Subject	Emergency Preparedness Resilience and Response Arrangements
Supporting TEG Member	Michael Harper, Chief Operating Officer
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Status[1]	N

PURPOSE OF THE REPORT

The Emergency Preparedness, Resilience and Response Core Standards 2019/20 stipulate that the annual report for Emergency Planning must be signed off by the Board. This report outlines the work undertaken by the Emergency Planning Team since April 2018/19 to ensure that arrangements are in place to respond to business continuity and emergency planning challenges.

KEY POINTS

- The Trust has statutory requirement to ensure it is able to respond to both planned and unplanned incidents (Civil Contingencies Act 2004) and regularly undertakes both live and table top exercises to ensure its plans are fit for purpose.

- During 2018/2019 the Trust planned for 32 business continuity events and responded to 19 unplanned incidents including the Hadfield Wing decant and preparations for the UK Exit from the European Union.

- The Trust has run two live Major Incident exercises, participated in a number of multi-agency exercises and undertaken several table top exercises.

- The Emergency Planning Team has undertaken 51 awareness sessions for STH staff including general induction, newly qualified nurses, post graduate nurses, clinical support workers and duty matrons.

- The Trust Major Incident/Mass casualty plan has been updated in view of the incidents in both Manchester and London and updated 19 Business Continuity Action Cards.

- The Trust is required each year to demonstrate its compliance against the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR). The Trust submitted partial compliance against the Standards this year and the required remedial action to achieve compliance has been completed.

IMPLICATIONS[2]

AIM OF THE STHFT CORPORATE STRATEGY 2017-2020		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	
2	Provide Patient Centred Services	√
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board of Directors are asked to: a) Note the content of this report b) Confirm that they are assured that the Trust has well established systems and processes in place for responding to potential emergency and business continuity interruptions

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Healthcare Governance Committee	20/05/2019	Y

[1] Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note
[2] Against the five aims of the STHFT Corporate Strategy 2017-20

Emergency Preparedness Resilience and Response Arrangements

1 Introduction

The Trust has experienced 32 planned and 19 unplanned internal business continuity challenges during 2018/19 and has also been required to:

- Ensure robust arrangements are in place in order to continue to provide key services during both planned and unplanned business continuity challenges.
- Be compliant with the NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR).
- Participate in multi-agency regional training exercises.
- Continue to meet with external agencies both locally and nationally with regard to national and citywide events.
- Review existing plans and action cards to ensure they are able to meet identified business continuity challenges.

2 Legislative and Guidance Framework

The Health and Social Care Act 2012 emphasises the need for assurance regarding EPRR. All NHS organisations must maintain the required standard of preparedness to respond safely and effectively to a full spectrum of threats and hazards such as flooding, flu pandemic and a terrorist incident. The Act also confirms the requirement on all NHS organisations to comply with the Civil Contingencies Act 2004, which focusses on local arrangements for civil protection.

3 Emergency Preparedness Structures and Accountability within the Trust Executive and Operational Director Leads

To support the arrangements for emergency preparedness, the NHS EPRR Standards recommend that an Emergency Accountable Officer at Board Level is designated to take responsibility for emergency preparedness on behalf of the organisation. In 2018/19, Ms Kirsten Major was the Executive Lead and Accountable Emergency Officer, supported by Michael Harper, Chief Operating Officer, as the lead responsibility officer. Following his appointment to the Board, Michael Harper is now the Trust's Accountable Emergency Officer.

Overall responsibility for Emergency Preparedness is exercised through the Emergency Preparedness Operational Group (EPOG). The group ensures communication and coordination of Emergency Planning and Business Continuity is maintained across the Trust. Membership is drawn from Clinical and Non Clinical Directorates and meets quarterly.

4 Business Continuity Planned Interruptions

Over the last 12 months STH have been required to plan for 32 business continuity events (including external events). These have included four Blackstart Generator tests, MRI scanner replacement, changes to the telephone system, Laboratory system down time, Tour De Yorkshire, Tramlines music festival, Remembrance Flyover Endcliffe Park, The Sheffield Half Marathon and the UK Exit from the European Union. By way of example, this report focusses on one of these events, the UK Exit from the European Union.

All Health Care providers are required to prepare their organisation for the UK leaving the European Union on the 29th March 2019. The following actions were taken by STH:

- A Brexit Task and Finish (T&F) Group was established in September 2018 with representation from leads in 7 key risk areas and Emergency Planning Overview Group (EPOG) with business continuity leads attending.
- The Brexit T&F group undertook a scoping exercise between key directorates to identify risks and challenges. The risk assessments undertaken were in line with national operational guidance, an action log formed to record mitigations and updates linked to the described parent risk regarding the lack of clarity and significant uncertainty regarding Government process and timescales; likely impact and the post-Exit landscape.
- A presentation was given at EPOG to discuss possible risks and scenarios with Business Continuity leads within each Care Group to consider possible risks linked to the parent risk and scenarios. In addition to this, Care Groups were asked to prepare to establish Bronzes for the 7 days after 29th March and to complete statements of readiness.
- The structure for post-Exit escalation was identified as: Gold command for mutual aid communications and support for nationally identified risks, Silver command for tactical decision making to ensure business continuity and coordinate operational response to issues identified by Bronzes and Bronze command to identify dynamic risk assessments on the day i.e. stock levels, service requirements, and staffing to maintain business as usual.
- The Emergency Planning Team participated in a number of table top exercises facilitated by NHSE and in the four weeks leading up to the 29th March were required to provide a daily situation report to NHSE. No risks or shortages were identified during this time.

The Task and Finish continues to meet to identify and mitigate risks for the current scheduled date for the UK to leave the EU on the 31st October. The overarching parent risk remains the same.

5 Unplanned business continuity interruptions

During the period April 2018 to March 2019 there have been 19 unplanned business continuity incidents, ranging from the need to decant patients occupying the Robert Hadfield Wing, a measles and a chicken pox outbreak, water outage and adverse weather. By way of example, this report focuses on the Electronic prescribing system outage incident.

In March a planned update to the EPR system was uploaded. The update had undergone rigorous testing by the EPMA team prior to the update. Following the update, the EPMA system appeared to work overnight, however at 9am the following morning some operational issues were identified.

A decision was made to declare an Internal Incident and Silver Command was established at 10.50am.

Silver Command asked Care Groups to establish their Bronze Commands and regular Silver Command meetings took place with the representatives from the Care Groups over the day. Staff were advised to revert to manual systems and floor

walkers were sent to specific areas to give support and advice. Regular Trust wide emails were sent out and Care Groups were asked to report any issues to Silver.

Once the issues had been resolved it was agreed that all areas could resume using EPMA.

Following the incident, a hot debrief was immediately held with key staff who managed or responded to the incident. A cold debrief was held a few days later to provide an opportunity for staff to report issues that may have come to light following the incident. A further two table top exercises have taken place since the incident and all EPMA action cards reviewed.

6   Training and exercises

The Civil Contingencies Act 2004 stipulates that the Trust is required to undertake a live exercise every 3 years. In 2018 the Trust ran two exercises: Exercise Goshawk and Exercise Stanage and participated in several internal and multi-agency table top exercises. By way of example, further detail is provided on Exercise Goshawk:

Exercise Goshawk was a simulation exercise at the Northern General Hospital. The exercise was sponsored by NHS England as part of the Public Health England funded programme directed by the Emergency Preparedness, Resilience and Response Partnership Group, chaired by the Department of Health and Social Care. The exercise ran from 8 am until 4.00pm with both Silver and Gold Command teams present.

The overall purpose of this exercise was to test the emergency preparedness, resilience and response of STH and the ability of the organisation to function under the additional stress of a mass casualty incident. By testing the command, control, coordination and communication of the hospital as well as the management of patients, lessons were identified that would make the Trust more prepared and resilient to the demands of a mass casualty incident.

140 STH staff took part in the exercise and it was found to be an excellent opportunity to test, train and exercise emergency plans and processes in the event of a mass casualty incident; and the opportunity to identify key lessons for the further development of the Trust's Care Group arrangements for patient care pathways and the Trusts revised Major Incident plan.

7   Review of plans and Action Cards

The Trust Major Incident Plan has been significantly reviewed in light of the clinical findings from a number of national and international incidents. A dedicated Task and Finish Group was established (Chaired by a Deputy Medical Director) to undertake the review and then collated by the Head of Organisational Resilience. The most significant changes to the plan include:

- Upon receipt of a major incident being declared, the immediate establishment of an A&E Resuscitation Multi-Disciplinary Team in the Emergency Department.
- From Day 2 of the incident, a thrice daily multi-disciplinary conference to take place to review patient pathways and ongoing medical management.
- The appointment of Surgical Commanders.

- Review of the Family and Friends Reception Centre. This has been relocated from Therapy Services Department C floor Firth Wing to Chesterman Outpatients Department and includes the addition of bereavement support nurses and staff from the Dept of Psychology to support members of the public during an incident.

Work is being undertaken by the Clinical Resilience Officer to update all Care Group local major incident action cards and plans

8 NHS England Core Standards 2018/19

The annual NHS England Core Standards for EPRR are the minimum requirements commissioners and providers must achieve in order to show that they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients. The standards changed in 2018, with an increase in the number of standards, an expanded focus on business continuity and a requirement for greater detail. It was recognised and has been discussed at the Local Health Resilience Partnership regionally and nationally, that as a consequence of the changes, compliance would slip.

For STH, the Trust is substantially compliant meeting 89-99% of the required target.

9 Recommendations

The Board of Directors are asked to:
a) Note the content of this report.
b) Confirm that they are assured that the Trust has well established systems and processes in place for responding to potential emergency and business continuity interruptions