

## Trust Board Report

<b>Meeting Date:</b>	25 January 2016
<b>Title:</b>	NHS Preparedness for a Major Incident
<b>Executive Summary:</b>	The Trust has been requested to ensure it is resilient in responding to a Major Incident in line with NHS England Gateway No 04494.
<b>Action Requested:</b>	The Board is asked to approve the Assurance Statement.
<b>Report of:</b>	Chief Operating Officer
<b>Author: Contact Details:</b>	Head of Emergency Planning & Business Continuity <a href="mailto:Diane.preston@nhs.net">Diane.preston@nhs.net</a>
<b>Resource Implications:</b>	Nil
<b>Public or Private: (with reasons if private)</b>	Public session
<b>References: (eg from/to other committees)</b>	
<b>Appendices/ References/ Background Reading</b>	Annex 1 NHS England Gateway Reference 04494 Annex 2 Assurance Statement
<b>NHS Constitution: (How it impacts on any decision-making)</b>	

Background Details	
<b>1</b>	On the 9 <sup>th</sup> December 2015, all NHS Trusts were asked to ensure they were resilient in light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents occurred and will ensure that this is then reflected fully in the established Emergency Preparedness Resilience and Response procedures.
<b>2</b>	The Trust in line with all NHS Organisations were required to ensure that the Emergency Preparedness Resilience and Response core standards as part of the EPRR Assurance process were achieved. For 2015, the Trust was rated as 'Substantially Compliant'.
<b>3</b>	Outside of the annual EPRR Assurance Process a further request as part of Gateway 004494, Trusts are required to review the information requested in this gateway and for the Board to be assured that the Trust is able to respond as required.
Assessment Gateway 04494	
<b>1</b>	<p>The areas where the Trust' has been asked to provide further assurance on are in relation to the below areas:</p> <ol style="list-style-type: none"> <li>1. You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss of the primary communication system;</li> <li>2. You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency,</li> <li>3. Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident including where patients may need to be supported for a period of time prior to transfer for definitive care and</li> </ol> <p>You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and basaltic injuries.</p>
The Royal Wolverhampton NHS Trust response	
<b>1</b>	In the attached annex is an outline of the Trust's response in relation to the areas identified in Gateway 04494, along with an assurance statement for the Board to approve.

**Publications Gateway Reference  
No.04494**

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**To:**

NHS Trust Chief Executives  
NHS Trust Medical Directors  
Accountable Emergency Officers

9 December 2015

Dear Colleague

**RE: NHS preparedness for a major incident**

In light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in our established Emergency Preparedness Resilience and Response procedures. We have already undertaken significant work on the clinical implications and expect to communicate with you on this shortly. In the meantime, I am writing to request your support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.

We appreciate that you will currently be in the process of undertaking the annual EPRR assurance process, in line with the recently refreshed NHS England Assurance Framework, available at: <https://www.england.nhs.uk/ourwork/epr/gf/>. In addition, it will be important that all trusts review the following immediately and that you are able to provide assurance that:

- You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;
- You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and
- You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

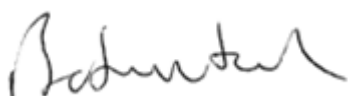
Ambulance trusts should also assure themselves that they:

- Ensure that the Marauding Terrorism and Firearms, Hazardous Area Response Team, Chemical, Biological, Radiological and Nuclear capacity and capability is declared live in Proclus and updated a minimum of every 12 hours.

Please could you ensure that your responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process.

Both my team and I appreciate your continuing support in ensuring that the NHS is in a position to respond to a range of threats and hazards at any time.

Yours faithfully



**Dame Barbara Hakin**  
**National Director: Commissioning Operations**

Cc.

Prof. Sir Bruce Keogh – National Medical Director – NHS England

Prof. Keith Willett – NHS England – Director for Acute Care

Dr Bob Winter – NHS England – National Clinical Director EPRR

Richard Barker – NHS England – North

Paul Watson – NHS England – Midlands & East

Anne Rainsberry – NHS England – London

Andrew Ridley – NHS England – South

Hugo Mascie-Taylor – Monitor

Helen Buckingham – Monitor

Dr K McLean – NHS Trust Development Authority

Peter Blythin – NHS Trust Development Authority

National on Call Duty Officers NHS England

NHS England Heads of EPRR

NHS England Medical Directors

## **NHS preparedness for a major incident statement of preparedness (Gateway ref no 04494)**

This paper provides details of RWTs readiness for a major incident in light of events in Paris on 13<sup>th</sup> November 2015.

The threat level for the UK remains unchanged since 29 August 2014 and therefore remains at SEVERE; this means that an attack is highly likely. SEVERE is the second highest level with CRITICAL being the highest. CRITICAL means an attack is imminent.

In the letter from Dame Barbara Hakin, National Director, Commissioning and Operations NHS England dated 9 December 2015 all Trusts were advised that following the Paris terrorist attacks, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in the NHS England established Emergency Preparedness and response procedures.

The letter directed that all NHS Trusts review the following immediately and provide assurance that:

1. You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss of the primary communication system;
2. You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency,
3. Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident including where patients may need to be supported for a period of time prior to transfer for definitive care and
4. You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and basaltic injuries.

### **The Royal Wolverhampton's Readiness statement against the above identified areas**

Firstly, like all NHS Trusts in the conurbation have submitted their NHS Core Standards submission 2015/2016, which have been approved at Trust Board level and have been ratified by NHS England West Midlands Area Team, along with a presentation of this at Local Health Resilience Partnership meeting.

1. The Trust has a communication test process in place which includes the undertaking of a 6 monthly communications exercise for key staff. Based on previous communication tests our call cascade system has been improved with the implementation of an electronic call system which is instigated to all departments and on call managers across the Trust. The Trust has maintained a backup system in the

event of the communication system failing. The Trust has been carrying out call cascade tests on a 3 monthly basis – the plan is for this to continue particularly in the light of the Paris Events and the embedding of the new system. The Trust is part of the HF radio net and has a radio set available within the 'Strategic Control Room' to support response. Internally, the Trust's communication team liaises with other NHS colleagues to ensure the messages for staff can be made through local radio and TV Channels and where appropriate through social network.

2. Dependent on the nature and scale of the transport disruption, the Trust would ensure that patient transport services for patients is available and other mechanisms can be used i.e. in discussion with Local Authority where possible to support staff. At the moment a mutual aid handbook is currently being developed for use across the conurbation to be instigated
3. The Trust's Major Incident Plan has been updated and has now been circulated to staff (also available on the Trust intranet) due to the updating of the Trust's A&E Department and the building of the new Urgent & Emergency Care Centre. There is on-going training in place with a plan to test elements of the new facility Feb/March 2016. The Trust updated its process for business continuity in 2014, which resulted in the development of new policy (approved at Board in April 2015; business impact assessments, new local business continuity plans are being done with minor amendments taking place – this has been developed across the whole of services within the Trust's portfolio. Each service area including critical care capacity and capability during any response has been undertaken. A website is available housing all plans the Trust has available for all staff to use.
4. Due to our strong EPRR network acute providers have a presence within NHS England Incident Control Centre and the IOR response plan and local area resilience group. These provide any specialist advice required depending on the incident. The Trust is also a member of the trauma network, critical care network and Public Health England, strong links with the local Director of Public Health – Local Authority and Hazardous Area Response teams etc.

### **Assurance Statement**

Having reviewed and taken into account all of the current plans following the tragic events in Paris, RWT can provide assurance that it is ready, to the best of its ability, to respond in the event of a major incident. It was further requested that responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process. However as the Trust's NHS core standards submission has been approved at Trust Board, arrangements are in hand to provide assurance to the Trust Board in 25 January 2016. In any event the above statement will also be presented to the Trust's Management Committee in January 2016, where reports on emergency preparedness are presented on a quarterly basis as a norm.