

Board of Directors – 25 September 2019

NHS England Emergency Preparedness, Resilience & Response Annual Assurance

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input checked="" type="checkbox"/>
For discussion	<input type="checkbox"/>	A regulatory requirement	<input checked="" type="checkbox"/>
For assurance	<input checked="" type="checkbox"/>		

Purpose of the Report

The Board is asked to:

- Note that following a self-assessment process against the NHS England Emergency Preparedness, Resilience and Response (EPRR) Standards, the Trust has rated itself as “Substantially” compliant. This is the same rating reported in 2018-19.
- Note the progress with the EPRR agenda since the last update in September 2018.
- Note the key priorities and updated action plan for EPRR that will be implemented over the next 12 months.

Executive Summary – Key Points

The Board is asked to note that following a self-assessment process against the NHS England EPRR standards, the Trust has been rated as “substantially” compliant.

There have been a number of significant achievements and events of note in the last 12 months. A full time Emergency Planning Manager was appointed in February 2019 allowing a number of policies and plans to be reviewed and new ones developed in addition to implementing the recommendations made following the major LIVEX in 2018.

The Trust EPRR Policy Statement has now been endorsed setting out the governance and assurance processes required to meet our NHS England mandated standards. The Incident Response Plan has been re-written and a Chemical, Biological, Radiological and Nuclear (CBRN) response plan has been introduced to build upon 3 years of significant work to introduce the new capability.

Emergency Planning and Business Continuity individual training has been reviewed and a 3 year programme of training has been introduced. Staff now have training events to prepare them to undertake on call duties, to carry out chemical decontamination and to act as “loggers” during an incident. This training is delivered by Trust members of staff in addition to their routine duties and external courses have been attended to prepare them to act as instructors; these courses include specialties such as CBRN protective suit instructors, logger instructor and courses to allow staff to run table top simulation exercises. The Emergency Planning Manager is undertaking the Health EPRR Diploma provided by PHE.

The LIVEX 18 event resulted in 65 recommendations for improvement; 12 remain fully open, 19 are work in progress and 34 have been closed. Major projects worthy of note are; the introduction of an automated call in process for all Trust staff to respond to a major incident to be in operation by the end of the year and a refresh of the Incident Coordination Centres at both York and Scarborough. These projects required significant investment to implement; £12K to provide training to introduce the call in process and £53K to introduce IT systems and command and control processes to enhance the Incident Control Centres.

The exercising of plans and policies is now mandated in the EPRR Policy. This year both hospitals will practice their CBRN preparedness in October 2019 by donning chemical protective suits, decontaminating casualty actors and then processing the casualties through the ED. Scarborough Hospital conducted a “Blackstart” exercise in July 2019, switching off the mains power and successfully testing the backup generators to seamlessly maintain service delivery.

The Emergency Planning Steering Group (EPSG) continues to manage all EPRR related risks, setting the EPRR work priorities and elevating any intolerable risks to the Quality Committee. Priorities for 2019-20 include consolidating the implementation of the automated call in system, exercising the mandated concept of immediately doubling the ICU capacity on declaration of a major incident and re-energising individual training for emergency planning and business continuity back to a high level in Care Groups.

Recommendation

To approve the report and assurance rating of “substantial” compliance with the NHS England EPRR Core Standards.

Author: Richard Chadwick, Emergency Planning Manager

Director Sponsor: Wendy Scott, Chief Operating Officer (Accountable Emergency Officer)

Date: September 2019



1. Introduction and Background

Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care must show that they can plan for and deal with a wide range of incidents and emergencies that could affect health or patient care. This programme of work is referred to as Emergency Preparedness, Resilience and Response (EPRR).

On an annual basis, The NHS England Core Standards for EPRR set out the minimum standards that NHS organisations and providers of NHS funded care must meet. The Trust is required to undertake an annual self-assessment against these standards and provide assurance to NHS England that robust and resilient EPRR arrangements are in place and maintained within the Trust. In 2016/17 and in 2017/18 the Trust reported that it was “partially” compliant with these standards – meaning it did not fully meet 10 of the core standards. 2018/19 improved to a “substantially” compliant assessed grading.

Following this year’s self-assessment process the Trust is again declaring a “Substantially” Compliant rating. **The Board is requested to note this compliance rating.** The action plan in the appendix to this report sets out the key actions required to further strengthen the Trust’s compliance with these standards and will be addressed over the next 12 months.

2. Significant Incidents and Events of Note in the Last 12 Months

2.1 Implementing the Lessons Learnt from LIVEX 18

In the first week of July 2018, the Trust, supported by the Army, undertook two live mass casualty simulation exercises at the Army Medical Services Training Centre in York. The purpose of the exercises was to test the Trust Incident Response Plan (IRP) and associated Action Cards for both of our main two acute sites, and provide frontline staff with some experience of what working through a Major Incident may be like. The exercise was a great success and generated 65 recommendations ranging from minor amendments to Action Cards through to major reviews of existing plans and processes.

Multiple recommendations related to the individual and collective training requirements of the staff and departments. This resulted in a major review of how the Trust conducts training and this led to the introduction of the 3 year training plan which is described in paragraph 2.4.

Although not specifically tested on LIVEX 18, the call in process for staff in the event of a major incident attracted criticism in that there is no Trust endorsed coherent call in process for all staff; individual departments rely upon social media to initiate a response. A review of the issue and consultation with healthcare partners led to the exploitation of an existing telephony application within the Trust to automate the process across all sites. The application is called CONFIRMER and operating similar to a database, pre-determined queries can be set to interrogate departmental and staff contact details to call, text or email either a voice recorded message or an automated message to the staff required to attend the hospital. This will allow over 2,000 members of staff to be called over a 2 hour period of time and therefore increase the speed of the initial response and the start of the further call in of other members of staff that will exploit social media and person to person calls.

The training to set up the system will begin in October and it is expected that a full operating capability will be achieved by the end of the year.

The multi departmental response at LIVEX 18 to a major incident highlighted the requirement for IT, audio visual and other aids to assist Commanders exerting command and control in an efficient manner. The existing locations of the Incident Co-ordination Centres (ICC) were not positioned appropriately and they lacked the communication resilience and access to command and control aids that are required. The ICCs in York and Scarborough have been re-located and a £54,000 refresh is being carried out to provide video conferencing, both analogue and digital telephony and a major incident cupboard stocked with visual aids and stationary. Over 40 departmental “grab boxes” have been purchased and issued to BRONZE levels of command to store all the major incident aids required to respond to an incident at the operational level.

The LIVEX 18 action log has now been closed and all open and work in progress actions have been transferred to the EPSG action log to be dealt with under business as usual.

2.2 Chemical, Biological, Radiological and Nuclear (CBRN)

The Trust has completed significant work to improve the response to a CBRN incident in the response to inspection recommendations and the prominence of the threat in the national media. This work has been brought together in the publication of the draft Trust CBRN plan. The draft plan will be endorsed once the annual CBRN Audit recommendations have been included and the lessons learnt from the CBRN LIVEXs taking place in October 2019 have been identified.

In October 2019 the Trust will be running a small in-house LIVEX in the EDs in York and Scarborough. The purpose of the exercise is to test the CBRN plan for the ED. In broad terms, 8 casualty actors will present to the ED, each of whom will need full decontamination in the CBRN tent outside the ED before being brought into the ED for treatment. Treatment will require clinical colleagues to identify the nature of the contamination and arrange the appropriate counter measures to treat the patient. The physical exercising of the plans and procedures will provide objective evidence how the response can be improved and will identify any training gaps of members of staff. The intention is also to stand up the SILVER Commands in the new Incident Coordination Centres to test how they operate after refurbishment.

NHS England conducted their annual CBRN audit of both sites in August 2019. The audit comprised of a self-assessment questionnaire of 140 questions grouped into the categories of: Equipment, Training, Plans and Procedures and Self-Assessment of Preparedness. The submission of the questionnaire was followed by a “confirm and challenge” visit from the NHS England Regional CBRN Lead. York and Scarborough Hospitals achieved a “CBRN Prepared” grading with one minor recommendation for each site to address. This represents a continued and significant improvement from the “unprepared” rating both sites received in 2015. Future work must now concentrate on improving the resilience of the capability by training more staff in instructor roles to continue the good work already carried out.

2.3 Heatwave Plan 2019

During the Summer of 2019, the Yorkshire and Humber region experienced an unusual spell of hot weather culminating in the hottest day on record being recorded. In conjunction with the Met Office, NHS England have set agreed temperature threshold levels for each UK region (daytime temperatures of 29°C or over for Yorkshire & Humber). If these thresholds are met over three consecutive days, it means that the Trust should activate its heatwave plan. This occurred on one occasion over the Summer, meaning that extra fans and air conditioning units were deployed around sites, locked windows were opened to allow for additional airflow and that additional communications were circulated advising how best to ensure that patients and staff remained hydrated.

There were a number of issues that were encountered during the heatwave, including some uncertainty about whether or not mobile air conditioning units could be deployed in clinical areas, how and where electric fans could be used and the delivery of bagged ice to some wards in Scarborough. A feedback survey is in the process of being completed and improvements have will identified that are needed to this plan. Greater coordination and coherence as to which temperature reducing counter measures are positioned into which patient areas whilst complying with Infection Prevention and Control guidelines is the most urgent improvement to be addressed. This work will be overseen by the EPSG supported by Microbiology, Lead Nurse IPC and the Trust Ventilation Committee.

2.4 Training Plan

LIVEX 18 identified a number of both individual and collective training gaps amongst staff and departments. An Emergency Planning Training Needs Analysis (TNA) has been conducted and a Training Plan covering the next 3 years has been developed. A 3 year plan has been selected to mirror the 3 year cycle between mandated NHS England EPRR Major LIVEXs to allow a progressive pathway of training.

The individual programme provides training opportunities for managers, clinicians, nurses and administrative staff. The 1st and 2nd On Call Managers now receive induction training prior to assuming their duties and to support them thereafter is refresher training and peer support meetings. Their training covers their duties during business as usual as well as what to do during a business continuity incident or a major incident. Clinicians and nurses will receive training on trauma treatment that is not associated with every day business such as gunshot wounds and blast injuries. Appropriately selected doctors and nurses will also receive training in order that they can provide appropriate advice to GOLD and SILVER Commanders whilst coordinating the hospital's clinical response to an incident. Other training opportunities for staff include "loggist training" to record commanders decisions and actions for post incident scrutiny and a number of CBRN courses – and this will add to the 50 or so members of staff that have already been trained. A small cohort of staff will be trained on an external course to deliver small and large table top exercises that will be able to facilitate departmental training.

Departmental training will utilise the table top exercise methodology to practice plans and procedures for responding to incidents. The last large LIVEX took place in 2018 and the next one is mandated to take place in 2021. In the interim the Trust has decided to run mini departmental exercises to practice plans and enhance the prominence of emergency planning within the Trust. This year the EDs will exercise their response to a CBRN

exercise and next year the ICUs will exercise their mandated requirement to be able to double their capacity on declaration of a major incident. The scope of the 2021 major LIVEX will be set next year.

2.5 Exercise Blackstart – Scarborough Hospital

A “Black Start” is a procedure to restore power in the event of a total or partial shutdown of the electricity system. The shutdown of York Hospital’s main power supply in was successfully practiced in 2018 and the same was successfully practiced in Scarborough this year. Fortunately the practice occurred just weeks prior to half of the town of Scarborough suffering a National Grid power loss and the plan having to be enacted for real; there was no interruption to service delivery in the hospital. It should also be noted that the practice took place a few months prior to the nationally publicised National Grid power outage where Ipswich Hospital lost both their mains and backup power generators; an incident that is still being investigated. The trust will continue to conduct regular Blackstart exercises.

3. Governance and Leadership Arrangements for EPRR

The EPRR Policy Statement has set out the governance and assurance framework as to how EPRR will be conducted in the Trust. Richard Chadwick was appointed the Emergency Planning Manager in February 2019 and reports to the Deputy Chief Operating Officer who through the EPSG. The Steering Group conducts regular risk assessment reviews, sets the Emergency Planning priorities, assures the delivered plans and policies and escalates any intolerable risks at the tactical level to the Quality Committee through the Accountable Emergency Officer (the Chief Operating Officer).

The recent restructuring of the Trust has now allowed the identification of a focused cohort of managers from across the Care Groups to make it easier to develop and deliver emergency and business continuity plans. Future work of this group will include the delivery of the Confirmer Call Out system and steps to ensure that emergency planning and business continuity becomes inculcated into all Care Group “business as usual” governance and assurance processes.

4. Plans for 2019/20

4.1 ICU Mini LIVEX

The Yorkshire and Humber Mass Casualty Framework mandates that Acute Hospitals are to double their ICU capacity on declaration of a major incident. More work is required to clarify if this a doubling of Level 3 capability or a combination of both Level 3 and Level 2 capabilities. The mandated requirement is a significant challenge for hospitals to provide appropriate staff, equipment and clinical areas. In 2019, at both sites, it is planned to practice the requirement and understand whether the plans the Trust have developed are realistic.

4.2 Plans and Policies

The Trust has a well-developed and tested Incident Response Plan however the specific plans that support this plan are less well-developed and are spread across numerous directives owned by varying departments. In 2019/20 it is the intention of the EPSG to bring coherence to this plans under the emergency planning and business continuity portfolio; they include:

- A Pandemic Flu plan that relates specifically to the Trust.
- Hospital Evacuation plans that can be implemented for a number of contingencies.
- An Adverse Weather Plan that will bring together heatwave, cold weather, pollution and flooding.
- A Hospital Lockdown Plan for all sites to counter a Marauding Terrorist Attack (MTA) scenario.
- A Fuel Shortage Plan.

4.3 On-going Risks and Policy Reviews

There are currently 20 risks on the EPSG risk register. All risks are scheduled for review at least annually, with red risks being reviewed quarterly. There are currently four risks with a “red” rating. They are:

- Risk of surges in activity.
- Risk of IT or communications failures (inc. Cyber Attacks).
- Risk of Utilities Failures.
- Risk of Pandemic Influenza.

Mitigating these risks will continue to be a high priority for the EPSG in 2019/20.

The EPSG has escalated one risk to the AEO deemed intolerable for the EPSG to hold. That is:

- The pager system for crash teams at Scarborough is obsolete and is no longer supported by the contracted company. Failure in the system and inability to repair it quickly will lead to a manual back up system being implemented. This will increase the time and certainty of delivering crash teams to the emergency and could result in patient harm.

4.4 Alignment with the care groups

The newly formed Care Groups have each identified a key person who will lead on their emergency planning and business continuity plans. This will support the wider roll out and dissemination of future policies and processes.

5. Conclusions

The enclosed report identifies progress made in the last 12 months and sets out the further work to be undertaken during 2019/20. There is a high level of commitment and

engagement to the EPRR agenda across the Trust, particularly with the new appointment of an Emergency Planning Manager and the ongoing support of the Corporate Directors.

In addition to those areas discussed in this report, the attached work plan (in the appendix) sets out the main areas of focus for the next 12 months that have arisen following the NHS England Self-Assessment Process.



**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)
 Emergency Preparedness, Resilience and Response (EPRR) assurance 2019-2020**

STATEMENT OF COMPLIANCE

York Teaching Hospital NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v2.2

Where areas require further action, York Teaching Hospital NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

WJ Scott

Signed by the organisation's Accountable Emergency Officer

16/09/2019

Date signed

24/09/2019

Date of Board/governing body meeting

24/09/2019

Date presented at Public Board

01/09/2019

Date published in organisations Annual Report



EPRR Action Plan 2019/20

Ref	Domain	Standard	Detail	Self assessment RAG	Action to be taken	Lead	By When
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Partially compliant	Refresh of Cold Weather plan to be completed through the EPSG before the end of 2019	EPM	Nov-19
15	Duty to maintain plans	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza.	Partially compliant	Pandemic Flu Plan Working Group is to be stood up and a lead nominated by Dep COO. EPM to arrange programme of work to allow a working draft to be presented to Dec 19 EPSG.	EPM	Dec-19
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Partially compliant	Plan to be revised and presented to Mar 2020 EPSG. Inability to relocate the hospital to a temporary location to be TOLERATED on the Trust risk register.	EPM	On-going
21	Duty to maintain plans	Lockdown	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.	Partially compliant	A complete plan, linked to the Trust Lock Down plan should be completed, prioritising different areas of the hospital sites and how they would be protected.	EPM	Jun-19
40	Cooperation	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	Partially compliant	Deputy COO to continue to attend meetings	Dep COO	on-going

41	Cooperation	LRF / BRF attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Partially compliant	Deputy COO to continue to attend meetings	Dep COO	on-going
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