The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	22 April 2013
Title:	Emergency Preparedness Annual Report – 2012/2013
Executive Summary:	This report covers the following areas: • Activities undertaken for Emergency Preparedness during 2012/2013 and the Trust's compliance to its statutory duties under the Civil Contingencies Act 2004.
Action Requested:	• Note the activities undertaken for emergency preparedness during 2012/2013 and accept the report.
Report of:	Director of Planning & Contracting
Author: **Contact Details:**	Head of Emergency Planning & Business Continuity Diane.preston@nhs.net
Resource Implications:	Nil
Public or Private: **(with reasons if private)**	Public session
References: **(eg from/to other committees)**	Emergency Planning Committee Major Incident Sub Group Business Continuity Sub Group
Appendices/ **References/** **Background Reading**	Appendix 1 – Emergency Preparedness Annual Report 2012/2013 Civil Contingencies Act 2004 & NHS Emergency Planning Guidance 2005 The Health & Social Care Act 2012 The Operating Framework 2012/2013 NHS Commissioning Board 2013/2014 Standard Contract Service Conditions Everyone Counts: Planning for patients 2013/2014 (nee Operating Framework Emergency Preparedness, Resilience and Response arrangements effective April 2013.
NHS Constitution:	In determining this matter, the Trust Board should have

(How it impacts on any decision-making)	regard to the Core principles contained in the Constitution of: • 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

Background Details

1   BACKGROUND INFORMATION

There is a requirement from the Department of Health's Emergency Planning 2005 that the Trust Board receives regular reports, regarding emergency preparedness. This report identifies the work undertaken to ensure that the Trust is compliant with the statutory requirements placed upon it as a Category 1 responder under the Civil Contingencies Act 2004. It outlines the current position of emergency preparedness and the key activities that have taken place during the last 12 months. Activities undertaken during quarter 4 are included in this report.

The report covers the following areas:

- The statutory requirements for the Trust on emergency preparedness
- Responsibilities and Accountability
- Emergency Planning Activities, which include revision and update of plans, business continuity, Olympic Planning, training & exercising
- Partnership working and
- The priorities for 2013/2014.

The Annual Report is in Appendix 1.

The Trust Board is asked to note and accept this report.

The Royal Wolverhampton **NHS**
NHS Trust

Emergency Preparedness Annual Report 2012/2013

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Executive Summary

All public services including NHS Trusts are required to demonstrate preparedness such that, in the event of a Major incident or other emergency either in, or affecting, the local community, or within its own services, the Trust needs to demonstrate it is able to respond effectively making the optimum use of the available resources in the given circumstances.

The Trust continues to be represented and involved at appropriate levels in various emergency preparedness arrangements for the Black Country, although it should be noted that these arrangements are in the process of changing as a result of the Civil Contingencies Act (CCA) 2004, and the Enhancement programme which will be completely changed over the next year, along with the implementation of the New Emergency Preparedness, Resilience and Response (EPRR) arrangements with effect from the 1 April 2013, and the embedding of the NHS Commissioning Boards and the Clinical Commissioning Groups, which are part of the changes to the Health & Social Care Act 2012 to the health system in England.

EPRR remains a key priority for the NHS and forms part of the NHS Commissioning Board planning framework (Everyone Counts: Planning for Patients), the NHS Standard Contract and through this the NHS Commissioning Board Emergency Planning Framework (2013). A set of core standards for emergency preparedness, resilience and response (EPRR) have been set out. These standards are an underpinning requirement for NHS funded organisations. These are not all new standards, but there will be an expectation and assurance that as a NHS Funded Organisation we can demonstrate that we have plans, and can deal with a wide range of incidents and emergencies that could impact on health or patient care.

The Trust, as a Category 1 responder under the CCA, and the Health Emergency Planning Guidance 2005, continues to carry out its duties in line with this guidance and ensuring its resilience in the event of a major incident or any severe disruption to the services, it provides for patients, ensuring maintenance of continuous levels in key services faced with disruption.

The Trust has undertaken various training and exercising initiatives relating to Emergency and Business Continuity throughout 2012/2013, and working with partner organisations to give assurance of the Trust's resilience and ability to respond in the face of risks that may threaten the delivery of high quality services to our patients and also to our own workforce in the event of any kind of severe disruption.

1.0. Background

The NHS service wide objective for emergency preparedness and response is:

To ensure that that the NHS is capable of responding to major incidents/severe disruptions of any scale in a way that delivers optimum care and assistance to individuals who may be affected, that minimises the consequential disruption to healthcare services and brings about a speedy return to normal levels of functioning: it will do this by enhancing its capability to work as part of a multi-agency response across organisational boundaries.

As a Category 1 responder the Trust has a duty to demonstrate compliance against six civil protect duties under the Civil Contingencies Act 2004.

- Assess local risks, using to inform emergency planning
- Develop emergency plans, which are kept up-to-date, tested, exercised and staff are trained.
- Plan for Business Continuity Management, production and maintenance of business continuity arrangements to sustain critical functions in the event of service disruption or emergency situations.
- Put arrangements in place to warn and inform the public
- Co-operation with other responders
- Share Information.

The Trust is also required as part of its statutory duties is to conduct a desk top emergency exercise every year, a live emergency exercise every 3 years in order to validate emergency preparedness arrangements and that communication cascade exercises are conducted every 6 months.

The Trust needs to prepare, plan and exercise for a Major Incident/severe disruption which is not only a statutory requirement under the CCA but also a requirement from the DH Emergency Planning Guidance (2005 – currently under review) and a requirement detailed in the Care Quality Commission 'Essential Standards of Quality and Safety, Outcome 4 (B) and 6 (D).

The NHS Operating Framework 2012/2013, reflects the changes under the Health and Social Care Act 2012 (with effect from April 2013 this will be replaced with 'Everyone Counts: Planning for Patients 2013/2014') where all organisations are required to maintain a good standard of preparedness to respond safely and effectively to a full spectrum of threats. The arrangements for Emergency Preparedness will change and are detailed in the guidance for 'Emergency Preparedness, Resilience and Response (EPRR)' effective April 2013. Along with the NHS Commissioning Board and Public Health England, who will work together at all levels to ensure nationally consistent health emergency preparedness and response capability and the requirements which will be further articulated in the NHS Standard Contract for 2013/2014, are delivered.

2.0. Introduction

2.1. There is a requirement from the Department of Health's Emergency Planning Guidance 2005 that the Trust Board receives regular reports, regarding emergency preparedness. This report identifies work undertaken to ensure that the Trust is compliant with the statutory requirements placed upon it as a Category 1 responder under the CCA. It outlines the current position of emergency preparedness and the key activities that have taken place during the last 12 months.

2.2. The Trust has a suite of plans to deal with Major Incidents and Business Continuity Issues. These conform to the CCA and current DH guidance.

2.3. The paper reports on the training and exercising/testing programme and details of the developments of the emergency planning arrangements and plans. This report gives a summary of instances in which the Trust has had to respond to and activities that have taken place to ensure our staff are aware of their responsibilities.

3.0. Responsibility & Accountability

3.1. The Trust has in place an Emergency Planning Committee (EPC) in place to ensure compliance with the Civil Contingencies Act 2004 and sets out the strategic direction and work plan for the Trust to deliver the national emergency preparedness, response and resilience agenda for health by ensuring that appropriate plans, systems, policies and processes are in place. This is supported by two sub groups, Major Incident Planning and Business Continuity.

3.2. The Emergency Planning Committee is directly accountable to the Trust Management Team, who delegates responsibility to the Committee to for specific aspects of performance and management, with ultimate accountability through the Chief Executive to the Trust Board.

The EPC has responsibility for the assurance framework for emergency preparedness and monitors any risks that may present and any key risks which are identified will be escalated to the Trust's Governance and Risk Committee as required.

3.3. The Trust has an Emergency Planning Officer who supports the lead Executive Director in the discharge of the Trust's Emergency Preparedness responsibilities.

4.0. Emergency Planning Activities during 2012/2013

4.1. *Emergency Planning Activities*
Emergency Planning has developed over the last 4 years, with priorities changing locally and at a national level in terms of UK resilience. Below are the plans that have been revised/developed throughout 2012/2013.

4.1.1. *Plans*

- Revised Major Incident Plan with this being merged with the Trust's Mass Casualty Plan and new EPRR arrangements effective from 1 April 2013, as part of an ongoing basis as well as in response to specific incidents, guidance, lessons identified in exercises/tests or in the light of experience. This involving a number of specific changes around action cards
- Revised Chemical, Biological, Radiological and Nuclear (CBRN) plan
- Revised Business Continuity Strategy, which updates the Trust's critical services and key IT systems, along with a short summary of the revised strategy.
- Updated Plans for Heatwave and Cold Weather to reflect national guidance and the Trust's actions.
- Antibiotic Collection Centre support for Olympic Planning.

4.2. *Business Continuity*

The Trust has a legal duty to develop robust business continuity management arrangements which will help them to maintain their critical functions if there is a major emergency or disruption. This could include for example, an infectious disease outbreak, severe weather, fuel shortages, industrial action, loss of accommodation loss of critical information, loss of technology or supply chain failure.

In the past the Trust has developed its business continuity management systems in line with British Standard NHS 25999. However this standard is currently being replaced by ISO 22301 for which there will be a requirement for the Trust to adopt.

Throughout the year, the Trust has carried out an ongoing update of its services business continuity plans. Further work was highlighted as being needed to ensure plans reflect all recommendations from an internal audit carried out in August 2012 by RSM Tenon A business continuity review process and checklist are in place to support and encourage services to develop a strong BCP. Work is ongoing in terms of current performance the Trust has 63% robust service plans, with an aim to have 100% within the first quarter of 2013/2014.

Business Continuity Planning performance is evaluated at the Business Continuity Sub Group.

In July 2012, an internal audit was carried out on the Trusts business continuity management arrangements by RSM Tenon and a subsequent report completed. The audit was focused around the controls in place to manage any severe disruption and the embedding of BC at an operational level. The main recommendations received focused on reviewing/updating plans and ensuring that plans correlate centrally and at a local level.

The business continuity performance for 2012/2013 is articulated below.

Services	Status of BCP	Services	Status of BCP
Division 1		**Division 2**	
Cardiothoracic	🟩 Green	Adult Community Services Group	🟩 Green
Critical Care Services & Theatres	🟧 Amber	Cancer Services	🟩 Green
Ophthalmology	🟧 Amber	Therapy Services Community & Acute	🟩 Green
Dental Services	🟧 Amber	Emergency Services to include: ED & AMU	🟧 Amber
Speech & Language	🟧 Amber		
General Surgery	🟩 Green	WUCTAS/Phoenix walk in centre	🟧 Amber
Urology	🟩 Green	Gastroenterology	🟩 Green
Head & Neck Services	🟩 Green	Diabetes	🟩 Green
Obstetrics & Gynaecology	🟩 Green	Renal	🟩 Green
Pathology	🟩 Green	Respiratory	🟩 Green
Radiology	🟩 Green	Nutrition & Dietetics	🟩 Green
Trauma & Orthopaedics (T&O)	🟩 Green	Children Services Acute & Community	🟧 Amber
Support Services		Pharmacy	🟥 Red
ESTATES & FACILITIES:		Care of the elderly	🟥 Red
Hotel Services	🟩 Green	Rehabilitation (West Park)	🟩 Green
Estates Management	🟩 Green	Dermatology & Rheumatology	🟩 Green
Medical Physics & Clinical Engineering	🟩 Green	Neurology	🟥 Red
Commercial Services;	🟩 Green	Sexual Health	🟧 Amber
SYNERGY - Linen Services	🟩 Green	Stroke	🟥 Red
SYNERGY - Sterile Services CSSD	🟩 Green		
Corporate		**Information Technology**	
Education & Training	🟩 Green	Application Support & Development inc Disaster Recovery	🟩 Green
Finance inc payroll	🟩 Green	Patient access, health records & Switchboard	🟩 Green
Medical Illustration	🟩 Green	ICT Technical Services plan listed inc Disaster Recovery	🟩 Green
Nurse Education	🟩 Green		
Patient Services inc OPD & Transport	🟩 Green		
Procurement	🟩 Green		

4.2.1. Business Continuity Awareness Week - 18 – 22 March 2013

Business Continuity awareness week is an annual global event that is facilitated by the Business Continuity Institute and is a key vehicle in raising the awareness of and show casing the value of business continuity as an integrated part of any organisations strategy. The Trust took the opportunity to provide an education

platform to continue the good work with a range of tools to increase awareness; strengthen understanding and develop ownership of Business Continuity within the services we provide, consisting of an on line incident simulation game, launch of a surveymonkey, daily questions and staff bulletins.

4.3. *Olympic Planning*

The 2012 Summer Olympics took place. This was a major international multi-sport event celebrated in the tradition of the Olympic Games as governed by the international Olympic committee 27 July to 12 August 2012. Even though it took place in London, all NHS organisations had to partake in an additional assurance in its ability to respond should the need arise. From the creation of an Antibiotic Collection Centre if required, particularly as the responsibility for mass prophylaxis/antibiotic giving was shifted from primary care under transforming community services, as well as producing a checklist and flow chart for emergency portals due to Olympic members of the Olympics accredited games family being entitled to access free NHS care subject to meeting a certain criteria. As a result of this a programme of work was undertaken to meet these requirements, along with working with many agencies, i.e. the SHA, the regional emergency preparedness team.

4.4 *Contest Strategy & Prevent*

As part of the Governments revised counter terrorism Strategy of June 2011 (CONTEST), the NHS has committed to support initiates to reduce the genuine risk faced from terrorism so that people can go about their lives freely and with confidence. It is made up of four work streams, or four Ps:

Protect – strengthening our borders, infrastructure, buildings and public spaces
Prepare – where an attack cannot be stopped, to reduce its impact
Pursue – to disrupt or stop terrorist attacks

The fourth P is *Prevent* which aims to stop people becoming terrorists or supporting terrorism, aimed at vulnerable individuals. The Department of Health is supporting the delivery of initiatives which prevent individuals being radicalised by terrorist activity. The *Prevent* strategy places an onus upon the health sector to support the work of counter-terrorist activity because of the volume of people who come into contact with healthcare workers on a daily basis and high profile cases associated with the NHS.

Work is currently underway to achieve this by including *Prevent* initiatives into the everyday practice of staff working within health services. Prevent initiatives are being integrated into Adult and Child Safeguarding across NHS Midlands and East and is a requirement under the Care Quality Commission Registration Regulations for safeguarding (outcome 7) and has been included in the National Contract for 2013/2014.

The Trust has identified a Prevent Lead, and has facilitators to deliver health workshops who are DH approved trained to raise awareness of *Prevent* to staff. The Trust has developed an alert process for staff, along with a website for communication and information sharing, whilst working with the local Counter Terrorism Unit and the Local Authority to develop these initiatives. The aim is for this training to become mandatory and a series of training workshops are planned for 2013/2014.

4.5. *Training & Exercising*

4.5.1. *Training*

- All new staff who attend Trust induction continue to receive an overview of emergency preparedness, outlining their responsibilities, which is supported by a brief overview sheet and the Trust launched in May 2012, a DVD aimed at increasing awareness across the Trust and to help set out how the Trust responds to a major emergency albeit a major incident or a business continuity issue.

- The revised business continuity strategy for the Trust was launched in March 2013, along with an overview sheet of what business continuity is and everyone's responsibility towards ensuring this happens.

- A staff competency self assessment was launched in December 2012 for staff who would be undertaking the role of a Gold or Silver Commander in the event of a major or emergency incident. It highlighted that further training was required and this would be built into the emergency planning programme of work for 2013/2014.

4.5.2. *Exercising*

The Trust has undertaken a number of training/exercises to test plans and to build on learning during 2012/2013. These include:

Key: -

Live Exercise every 3 years
Table top exercise annually
Communication Tests every 6 months
External Tests/exercises Trust has participated in

Date	Activity	Scenario	Participants
4 May 2012	Ex Serpent Challenge – Table top exercise continuation of Olympic planning and business continuity	Mass casualty incident - testing the Trust's mass casualty plan.	Gold & Silver Commanders and bronze – variety of staff across the Trust
22 June 2012	EMS – Exercise Serpent Regulation 2	Communication test in the event of a Major Incident across a number of Acute Trusts.	All Acute Trusts Across Birmingham and the Black Country.

10 July 2012 & 1 November 2012	Communication Test using Rapid Reach an electronic messaging system.	Major incident declared to test response of cascade.	All roles/areas identified on the major incident call out cascade list.
3rd December 2012	Ex Frustration - Community Business Continuity Table top Exercise	A variety of scenarios: Loss of staff, disruption in supply chain and power supply.	Adult Community Service team
05 Feb 2013	Ex Phoenix 2 – BC – IT disruption	IT Disruption affecting several of the corporate services IT systems i.e. payroll, supplies	Chief Finance Officer - Corporate Team Finance, Procurement, IT, Information & Coding, Capital & Estate Development, Payroll

Lessons learnt from these exercises have been built into the further development of plans, changes to action cards and the update of business continuity plans

4.6   Incidents and responses

The Trust has had to respond to several incidents during 2012/2013, some of these being:

4.6.1. IT Disruptions

The Trust has experienced a series of IT disruptions i.e. clinical web portal system outage, network disruptions where business continuity processes have been invoked and an action plan from the lessons learnt from these disruptions. The Trust has now in place detailed business continuity and disaster recovery plans for the IT elements of its systems, so that these can be restored quickly as possible, with all systems being installed on a duel server in different locations which are regularly backed up and live failover between servers.   The IT department is working with areas to make sure that they have tested business continuity plans and that areas have plans in place so that services are maintained.

4.6.2. Accommodation Issues

Sewage flood in the Rheumatology Department rendering the area unusable and the instigation of actions to ensure the delivery of care was given in a safe environment. This resulted in the service continuity plan being invoked, with nil impact on the patients attending the outpatient service.

4.6.3. Fire Incident – Maternity Unit

On the 4 March 2013, a suspected fire incident occurred in the Maternity Unit. Only minor fire damage was sustained. However the evacuation of ward D12 took place. A debrief session following the incident identified areas of improvement such as; better evacuation procedures, the training of staff, some fire procedures and communications. These have been built into an action plan for the updating of plans and procedures for the maternity unit.

5.0   Partnership working

The Trust's participates in the following health and multi-agency groups to ensure a proactive and co-ordinated approach to warning and informing and sharing best practice encouraging a joint approach to emergency preparedness in terms of planning, responding and recovery.

- Local Health Resilience Partnership – part of the changes under the new EPRR arrangements.
- Local Health Resilience Forum (LHRF) – due to be superseded by the West Midlands Planning Officers Group.
- Wolverhampton Resilience Group
- Safety Advisory Group (SAG) Wolverhampton Council

6.0.   Assurance & Obligations under the CCA

6.1.   By the end of 2012/2013, the Trust has undertaken:

- 2 communication tests
- 3 Table Top Exercises
- 1 External Communication Test

6.2.   The Trust has completed its annual CBRN self assessment audit by the 31 March 2013, with a site visit by the West Midlands Ambulance Service due before the end of May 2013.   A further assessment on CBRN has been completed for the NHS England (Midlands & East), in terms of Trust's readiness in the event of an incident of this type occurring. The outcomes from these are still awaited.

6.3.   The Trust undertook a national capability study in November 2012 to give the Government assurance on the state of the UKs readiness for any type of major or emergency event, which would affect its infrastructure. The Trust was in line with the national average of 63%.

7.0.   Priorities for 2013-2014

It is anticipated that much of the work for the Trust in 2013/2014 will be related to the following areas:

- Embedding of the new Emergency Preparedness, Response and Resilience Arrangements
- Review of the EPRR Core standards and gap delivery
- The ongoing needs to strengthen business continuity planning and service plans
- Statutory 3 yearly Live Exercise – Emergo - June 2013
- Fire Evacuation Exercise
- Update of the Pandemic Flu plan to reflect the changes under EPRR

- Ongoing training, production of new materials to support training both at a command level and more awareness sessions to key front line staff on their roles in the event of a major incident.
- Loggist training
- Development of Mandatory training in emergency preparedness
- Prevent training to all staff

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