continue to be delivered to all new ED starter staff and facilitated by the Trust CBRNe nurse lead.</p>	<p>May 2018 – on going.</p>
<p>Trust Induction</p>	<p>The Trust has changed the way that it undertakes Trust Induction for new starters. This includes the use of a market stall for Emergency Preparedness. The purpose is to provide information in relation to staff roles and responsibilities and where to find further guidance.</p> <p>The Trust is also working on updating the Emergency Preparedness training video which will support training for all new starter staff and which can be shown locally. The timeline for completion will be August 2019.</p>	<p>On-going</p>
<p>EMERGO training</p>	<p>Two members of staff from the Trust (Head of Emergency Planning and ED consultant) attended an EMERGO instructor course. This was delivered by Public Health England and the aim was to provide training in being able to plan and conduct EMERGO simulation exercises. Upon completion such exercises can be adopted to support scenario response exercising within the Trust.</p>	<p>June 2018</p>
<p>Structured Debrief Course</p>	<p>Head of Emergency Planning Manager attended a one day structured debrief course. This was delivered by Public Health England and the purpose was to enable those involved in emergency planning to gain the skills to effectively facilitate a structured debrief following an incident or exercise. This is important in identifying lessons learnt and identifying opportunities for improvement.</p>	<p>October 2018</p>

E learning training		
Strategic and Tactical EPRR e learning	<p>As part of the yearly review process for mandatory training this e learning package has been updated with a new set of assessment questions.</p> <p>This is a mandatory training requirement for all on call directors and on call managers. The purpose is to provide training in relation to EPRR arrangements and responding to an incident. 58% compliance as at end of March 2019.</p>	Updated E-learning package Launched Oct 2018
Loggist refresher e learning	<p>An e learning package has been developed to provide qualified loggists with refresher training in decision logging during a major incident.</p> <p>As part of the training loggists will also be able to attend some senior meetings chaired by directors, in order to practice logging key decisions.</p>	Launched Jan 2019

Exercises and tests

The Trust has undertaken a number of exercises to tests plans and to build on lessons learnt from previous exercises, please see table below.

Internal exercises		
Exercise	Description/outcome	Date
Exercise Digitalis	<p>This was a business continuity table top exercise designed to test the response of the pharmacy department and key ward areas in the event of an electrical outage to their department.</p> <p>The exercise highlighted some key learning points including command and control, when to escalate and the need for additional training for pharmacy staff on business continuity.</p>	14 Jun 2018
Exercise Transfusion	<p>This was a table top exercise designed to test the blood transfusion service in response to a mass casualty incident. The purpose of the exercise was to discuss and find solutions to issues related to multiple casualties attending ED requiring blood products. The exercise was attended by ED clinicians and senior biomedical scientists and blood transfusion team.</p>	8 Jan 2019

	Overall, staff worked well together and considered key priorities for their area of work. The exercise also highlighted areas for improvement including the traceability of blood products.	
Emergency communication tests- call cascade	<p>The Trust has undertaken a number of communication exercises utilising the electronic call cascade system 'Alert Cascade'.</p> <p>The exercises have identified some learning outcomes which have been actioned. This includes improvements to the communication channels used to contact staff members as well as training for doctors in relation to what they need to do following notification of a major incident.</p> <p>These exercises continue to take place on a quarterly basis.</p>	<p>14 May 18</p> <p>16 Aug 18</p> <p>21 Sept 18</p> <p>12 Nov 18</p> <p>12 Feb 18</p>
Radio Check	As part of an on-going process under the CCA, 2004, the Trust continues to undertake monthly radio checks with NHS England West Midlands. During the last year there have not been any identified issues.	On-going monthly requirement
External/multi-agency		
Exercise Blue Peter	<p>The Trust took part in a regional multi agency exercise. This was an EMERGO style exercise designed to explore the information flow and decision making around causalities into healthcare systems from a mass casualty incident. The exercise was facilitated by PHE and a number of NHS organisations took part. The exercise involved set up of the Trust incident control room to aid with response. Representatives from across the Trust took part including ED, critical care and surgery.</p> <p>The exercise was well received by participants and highlighted useful learning in terms of communication. The final debrief report is yet to be published.</p>	18 Oct 2018
Exercise Boudica	This was a multi-agency table top exercise supported by NHS England and Public Health England. The exercise was designed to explore the health response to deliberate incidents that could potentially cause large numbers of casualties in the Midlands area, in particular the interface between the NHS and police during	12 July 2018

	<p>counter terrorism incidents.</p> <p>Staff members from across the Trust attended the exercise. Overall the exercise raised awareness of the role of the national counter terrorism policing network and how they work with healthcare organisations during a deliberate incident.</p>	
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6. ASSURANCE AND OBLIGATIONS

Emergency Preparedness Response & Recovery (EPRR) Core Standards

The Trust undertook its yearly self-assessment for 2018, against the standards to determine its level of compliance. The Trust's assessment rated itself as being 'substantially compliant'. The outcome of this was presented to TMC and Trust Board in October 2018.

CCA (2004) Obligations

The Trust's statutory requirements and achievements are as per below.

Live Exercise	Not yet due
Table Top Exercise	3
Communication Tests	5
EPRR Core Standards 2018	Substantially Compliant

CBRNe audit

The Trust has undertaken a yearly self-assessment for CBRNe compliance to ensure its preparedness in responding effectively to incidents involving contamination. This was undertaken by the WMAS in March 2018 to view the Trusts decontamination facilities and documentation. Overall, the assessment identified that there were nil recommendations for improvement. A summary of the assessment findings are below:

- The Trust has a well-developed CBRN Plan which is integrated into generic Major Incident Preparedness
- There is a clear decontamination procedure, based on the wash-wipe-wash process.
- Appropriate staff have been identified to establish and operate the decontamination resources, they are trained and aware of their role, and their safety is continually monitored.

7. PARTNERSHIP WORKING

The Trust continues to participate in a series of groups, in encouraging a joint approach to emergency preparedness for planning, response and recovery. This includes:

- Local Health Resilience Partnership – Executive Group (LHRP) – quarterly
- Local Health Resilience Forum for Emergency Planning Officers – monthly
- National Performance Advisory Group (NPAG) for Resilience – quarterly
- Wolverhampton Resilience Group (WRG) - quarterly
- Local Health Protection Forum – bi monthly
- Safety Advisory Group (SAG) Wolverhampton Council – held as and when required.

8. PRIORITIES FOR 2019/2020

- On-going delivery of statutory requirements under the CCA 2004, the framework for EPRR and Core Standards and NHS Standard Contract requirements.
- Review of National Occupational Standards and Core Competencies of staffing groups for Emergency Preparedness.
- Working with the Trust Fire Team on establishing a generic evacuation and shelter process.
- Exercise to test response in the event of a radiation incident with ED
- EMERGO exercise to test mass casualty plan
- Review business continuity process for data/cyber security incidents and compliance in line with the IG Toolkit & GDPR.
- Undertake data security table top exercise linked to business continuity to support IG Toolkit requirements.
- Cannock major incident exercise to define role and any issues relating to CBRN.
- Creation of an electronic grab pack for commanders.
- On-going planning and preparedness for EU Exit and potential no-deal scenario.