Trust Board Report

Meeting Date:	25 June 2018
Title:	Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2017/2018.
Executive Summary:	This report provides an account of the Trust's emergency preparedness activities undertaken from 1 April 2017 – 31 March 2018. It details the planning progress to ensure the Trust's response in the event of a major incident or severe disruption; training and exercising; and procedures to meet the EPRR Framework 2015, EPRR Core Standards and 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.
Report of:	Chief Operating Officer/Accountable Emergency Officer (AEO)
Action Requested:	For Trust Board to receive and note this report
For the attention of the Board	To provide an update on the Trust Emergency Preparedness activities for 2017/18.
Assure	• To provide assurance to the Board of the Trusts emergency preparedness activities and compliance with the Civil Contingencies Act 2004.
Author + Contact Details:	Tel 01902 694310 Email diane.preston@nhs.net
Links to Trust Strategic Objectives	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
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **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.
Equality and Diversity Impact	None
Risks: BAF/ TRR	1542 - Green
Risk: Appetite	None
Public or Private:	Public
Other formal bodies involved:	
References	N/A

NHS Constitution:	In determining this matter, the Board should have 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

Report Details

1 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 emergency event which may impact upon service delivery.

The report covers the following activities:

- Review and updates of a variety of emergency plans
- Training & exercising undertaken
- Live 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 2018/2019.

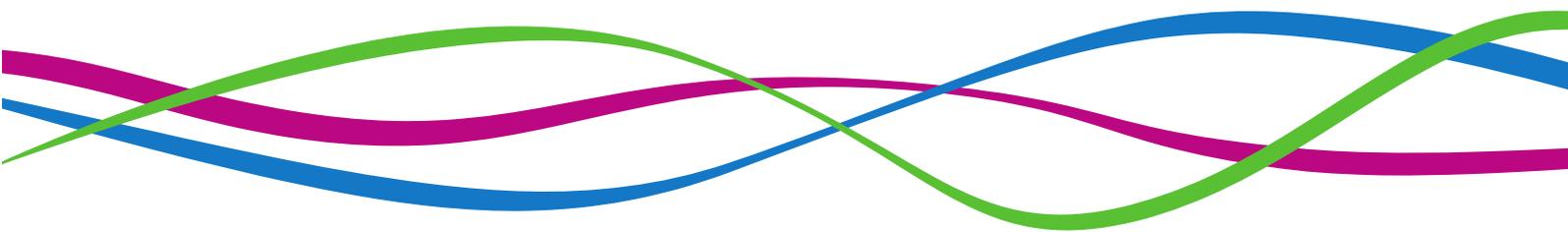**Appendices**

1 EPRR Annual Report 2017/2018

EPRR Annual Report
2017- 2018.docx

Emergency Preparedness, Resilience and Response

Annual Report 2017/2018

Department: Emergency Preparedness
Date: April 2018

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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, NHS England) and Local Authorities.
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**
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.

ICE	**Individual Chemical Exposure**
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. 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 2017/2018 to ensure the Trusts resilience in the event of a major incident or severe disruption occurring.

The purpose of this report is to provide the Trust Board with an update regarding activities undertaken in 2017/18 in relation to emergency preparedness, within the Royal Wolverhampton NHS Trust. This is to ensure that the Trust is able to meet its responsibility to provide an effective emergency response to a major incident of any type while maintaining services.

2. Governance Arrangements

The overall responsibility for complying with the CCA 2004 & EPRR framework rests with the Chief Executive who is responsible for ensuring that, through appropriate delegation of responsibility within the organisations and relevant 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 organisation 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 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 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 now 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).

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.

3. RISK

The National Risk Register for Civil Emergenices 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 Bimingham and Black Country 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 for the West Midlands are:

- Influenza Type Disease
- Flooding
- Severe Weather
- Environmental pollution & industrial accidents
- Loss of critical infrastructure
- Fuel Shortages
- Transport Accidents

4. PLANNING & PREPAREDNESS ACTIVITIES

A series of plans have been reviewed and updated throughout 2017/2018, these being:

Fuel disruption plan

The Trusts fuel disruption plan was reviewed and updated in August 2017. Minor amendments have been made – this includes the inclusion of a new temporary logo for authorised vehicles in line with National Emergency plan for fuel guidance. The plan outlines the Trusts arrangements in preparation for and response to potential implementation of National Emergency Plan for Fuel (NEP-F).

Cold Weather planning

The UK Cold Weather alert watch came into operation between 1 November 2018 and 31 March 2018. 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 intranet.

During this period the Met Office issued a number of Level 3 weather warnings including 'heavy snow'. In light of these severe weather conditions, the Trust is in the process of finalising a Standard Operating Procedure to support the Trust Cold Weather Plan. This is to provide guidance to on call directors and managers in ensuring effective coordination and control in response to 'heavy snow' weather conditions.

Major Incident/Mass Casualty Plan

The Trust Major Incident and Mass Casualty plan is currently being reviewed; this is as a result of:

- Lessons learnt from the live exercise 'Exercise Endurance' which took place at New Cross Hospital in January 2017
- Lessons learnt following live incidents which occurred at Manchester and Westminster in 2017.
- New requirements in line with the publication of the NHS England Mass Casualty Framework launched in December 2017.

The existing plan version 10.1 will remain in place until the review has taken place and the plan has been approved.

CBRNe planning

The Trust CBRNe plan is currently being reviewed in line with its 3 yearly review process. As part of the review the Trusts CBRNe action cards have been updated and upload onto the intranet. Along with this a series of standard operating procedures (SOP) have been produced, including a SOP for ICE – Individual Chemical Exposure, to support and

ensure health and safety of all those staff responding to the incident type and to safeguard the environment.

Business Continuity Management (BCM)

As part of on-going delivery of business continuity management, the Trust is currently revising the Business Continuity Management Policy OP 104. Amendments to the policy will take into account requirements for Primary Care (Vertical Integration) which are now part of the Trust.

As well as updating the policy, the Trust has been in the process of reviewing and updating business continuity plans for some services. During this process on- going support has been 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 and exercising of local plans. In addition, a Share Point has been created, this is a central reserve where all plans are located to allow areas across the Trust to access plans and update as required. This was launched in September 2017.

The Trust has also taken part in International Business Continuity Awareness Week, 15-19 May 2017. This year the focus of the week was related to cyber security. Throughout the week, all user bulletins was sent out to raise awareness of cyber security within the organisation including, the threat from data breaches and what staff can do to ensure organisational resilience to these types of threats. An example a poster which was published on computer monitors and via user bulletin is shown below.

Overall there was great engagement from staff during the week especially with this being the same week that a national cyber-attack occurred on the NHS, affecting many Trusts across the country.

Gold Control Incident Coordination Centre (ICC) – location change

In line with updates to the Trust major incident plan, it has been agreed that the current Gold Control ICC located within the McHale building will move to the board room in Building 12. This is to provide a better room layout to support the effective coordination in the event on an incident. Work is currently taking place to move facilitates across to the new room and a date has been set for this work to be completed before the end of May 2018. Upon completion this will be shared with relevant staff and updated within relevant emergency plans to reflect the change.

5.   TRAINING & EXERCISES

Training

The Trust has undertaken a number of training sessions during 2017/2018, 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 6 1:1 training sessions have been held.	Mar 2017 On-going
Tactical Command training	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 ED clinicians to test department's response in receiving, triaging and treating causalities involved in a major incident. Overall the session was well received by participants, feedback was based on the following: 'The session highlighted the importance of team work and pulling in a range of expertise and knowledge' 'The session emphasised the importance of establishing good communication and information flow which can become a challenge when managing the incident'	16 Nov 2017

JESIP training course	This was delivered by WMAS and attended by 2 members of staff. The purpose of the session was to provide knowledge and understanding in working together with other agencies, in response to major, complex incidents.	23 Oct 2017
Strategic and Tactical Command training	This training was facilitated by the NHS England West Midlands EPRR lead. The aim of the session was to allow commanders to practise response and recovery to a major/mass casualty incident. The session drew upon maintaining organisational resilience, arrangements for command and control as well as learning from recent events in the news.	8 Nov 2017
Major Incident regional training for junior doctors	The Trust hosted the Regional training for junior doctors to support them in responding to a Major Incident/Mass Casualty. General principles shared and what the expectations were for Junior Doctors in responding to these types of incidents.	14 Feb 2018
CBRN Training for ED staff	CBRN training sessions with the inclusion of radiation and major incident training has been held throughout the year – with new starter sessions with suit training taking place.	From May 2017
Diploma in Health Emergency Planning	A member of the staff from the Emergency Planning Team has attended over the last year, the Health Emergency Planning programme. This is in order to achieve the full Diploma recognition and further support the Trust in ensuring organisation resilience to an emergency incident. Final result waited.	April 2017-March 2018
E learning training		
Strategic and Tactical EPRR e learning	This is a mandatory training package which all on call directors and on call managers must complete to support their competence in relation to EPRR arrangements and responding to an incident.	Launched Oct 2017
Major Incident Management for ED clinicians	This is available for ED nurses & clinicians to build their competence in being able to respond to a major incident and understand the management and patient flow processed within ED.	Launched Oct 2017
CBRNe refresher module	This is available to ED nurses and clinicians in responding to a CBRNe incident, along with practical training received in responding to a CBRNe incident.	Launched Oct 2017

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**
Table top exercise "Exercise tug-way collision"	This was a business continuity table top exercise designed to test the response in relation to a fire incident within the hospital tug-way. The incident resulted in an electrical failure to key services areas within the Trust. The exercise was broken into two parts: • Morning- focused on the response of the Estates Department team to the incident. • Afternoon- focused on the response and recovery of key operational service areas i.e. IT, Mortuary, Porters, Health Records, and Switchboard. The exercise highlighted useful learning in terms of command and control when responding to an incident as well as the identification of critical activities and back up processes in relation to an electrical failure.	7 Feb 2018
Emergency communication tests- call cascade	The Trust has undertaken a number of communication exercises. This is following the implementation of a new company system called 'Alert Cascade' which came into effect from April 2017. The exercises have identified some learning actions. This included amendments to the system set up to ensure more rapid communications are sent out within a timely manner to staff. The exercise has also highlighted the need for staff training for doctors in relation to actions to take following notification of a major incident. These actions are being monitored through the Major Incident sub group meeting. These exercises will continuity to take place on a quarterly basis.	20 Jun 2017 1 Jul 2017 28 Sept 2017 7 Dec 2017
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		
Live exercise "Exercise L'Orient"	This was a multi-agency exercise with the West Midlands Fire Service which involved the evacuation of main theatres at New Cross Hospital. Several lessons have been learnt and an action plan has been formulated.	27 oct 2017

6.   LIVE INCIDENTS

Switchboard disruption – April 2017

On the 20th April 2017, there was a loss of telephony and switchboard services within the hospital site. This was due to a faulty hard disk which resulted in the hospital switchboard going off line for five hours. During this period the fall back lines did not come into operation therefore, fall back services had to be invoked manually. As a result the Trust declared a critical internal incident - this was a STEIS reportable incident.

Following the incident a hot debrief took place with key areas to reflect on the Trust response and identify lessons learnt. Overall the response was well managed through the Trust on call manager and director. I.T staff also attended on site to support the response. Although no clinical impact was identified, the incident did identify some areas that need further consideration; this included a review of the business continuity plans and the resources available for support and knowledge during maintenance from IT and BT.

IT cyber-attack – May 2017

In May 2017, a computer virus known as Wanna Cry was released worldwide. The virus which encrypts data and demands a ransom payment affected many computes and electrical equipment within the NHS at a national level. Although the Trust was not directly affected by the attack due to its strong patching process, as a precautionary measure, during the initial hours of the attack some IT user systems including NHS mail were temporarily shut down. NHS England was kept abreast of Trust progress through regular reports during the attack.

Following the incident the Trust IT department has continued its process to test and patch hospital computers and has also successfully gained funding to deploy an anti-ransomware solution to Trust computers; this deployment is currently in progress.   Daily cyber security monitoring of malware and firewall activity continues together with information through NHS Digital CareCERT alerts which together help the Trust identify threats through early warning indicators and risk assessments.

'Snow' – February to March 2018

The UK experienced a spell of severe winter weather with very low temperatures and significant snowfalls from late February to early March 2018.

Daytime temperatures remained widely below freezing on 28 February to 1 March with a strong east wind and significant accumulations of snow across much of the country; the Met Office issued two Red Warnings for snow. This was the most significant spell of snow and low temperatures for the UK overall since December 2010.

There was severe travel disruption with roads closed, numerous road traffic collisions. Rail services were cancelled and air transport was severely disrupted.

Impact to the Trust: Several issues faced the Trust during this period of severe weather:

- Maintaining business continuity
- The impact in hours and out of hours
- Safe Staffing levels
- Communications to staff
- Changes to service provision
- Transport
- Making the hospitals/service areas safe
- Overnight accommodation for staff
- Crèche facilities for staff children

Post this a debrief session took place, which resulted in many actions being taken, reviewing and updating the cold weather alert plan to include a standard operating procedure to be undertaken in the event of 'snow'. The was an unprecedented incident, which we needed to be more prepared for in the event of this happening again.

7.   ASSURANCE AND OBLIGATIONS

Emergency Preparedness Response & Recovery (EPRR) Core Standards

The Trust undertook its yearly self-assessment for 2017, against the standards to determine its level of compliance. The Trust's assessment rated itself as being 'substantially compliant'. Following this submission the Trust was asked to attend a 'confirm & challenge' session with NHS England West Midlands and Wolverhampton Clinical Commissioning Group on the 22 November 2017. This was attended by the Trust's Accountable Emergency Officer and Head of Emergency Planning with a successful outcome with the Trust being upgraded to 'Fully Compliant' for 2017.

CCA (2004) Obligations

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

Live Exercise	1
Table Top Exercise	1
Communication Tests	4
EPRR Core Standards 2017	Fully Compliant

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 May 2017 and has visited two other Trusts. A final report concluding the outcomes of the process was shared at the LHRP meeting in March 2018.

CBRNe audit

The Trust has undertaken a yearly self-assessment for CBRNe compliance to ensure the Trusts 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 CBRNe plan which is integrated into generic Major Incident Preparedness.
- Appropriate staffs have been identified to establish and operate the decontamination resources; they are trained and aware of their role.
- The Trust is capable of locking down the site, or parts of the site, to restrict access.

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

As part of ongoing joint working with partner organisations The Trust undertook a live exercise 'Exercise Lorient' on the 27th October. This was a multi-agency exercise with the West Midlands Fire Service and involved the evacuation of main theatres at New Cross Hospital.

The Trust has also supported the development of guidance on the actions and management upon notification of an Individual Chemical Exposure (ICE). The guidance has been published for Emergency Planners within the West Midlands in dealing with chemical fatalities and self-harm incidents. This was successfully approved through the LHRP in July 2017.

9. PRIORITIES FOR 2018/2019

- 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.
- Develop and deliver an in house training programme for loggists
- Update of Trust Induction DVD
- Working with the Trust Fire Team on establishing a generic evacuation and shelter process
- Relocation of Strategic (Gold) Incident Coordination Centre

- Review of National Occupational Standards and Core Competencies of staffing groups for Emergency Preparedness – once published.
- Mass Casualty planning – picking up lessons learnt from national incidents which have occurred in the last year.
- Ongoing integrated exercises within the Trust to support emergency incident response.
- Where opportunities present to undertake multi-agency exercises.