

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 26 October 2016

Title and Author of Paper: Emergency Planning and Resilience Report
Russell Patton, Director of Emergency
Preparedness, Resilience and Response.

Executive Lead: Gary O'Hare, Executive Director of Nursing and Operations

Paper for Debate, Decision or Information: Information

Key Points to Note:

The annual report contains information for the period September 2015 to August 2016.

The Trust has provided substantial assurance to NHS England in relation to the 2016 Core Standards for Emergency Preparedness. An action plan is in place for the five areas required to provide full assurance.

Two significant incidents occurred during the reporting period, in addition to five periods of industrial action by Junior Doctors.

Risks Highlighted to Board : None

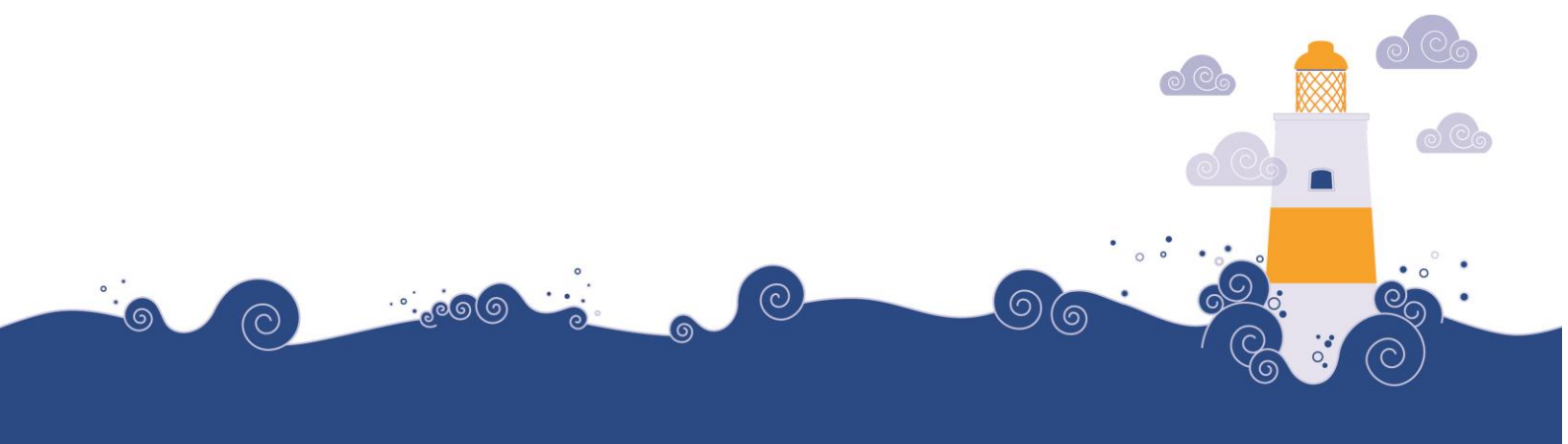
Does this affect any Board Assurance Framework/Corporate Risks?
Please state ~~Yes~~ or No
If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required: Board to note Emergency Preparedness, Resilience and Response Annual Report contents and action plan.

Link to Policies and Strategies:
Emergency Preparedness, Resilience and Response Policy

Emergency Preparedness, Resilience and Response
Annual Report 2015 - 2016



1.0 Introduction

This report provides a summary of Emergency Preparedness, Resilience and Response activity from September 2015 to August 2016.

2.0 Background

The Health and Social Care Act 2012 requires all NHS organisations to plan for, and respond to a wide range of incidents that could impact on health or patient care. This includes significant incidents or emergencies such as prolonged periods of pressure on services, extreme weather conditions, infectious disease outbreaks or a major transport accident. The programme is referred to as Emergency Preparedness, Resilience and Response (EPRR).

Core Standards and supporting guidance from NHS England set out the parameters for Trusts to adhere to in relation to Emergency Preparedness. The Trust is also required by the Health and Social Care Act (2008) Regulated Activities Regulations (2010) to have plans in place for dealing with emergencies.

The Civil Contingencies Act 2004 (CCA) provides the framework for emergency preparedness in the UK. Although Mental Health Trusts do not currently have statutory obligations under the CCA, the Department of Health and NHS England require all NHS providers to adhere to the principles of the Act.

3.0 Governance Arrangements

3.1 Responsible Officers

The Trust is required to have an Accountable Emergency Officer who is responsible for ensuring compliance with Emergency Preparedness requirements. This role is undertaken by the Executive Director of Nursing and Operations.

The Group Director of Inpatient Care has operational lead responsibility for EPRR. The Trust Resilience Lead coordinates the annual workplan and works with Trust services to ensure that they have plans in place to meet the current standards.

3.2 Internal Meetings

The Strategic EPRR Group is chaired by the Executive Director of Nursing and Operations and has the remit of ensuring that the Trust has measures in place to respond to incidents occurring inside or outside of the Trust.

	Sep 2015 - Aug 2016 Planned	Sep 2015 - Aug 2016 Actual
Strategic EPRR	4	4

Locality EPRR Groups are responsible for developing contingency plans for emergencies that may affect Trust services in the area. They are required to meet four times a year, although bi-monthly meetings are planned to allow for cancellations.

	Sep 2015 - Aug 2016 Planned	Sep 2015 - Aug 2016 Actual
North Locality	6	3
South Locality	6	4

In view of duplication of membership and agenda items, the Strategic EPRR Group approved the proposal to merge the two Locality Groups into one Trustwide group. The first meeting of the new group will take place in November 2016.

The Director of EPRR also provides an annual report to the Quality and Performance Committee and six monthly reports to the Board of Directors.

3.3 Local Health Resilience Partnership

The Local Health Resilience Partnership (LHRP) is a strategic forum to facilitate health sector preparedness and planning for emergencies. It is jointly chaired by NHS England and a Director of Public Health and meets bi-monthly. The Director of EPRR represents the Trust at the LHRP.

3.4 Health and Social Care Resilience Group

The regional Health and Social Care Resilience Group is a practitioner level group, responsible for co-ordinating the development of resilience arrangements, capability and capacity to respond to emergencies and major incidents. The Resilience Lead represents the Trust on this group.

3.5 Other Meetings

The Resilience Lead is also a member of the regional NHS Business Continuity Forum and the North of England Mental Health Emergency Preparedness Forum.

4.0 Incident Coordination Centres

NHS England requires all NHS funded organisations to have the ability to establish an Incident Coordination Centre (ICC) to respond to a major incident.

The Trust maintains a centre at St Nicholas Hospital to provide a strategic response to incidents affecting the whole of the Trust. There are also centres at St Georges Park and Hopewood Park to manage the local response during incidents and provide a point for coordination of any reporting requirements during an incident.

Each centre has been assessed to the standards set by NHS England and is set up twice a year to ensure a state of readiness for responding to a major incident.

5.0 Incidents

On 27th December 2015, calls to the Trust switchboard were disrupted due to flooding at the Vodafone data centre in Leeds. Due to the time of year, the level of disruption was minimal and the main switchboard number was able to be diverted to an alternative number.

On 5th April 2016, a major network outage occurred at St Georges Park. This resulted in disruption to IT networks, including access to RiO, email and telephony. Services linked to St Georges Park were also affected by the incident. Initial investigations have identified the cause to be attempted cable theft. Measures were taken to prevent future unauthorised access to the cable ducts.

6.0 Industrial Action by Junior Doctors

Five periods of industrial action by Junior Doctors have taken place since January 2016 in a national dispute over changes to contracts. An Emergency Care only model was provided on the first four occasions, with Junior Doctor on-call rota's maintained during periods of strike. A full withdrawal of labour by Junior Doctors took place between 8am and 5pm on 26 and 27 April 2016.

An incident management group has been in place to consider the impacts and management arrangements required. The Trust Incident Coordination Centre (ICC) at St Nicholas Hospital was opened on the dates of industrial action to manage any impacts on services and provide NHS England with required reports. A physical health support team was also added to the ICC on 26 and 27 April to triage and respond to any issues that Junior Doctors would normally deal with.

Further periods of industrial action announced for September, October, November and December 2016 have been suspended by the BMA in the interests of patient safety. Plans remain in place should any further periods of industrial action be announced.

7.0 Evacuation Planning

A table top exercise held by Public Health England in Cumbria during September 2015 identified a wide range of issues should the full evacuation of a hospital site be required. One of the actions arising from the exercise was to provide a template for the development of a hospital site evacuation.

Meadow View at Hopewood Park has been identified as the Trust decant facility and a plan is in development for the activation and operation of the ward.

Mutual aid arrangements are also in place nationally for Children's Inpatient Services and regionally for Adult Medium Secure Units.

8.0 NHS England Core Standards 2016

The NHS England Core Standards for emergency preparedness, resilience and response set out the minimum EPRR standards which NHS providers must meet.

NHS England wrote to Accountable Emergency Officers on 10 June setting out the assurance process for 2016. This comprises of a set of general standards and a more detailed analysis of business continuity with an emphasis on a disruption to road fuel supplies, to support a national cross government initiative.

A template to collate the level of compliance has been provided to the Trust using a RAG rating with the following definitions:

Green	Fully compliant with core standard
Amber	Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.
Red	Not compliant with core standard and not in the EPRR work plan within the next 12 months

The Trust has completed a self-assessment of the standards and provided a response to NHS England. Of the 49 standards applicable to mental health trusts, 44 are rated as green and five standards have received an amber rating. No standards have been flagged as red.

This provides the Trust with substantial assurance against the standards. An action plan attached as Appendix 1 is in place to develop the areas rated as amber by the end of March 2017.

Following the submission of self-assessments and compliance statements, NHS England hosted a moderation session to review the submissions provided by all Trusts across the region and facilitate the sharing of good practice.

9.0 Internal Audit

A review of the Trusts Business Continuity system was undertaken in September 2015. The audit provided significant assurance with some issues of note which have now been actioned.

Internal Audit also reviewed the Trust's plans for Industrial Action in August 2016. The outcome of this review is expected in October 2016.

10.0 Business Continuity

NHS England publish guidance on how Business Continuity should be implemented in the NHS. This replaces previous standards and is aligned to an international standard – ISO 22301.

All clinical services now have Business Continuity plans in place. An annual programme of assurance with service managers to review each of the plans has been implemented.

Critical Information Systems have been identified and each system has a business continuity plan in place. The next phase for the Business Continuity programme is to look at plans for supporting and corporate services to ensure a coordinated approach and identify interdependencies between services.

11.0 Training and Exercises

All staff receive an awareness of the Trust's Emergency Preparedness arrangements through induction and statutory and mandatory training. Specific training is available for those who have roles in responding to major incidents affecting the Trust.

NHS England Core Standards for Emergency Preparedness also require NHS Providers to undertake exercises to ensure their readiness for their response to incidents. This includes:

- Communications exercise twice a year
- A tabletop exercise annually
- A live exercise every three years

Communications exercises were undertaken in November 2015 and February 2016 and tested whether emergency plans were at hand on inpatient wards.

A Pandemic Influenza tabletop exercise took place in April 2016 to test the Trust Pandemic Influenza plan and external reporting requirements during a pandemic. The exercise used a version of the Public Health England 'Exercise Corvus' to ensure alignment to the UK planning assumptions for a pandemic outbreak.

The last live exercise in the Trust took place in July 2014 at Hopewood Park. The Strategic EPRR Group are currently setting the parameters for the next live exercise, which will be undertaken before July 2017.

12.0 Plans for the next twelve months

- **Business Continuity Implementation** – continued roll out of the Business Continuity project across supporting and corporate services.
- **EPRR Core Standards** – development of areas currently assessed as amber in terms of compliance.
- **Training** – a package of training to be developed for those on-call or part of the Trust's response to emergencies.
- **Non-clinical incident panel** – to review EPRR incidents
- **Live Exercise** – to be undertaken before July 2017.

Appendix 1 – NHS England Core Standards Action Plan

Standard	Issue	Action Required	Responsible Officer	Deadline
8k	Full Site Evacuation Plan	Awaiting template from work around Cumbria evacuation exercises.	Resilience Lead	End of March 2017
DD1	Risks identified thought the Business Impact Assessment are present on the organisations Corporate Risk Register.	Strategic EPRR Group to review emergency related risks and determine what should be included on the Corporate Risk Register.	Director of Emergency Preparedness, Resilience and Response	End of March 2017
43	Response Box for Hazardous Materials incidents to be available.	Boxes to be available at reception areas	Resilience Lead	End of March 2017
49	Hazardous Materials training to be available for relevant staff.	To be added into training programme.	Resilience Lead	End of March 2017
51	Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	To be built into training programme.	Resilience Lead	End of March 2017