

Trust Board Report

Meeting Date:	24 April 2017
Title:	Emergency Preparedness, Resilience and Response (EPRR) Annual report 2016/2017
Executive Summary:	The report provides an account of the Emergency Preparedness, Resilience and Response activities undertaken from 1 April 2016 – 31 March 2017. It includes work undertaken to ensure the Trust’s response in the event of a major incident or severe disruption and provides evidence of the Trust’s plans, training and procedures to meet the EPRR core standards and relevant statutory obligations under the Civil Contingencies Act 2004. It sets out the Trust’s state of readiness and provides assurance to the Board of the Trust’s continued effective resilience programme.
Action Requested:	For Trust Board to note and accept this report.
Report of:	Chief Operating Officer/ Accountable Emergency Officer (AEO)
Author: Contact Details:	Head of Emergency Preparedness and Business Continuity Tel 01902 694310 Email Diane.Preston@nhs.net
Links to Trust Strategic Objectives	
Resource Implications:	Revenue: Capital: Workforce: Funding Source:
Equality and Diversity Assessment	(Include here details as to the equality and diversity impact of the recommendation (if any), specifically in relation to the Protected Characteristics under the Public Sector Equality Duty, namely age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion and belief, sex, and sexual orientation)
Risks: BAF/ TRR (describe risk and current risk score)	1542 Green
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	Emergency Planning Group
Appendices/ References/ Background Reading	NHS England Emergency Preparedness Framework (EPRR) 2015 NHS England Core Standards for Emergency Preparedness, Response and Resilience 2016 NHS England Business Continuity Management Framework (2013) ISO 222301 Business Continuity Management Systems Requirements BSI PAS 2015:2010 framework for Health services resilience
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <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

1.0. Background Details	
1.1	Under the Civil Contingencies Act 2004, every NHS Organisation has to have Emergency Preparedness, Response and Resilience (EPRR) arrangements in place. The Royal Wolverhampton NHS Trust is classified as a Category 1 responder. As a Category 1 responder, the Trust is required to fulfil the relevant legal and contractual EPRR requirements, and ensure a robust and sustainable 24/7 response to emergencies and disruptions.
1.2.	The Trust is further required to meet the core standards set out by NHS England under the EPRR arrangements 2016. The core standards cover a range of areas concerned with major incident response and ensuring business continuity and emergency preparedness is embedded within the Trust. Locally, the Trust links in with NHS England West Midlands.
2.0 Annual Report 2016/2017	
2.1	This report provides an outline of the Trust's emergency preparedness in order to meet the statutory requirements of a Category 1 responder under the Civil Contingencies Act 2004. It identifies the work undertaken to ensure the Trust resilient and compliant with its legal and statutory requirements. It outlines the Trust's state of readiness in responding to any emergency or disruptive event which may impact on service delivery.
2.2	The report covers the following activities that the Trust has undertaken during 2016/2017. 2017/2018. <ul style="list-style-type: none">• Review and updates of a variety of Emergency plans• Training & Exercising undertaken• Events/Incidents the Trust has responded to• Partnership working• The Trust's status regarding the EPRR framework 2015 and core standards• An outline of priorities for 2017/2018.
2.3	The detailed Annual Report is in Appendix 1.
2.4	The Trust Board is asked to note and accept this report.

Emergency Preparedness, Resilience and Response, Annual Report 2016/2017

Compiled by:
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Head of Emergency Preparedness & Business Continuity
March 2017



Safe & Effective | Kind & Caring | Exceeding Expectation

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Abbreviations/Glossary of Terms

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	RWT – Category 1 Responder Category 1 responders are known as core responders - they include the usual "blue-light" emergency services as well as others
CCA	Civil Contingencies Act 2004 (2005) 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 – Illnesses 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 (nee A&E)
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.
NHSE West Midlands	NHS England West Midlands Regional Team for NHS England which covers Birmingham, Solihull and Black Country and Arden, Herefordshire and Worcestershire
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.
NARU	National Ambulance Resilience Unit
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
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.
Vocare	Vocare - UECC Walk in Centre (ED)
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
UECC	Urgent & Emergency Care Centre Established at New Cross in April 2016 – ED working with ‘external GP provider.

1.0. PURPOSE

This report aims to update the Trust Board regarding the activities undertaken in 2016/2017 in relation to emergency preparedness within The Royal Wolverhampton NHS Trust to ensure that the Trust is able to meet its responsibility to provide an emergency response to a major incident of any type and to effectively manage internal emergencies.

2.0. BACKGROUND

2.1. 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.

2.2. 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

2.3. NHS England Core Standards for EPRR (2015) are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Trust is now required to follow the Emergency Preparedness, Resilience and Response (EPRR) framework (November 2015) and delivery of the NHS England Core Standards, which are the minimum standards which NHS Organisations and providers of NHS funded care must meet and provide assurance around EPRR to the Commissioning Board. The Trusts regional link is NHS England - West Midlands.

3.0. INTRODUCTION

This Annual report provides an outline of the Trust's emergency preparedness in order to meet the statutory requirements of a Category 1 responder under the CCA 2004 and the EPRR framework 2015.

3.1. The report covers the following activities that the Trust has undertaken during 2016/2017 to ensure the Trust's resilience in the event of a major incident or severe disruption.

- Review and Updates of a variety of Emergency plans
- Training and Exercising undertaken
- Response - events/incidents the Trust has responded to during 2016/17
- Partnership working
- Status regarding EPRR framework 2015 - core standards
- Priorities for 2017/18

4.0. GOVERNANCE ARRANGEMENTS

The overall responsibility for emergency planning rests with the Chief Executive. The Trust's Accountable Emergency Officer (AEO) is the Chief Operating Officer, supported by the Head of Emergency Planning & Business Continuity.

Operating management is provided by the Head of Emergency Planning & Business Continuity. 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. The Head of EP & BC also takes responsibility for ensuring compliance with the Civil Contingencies Act (2004), current NHS Emergency Preparedness, Response and Resilience guidance (2015) and other government led guidance.

The Trust has an Emergency Planning Group which meets on a quarterly basis supported by 2 sub-groups: Major Incident Planning (chaired by Emergency Department Clinical Director) and Business Continuity (chaired by Deputy Chief Operating Officer) which includes pandemic flu planning.

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

5.0. RISK ASSESSMENT

5.1. The CCA 2004 requires Trusts, as 'category one' responders to have effective Major Incident Response and Business Continuity Plans (BCPs).

5.2. The National Risk Register 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. 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.

LHRP have considered all local risks within the Birmingham and Black Country and developed an agreed risk register that all NHS Organisations should align to.

5.3. The CCA also requires the Trust to ensure its sites have evacuation plans to prepare for evacuation of all or part of each site. The Trust already has an evacuation process in place in the event of Fire, but more work needs to be undertaken in line with the NHS England EPRR Guidance 'Planning for the Shelter and Evacuation of people in healthcare settings.'

6.0. PLANNING & PREPAREDNESS ACTIVITIES

6.1. The following plans have been reviewed and updated. Below is a Trust-wide resilience plan status.

Trust-wide Resilience Plans as at 31 March 2017	Last updated
Emergency Preparedness Resilience and Response (EPRR) Strategy	July 2016
Major Incident/Mass Casualty Plan	July 2016 – review due to 'Live exercise'.
CBRN Plan	March 2014 – review due March 2017
Business Continuity Management Policy	April 2015

Pandemic Influenza Response Plan	March 2016
Cold Weather Alert Plan	November 2016
Heatwave Plan	June 2016
Fuel Disruption Plan	July 2016

6.2 Emergency Preparedness Resilience and Response (EPRR) Strategy

The Trusts EPRR strategy has been updated to incorporate changes to the Trusts internal portfolio. This includes the inclusion of Cannock Chase Hospital and the revised definition of a 'Major Incident' under the Civil Contingencies Act. The strategy provides a framework to ensure that arrangements are in place within the Trust to support a high level of preparedness to any Major Incident or business disruption event. Approved at the Emergency Planning sub group and launched in July 2016.

6.3 Major Incident/Mass Casualty Plan

The Trust Major Incident plan was updated in November 2015 due to the opening of the UECC and again in July 2016 to incorporate the revised definition of a 'Major Incident' under the Civil Contingencies Act, Secretarial (Cabinet Office). This has been shared with key staff and also made available on the Emergency Preparedness intranet page. This is currently being reviewed again as a result of the lessons learnt from the 'Live Exercise Endurance' January 2017, the inclusion of 'Vocare' in the event of response and regional mass casualty exercise 'Exercise -Vital Signs' which the Trust took part in March 2017.

6.4 CBRN Planning

This is due for review due to updates in Home Office guidance/National Ambulance Resilience Unit in responding to a CBRN incident, an update on 'ICE' (Individual Chemical Exposure) and the inclusion of 'Vocare' in supporting the Trust in the event of any incidents of this nature.

6.5. Business Continuity Management (BCM)

Following completion of the work undertaken by the external company Bounceback Solutions, the Trust is currently in the position of finalising new Business Disruption Risk Assessments (BDRAs), Business Impact Analysis (BIAs) and refreshed Business Continuity plans (BCPs) across all service areas within the Trust. On-going support is being provided to all service areas where required along with the establishment of a review process to be adopted by Plan owners to ensure the maintenance of local plans. In addition, the Emergency Preparedness team are in the process of setting up a central reserve for which this information can be held and easily accessed by departments and respective plan owners.

The Trust has taken part in the International Business Continuity Awareness week, 16-20 May 2016. The purpose was to raise awareness to staff on the importance of ensuring business continuity and that the Trust needs to be ready to respond to any type of disruption. As part of this the Trust focused on launching the new Business Continuity Management process.

6.6. Pandemic Influenza Response plan

As a requirement of the 2015 EPRR Core Standards, the Trust was required to update its existing Pandemic flu Plan; this was approved at Trust Management Committee in March 2016.

This was updated to reflect the changes in NHS landscape as of 1 April 2013. This plan provides the framework for co-ordinating the Trust's response to an influenza pandemic. It is not a standalone document and supplements the Trust's existing Business Continuity procedures/plans by providing additional information and guidance.

Another key change is the inclusion of a signed Memorandum of Understanding between the Trust and the Nuffield Health to extend local arrangements in providing extra bed capacity and support to vulnerable patients, should a pandemic occur.

In November 2015, NHS England West Midlands held a pandemic flu multi-organisation workshop to facilitate and assess preparedness across Birmingham, Solihull and Black Country. The aim of the workshop was to explore the need to develop Local Authority Pandemic Influenza Co-ordination Groups and their relationships within the conurbation from a Command and Control perspective, specifically regarding preparing for and responding to an influenza pandemic.

It has been agreed in Wolverhampton that the Director of Public Health would be the lead with the first meeting held in January 2017. The group is initially looking at the first 2 phases of the Public Health England Plan (2014), which outlines the different phases, Detection, Assessment, Treatment, Escalation and Recovery (DATER). Ex Pan's Labyrinth took place on the 9th February 2017 to exercise the first 2 phases to validate the shared multi-agency co-ordination to test individual agencies' plans and preparations for the initial phases, to identify appropriate staff and resources, on-going training requirements, to explore multi-agency co-dependences and interoperability issues and any changes to existing Memorandum of Understandings and contracts that may be required.

This is on-going with a follow up meeting in April 2017.

6.7. Cold Weather Alert Planning

The UK Cold Weather alert watch came into operation between 1 November 2016 and 31 March 2017, throughout this period senior managers have received alert communications to ensure preparedness across the Trust. The Trust's cold weather plan has also been updated in November 2016 to incorporate minor changes to reflect the NHS England Cold Weather Plan 2016. This was available to all staff on the intranet.

6.8. Heatwave Planning

The Trust's plan was updated in line with the Heatwave Plan for England 2016, issued in May 2016. During the Heatwave period June – September 2016 arrangements were in place should the heatwave triggers be reached. The heatwave alert reached Level 3 on one occasion in July 2016.

6.9. Fuel Disruption

The Trusts fuel disruption plan was reviewed and updated in July 2016. Minor changes have been made to incorporate changes in line with the NHS England EPRR Core Standards 2016 and National Guidance and department changes. The plan outlines the Trusts arrangements in preparation for and response to potential implementation of the National Emergency Plan for Fuel (NEP-F).

7.0. TRAINING & EXERCISING

7.1. The Trust has undertaken a number of training sessions during 2016/17, please see table below.

Internal training		
Training	Training overview	Date
ICT major incident training senior managers/on call staff	Two major incident training session have been delivered to on call IT staff/senior managers. The aim of the training was to give IT staff a refresher on their role in responding to a major incident. This included training on setting up the command and control rooms both in and out of hours.	May 2016
Major Incident-Strategic and Tactical on call grab pack	This is an on-going requirement since 2012 where all On Call Directors and On Call Managers receive 1:1 training in relation to a major incident response. This contains useful guidance for commanders, which is regularly updated. During the last 12 months a further 7 sessions were held.	On- going
Tactical (silver) Command training	Tactical command training has been delivered to on call managers. The aim of this session was to provide managers with an update on the EPRR arrangements in terms of responding to a major incident and to build their competence. The session also included training on how to use the communication radios which was delivered by the security team.	October 2016
CBRN training for ED staff	CBRN training sessions with the inclusion of radiation and Major Incident training has been held throughout the year – with 3 new starter sessions with suit training taking place.	From May 2016 = 11 sessions
E-learning Training		
Business Continuity e learning package	Since the launch of the Business Continuity e learning package, in October 2015, there has been on- going monitoring to ensure key staff groups complete the training. The aim of the e learning is to ensure staff understand their role in implementing Business Continuity Management within the Trust and components which need to be considered to have effective business continuity plans at a service level.	As at 31 March 2017. 35 members of staff have undertaken the e learning package
Strategic (Gold) and Tactical Adviser (Silver) Command mandatory training	This is for Director on Call and Trust on Call Managers in order for them to undertake their role in responding to a Major Incident. This has been authorised by the Trust as a mandatory requirement.	Due to be launched May 2017
Major Incident Management for Clinicians and ED Nursing Staff	This is to provide ED staff an understanding of their role in the event of responding to a major incident.	Due to be launched May 2017
CBRNe Refresher Module	This reinforces the role requirements of ED staff responding to a CBRNe incident.	Due to be launched May 2017

External Training		
Loggist training	Loggist training has been successfully completed by two Trust staff members in May 2016. This was delivered by Public Health England and designed to give staff a comprehensive understanding of the health relationships during an incident, and the importance of evidential records and documents in any post incident legal proceedings.	May 2016

7.2. Tests/ Exercises

The Trust has undertaken a number of exercises to test plans and to build on lessons learnt during 2016/17, these are set in the table below.

Internal exercises		
Exercise/Test	Description/Outcome	Date
Table Top Exercise	A table top exercise was carried the same time as the 'Live Exercise', to test Paediatric and Surgical Assessment response in the event of a MI occurring as the main admissions areas. Lessons learnt review of processes to be undertaken i.e. medical staff cascade.	29 January 2017
Live Exercise – Exercise Endurance	3 year live exercise "Exercise Endurance". This tested components of the Trust revised major incident plan and was an opportunity for staff to practice responding in a safe environment. The exercise highlighted some key learning outcomes, production of a medical call out list, parents turning up at triage looking for their child, review of medial triage and triage processes generally and communication processes across the department. Formal debrief report in process.	29 January 2017
Communication Tests- Call Cascade	The Trust undertook a communication exercise in October 2016. The exercise demonstrated areas for improvement in terms of key staff, medics knowing how to respond once they receive notification at declared in the event of a major incident. A new Alert Cascade system has been procured and due to be launched in April 2017. Communication test took place as part of the 'live exercise, lessons identified; having a system/process which ensures effective communications with the public, patients, and staff and the importance of using ASCOM by ED staff.	6 October 2016 29 January 2017
External exercises		
Exercise Tristar	Trust invited to take part in a multi-agency exercise hosted by University Hospital, Birmingham Childrens Hospital and Heart of England – to test several organisations response to a major incident and cross working.	26 April 2016
Ex Vital Signs	Multi-Agency Mass Casualty Event – which the Trust took part in – to test capability and ability to respond in	21 March 2017

	the event of a mass casualty event occurring affecting several organisations – lessons learnt for the Trust was to review its surge plans particularly in relation to theatres and ICCU.	
CBRNe workshop	To review the updates of NARU and how these affect organisations locally.	25 May 2016
Mass casualties incident NHS England Midlands & East	Ex Alcazar – organised by PHE to explore the challenges that an incident resulting in large numbers of casualties could present to health partners in the NHS England Midlands and East region.	29 June 2016
Multi agency pandemic planning	Ex Pan's Labyrinth took place on the 9 th February 2017 to exercise the first 2 phases to validate the shared multi-agency co-ordination to test individual agencies' plans and preparations for the initial phases, to identify appropriate staff and resources, on-going training requirements, to explore multi-agency co-dependences and interoperability issues and any changes to existing Memorandum of Understandings and contracts that may be required.	9 February 2017 On-going

8.0. LIVE INCIDENTS

8.1. Lorry chemical spillage

On 26 September 2016, an incident occurred in Wolverhampton involving a chemical spillage from a lorry. Emergency Services attended the scene which resulted in 5 patients attending New Cross Hospital as a precautionary measure. The Emergency Department were on standby to receive patients and managed the department well. There was no significant harm to the patients and use of the decontamination unit was not needed.

8.2. Baxter Supply Disruption

Following an on-going National Supply Disruption of Baxter healthcare products in which the Trust experienced a shortfall in the number of IV Administration sets, notification has been received from NHS Supply Chain to inform that these products have been re-established and that the Trust can return to normal ordering processes. The disruption was caused by a prolonged period of increased demand which meant stock during this period was not sufficient to meet the needs across the Trust. This disruption ended in June 2016, resulting in little impact on the Trust due to planning and control procedures that were put in place. It did however highlight some actions and a debrief report is currently being developed to take this forward.

8.3. IT system disruption

On the 10 May 2016, an IT system failure occurred within the Trust which impacted on a variety of systems and areas across the Trust. The disruption continued until the 11 May 2016 and occurred as a result of the Dell Compellent Data Controller failing. This caused service disruption to core IT systems including:

- Patient Administration System
- Safe Hands
- Switchboard Telephony System
- Clinical Web Portal

- Emergency Department Patient 1st system

The Trusts Business Continuity plans came into operation and were successfully implemented. A virtual Hot Debrief has taken place with key departments to reflect on the Trusts response and identify any lessons learnt. Overall the incident was managed well with on-going communication and support provided from outside on call arrangements. The incident did however identify areas that need further consideration including, on-going training for key departments and a review of manual work around systems. Further work is taking place with IT to address these actions.

9.0. PARTNERSHIP WORKING

The Trust continues to participate in a series of Groups in encouraging a joint approach to emergency preparedness for planning, responding and recovery.

- Local Health Resilience Partnership – Executive Group (LHRP) – bi mthly
- 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
- Local Pandemic Influenza Co-ordination Group chaired by Wolverhampton Director of Public Health - quarterly
- Ex Solo – ‘Live Exercise’ undertaken by Birmingham Children’s – Trust provided support – September 2016
- Safety Advisory Group (SAG) Wolverhampton Council – held as and when required.

10.0. ASSURANCE & OBLIGATIONS

10.1. CBRNe Audit

The Trust was audited on its CBRNe capability followed by a visit by WMAS in July 2016. A summary of the results received are below:

- The Trust has a well-established plan which is clear and concise and has very clear action cards for staff to follow.
- The Decontamination facility and space are extremely good.
- Staff training is clearly evidenced with very good training records with a scheduled training program
- Area to consider: is the 2 access points for ‘self-presenters’ i.e. main ED Reception and the WDUC reception where self-presenters could go direct using lifts and stairs – should this situation occur there is a wide spread risk of contamination.

In summary WMAS confirmed the Trust is capable of mounting an appropriate CBRN decontamination response at no or limited notice.

10.2. EPRR Core Standards 2016

In July 2016, the Trust undertook a self-assessment of the updated standards and was rated as ‘fully compliant’.

As a follow up the Trust, along with other 'Providers' across the conurbation were requested to attend a 'confirm and challenge' session in relation to their EPRR core standards submission, and to deliver a presentation to the Local Health Resilience Partnership (LHRP) in September 2016 in relation to the 'deep dive' on business continuity, its arrangements and any incidents that have occurred. The Trust's presentation was well received and accepted by the LHRP.

10.3. Shared Learning

In order to enhance the shared learning approach embedded in Emergency Planning, Resilience and Response, a series of peer review visits have taken place between NHS Trusts in the West Midlands. The Trust was peer reviewed in June 2016 and has visited two other Trusts. A final report concluding the outcomes of the process was shared with LHRP in November 2016.

10.4. CCA (2004) Obligations

In terms of the Trust's statutory requirements and achievements are as per below.

Live Exercise	1
Table Top Exercise	1
Communication Tests	2
Multi-agency exercising	4
EPRR Core Standards 2016	Fully Compliant

11.0. PRIORITIES FOR 2017/2018

It is anticipated that much of the work for the Trust in 2017/2018 will be related to the following areas:

- On-going delivery of statutory requirements under the CCA 2004, the framework for EPRR and Core Standards and NHS Standard Contract requirements & NHS Standard Contract.
- Business Continuity test/exercise programme as part of embedding of BC process including business continuity awareness week.
- Launch of e-learning training packages
- Develop and deliver an in house training programme for loggists
- Multi-agency pandemic flu planning
- Update of the EP intranet site in line with Trust changes
- Development of a plan for NHS guidance Planning for the Shelter and Evacuation of people in healthcare settings
- Update of Trust Induction DVD
- More exercises, including working with multi-agency groups along with undertaking table top exercises
- Implementation and testing of new electronic Call Cascade system