

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS

HELD ON 28th SEPTEMBER 2021

Subject	Emergency Preparedness Resilience and Response Arrangements
Supporting TEG Member	Michael Harper, Chief Operating Officer
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Status¹	D, A

PURPOSE OF THE REPORT

The Emergency Preparedness, Resilience and Response Core Standards 2021 stipulate that the annual report for Emergency Planning must be signed off by the Board to ensure that arrangements are in place to respond to business continuity and emergency planning challenges. This report outlines the work undertaken by the Emergency Planning Team between April 2020 and March 2021.

KEY POINTS

- The Trust has a 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.
- As a learning organisation, STH undertakes a debrief review of each incident and builds this learning into its preparedness for future events.
- During 2020/21 the Trust planned for 23 business continuity events and responded to 12 unplanned incidents including the COVID vaccine roll-out and COVID-19 Pandemic, the latter of which this report will focus on.
- 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.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2017-2020		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	X
2	Provide Patient Centred Services	X
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:

- Note the content of this report
- 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
TEG	08/9/21	Y
Board of Directors	28/9/21	

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

1 Introduction

The Trust has experienced 12 planned and 23 unplanned internal business continuity challenges during 2020/21 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).
- Continue to meet (remotely) with external agencies both locally and nationally with regard to national and citywide events.
- Review existing plans and action cards to ensure we 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 focuses 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. For STH this is Michael Harper, Chief Operating 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

During the period April 2020 to March 2021 STH has been required to plan for 12 business continuity events (detail provided in Appendix 1). Given the pressures on the Trust in responding to the COVID pandemic, and in order to minimise any further disruptions to activity and patient services, the numbers of planned works were kept to essential ones only. In addition, no planning was needed for external events in the city including Tramlines and the Sheffield Half Marathon as these did not go ahead.

However, some essential testing and infrastructure maintenance did have to be planned for and these have included:

- Blackstart Generator tests at the Hallamshire and Weston Park sites
- Asbestos removal on the Vickers corridor NGH
- Medical air replacement works
- Two periods of Lorenzo down time

5 Unplanned business continuity interruptions

During the period April 2020 to March 2021 there have been 23 unplanned business continuity incidents (detail provided in Appendix 2), the most significant of which was the ongoing response to the COVID pandemic. Other unplanned incidents include two Lorenzo outages, an urgent repair to the high voltage generator at the Hallamshire site and two hospital bleep outages.

In line with national guidance, hot and cold debriefs were held with key members of staff involved in all the unplanned incidents, to identify any immediate risks to patients, staff or buildings, and action plans drawn up for longer term consideration.

COVID Pandemic

STH's response has been built on good EPRR practice and has dominated the focus of all our teams through 2021/22. As such, this report will focus on the COVID-19 response in the context of EPRR arrangements at STH.

Background

COVID-19 was first detected in Wuhan China in 2019. The virus was identified as a novel Coronavirus and was named SARS-CoV-2. The disease was named COVID-19 which stands for Coronavirus Disease 2019. The virus began to spread globally early in 2020 and on the 12th March 2020 the UK Government moved to the "delay" phase of their pandemic response plan and raised the risk level to "high". On 16th March, the Government began instituting social distancing measures, which followed with mandatory lockdown on 23rd March.

The UK's first two patients tested positive for Coronavirus after two Chinese nationals from the same family staying at a hotel in York fell ill. STH received its first patient diagnosed with COVID-19 on 23rd February. The Trust established its Silver Command on the same day. The full command structure was established in April consisting of 10 Clinical Bronze Commands, 11 non-clinical Bronze Commands, a Silver Command led by Michael Harper, COO and a Gold Command led by Kirsten Major, CEO. In addition to this, and in response to the risks identified at the time, the Trust established a Clinical Experts Group and a Personal Protective Equipment Group to provide a rapid, efficient, science based response to issues raised by the Bronze Command teams.

Role of the Emergency Planning Department during Covid-19

- *To manage the Incident Command Centre (ICC).*
In April, NHSE stipulated that all healthcare organisations must establish an ICC from 8am until 8pm including weekends. A number of staff from other departments assisted with this during the first wave and the demand from services for information was unprecedented. The requirement for an ICC by NHSE has yet to be stood down and therefore continues to function at STH. It is now managed wholly by the Emergency Planning Team. Throughout the Pandemic, the Emergency Planning team has ensured that any urgent issues raised by the Bronze Commands continue to be escalated to Silver Command. In addition to this, information needed urgently by the Silver Command from individual Bronzes is co-ordinated by the ICC staff.
- *To manage the dedicated NHSE Covid -19 email inbox*
To ensure key information from external bodies was cascaded to the appropriate Trust Executive or Clinical Lead, NHSE required all NHS organisations to identify a Single Point of Contact (SPOC) email address. This SPOC continues to be managed by the ICC and to date over 4000 emails have been received covering a wide range of issues including vulnerable patients, Personal Protective Equipment, oxygen supplies, stocks and supplies, critical care capacity, home working , travel advice, testing, vaccination, guidance from the Royal Colleges. The volume of information coming through has been significant with extremely tight deadlines for responses.
- *To ensure the national command structure requirements, as stipulated under the Civil Contingencies Act 2004, were followed*
All Care Groups and Corporate Departments were supported to establish Bronze Commands within the Trust. This included ensuring all Bronze Commands (21) were following the correct guidance with regard to the logging and recording of decisions made and that Silver, Gold and the newly established Clinical Expert Group had appropriate administrative support.

- *To participate in Regional and National Covid 19 NHSE meetings and webinars and ensure all key information from these was cascaded appropriately.*
- *To undertake formal debriefs from each of the waves of the pandemic to ensure any improvements in preparation for the next wave could be identified.*

The COVID-19 Phase One debrief at STH started on 20th May and involved 32 semi structured confidential interviews of key staff involved in strategic and tactical decision making, using a debriefing rationale (what went well, what could be improved etc.) and a survey which was sent out to 355 operational staff. The purpose of the debrief was to gather staff feedback and ensure any lessons learned helped prepare the Trust for a second wave.

The resulting report from the feedback focussed on 7 key lines of enquiry: communications, command structure, patients, staff wellbeing and testing, stock and supplies, external partnership working. The report contained a number of recommendations and was reviewed at TEG on 9th September 2020 in accordance with the Civil Contingencies Act 2004 Section 5.6.

Positive feedback highlighted:

- The collaboration and determination of the staff with regard to a patient led response to the incident.
- The effectiveness of the CEO briefings and Trust COVID website.
- The internal command structure and accessibility of senior leaders in such a fast paced and evolving incident.
- The availability of staff COVID testing throughout and the leadership/advice provided by members of the Clinical Experts Group.
- The early roll out of platforms such as MS Teams.
- The creation of a patients hub for support to both patients and families and the provision of ipads for patients to receive “virtual visitors”
- The drive through phlebotomy service and “Attend Anywhere” services for patients

Frustrations included:

- the frequency of the changes to national guidelines
- the uncertainty of national PPE supplies,
- internally clearer guidance on home working (which has since been resolved)

In addition to this, the Clinical Care Groups and non-clinical departments undertook individual debriefs with their staff and developed action plans to ensure lessons learned were acted upon locally. Each Care Group prepared a Statement of Readiness for the second wave. Assurance criteria for this included:

- Identification of Bronze Commanders, trained loggists and a COVID secure Command Room
- Clear process of disseminating key information across Care Group.
- Review of skill mix of staff and identification of those who can be redeployed to support key work areas across the Trust
- Systems in place to promote health and well-being to reduce anxiety of staff including the provision of calm rooms and keep in touch schemes for staff who may be required to shield
- Plans in place to maintain business critical services and to be able to stand down all appropriate clinical and non-clinical activity and to be able to respond to Winter demands
- Identification, mitigation and logging of all risks.

The COVID-10 Phase Two/Three started on 1st April 2021 and involved all Bronze Commands who were sent a list of 5 questions to consider:

Question	Examples of responses
What do you consider to be the main learning from the pandemic for your Care Group?	Importance of working together as a Care Group and a Trust. Recognising when colleagues are struggling. Regular communications out/ briefings within and to Care. Groups helped with understanding the pressure of the day. Stuck to a clear and simple decision making structure.
What are you most proud of as a Care Group in responding to the pandemic?	Flexibility, professionalism, dedication of staff, working across boundaries, caring for each other, swapping shifts Lateral flow and anti-body testing and staff vaccination programme gave staff confidence Relationships with other services have improved greatly Rapid set up of Microsoft teams enabled staff to stay in contact and achieve core business. Embracing new technology and virtual care delivery.
What would be better if?	More space to work COVID securely More calm rooms More clerical support on wards
What further support would you like from the Trust?	More streamlined approach to staff re-deployment More opportunity to think more innovatively about working differently
What work do you need to do in preparation for a fourth Wave?	Ensure staff have recuperation, rest and a holiday Maintain enhanced skills to cover flexibility Review new services' performance to determine ongoing investment and business planning Review COVID risk assessments and COVID plans; "we get better each time at knowing what to stand up and stand down"

Following collation of the feedback the Emergency Planning team worked closely with colleagues from Organisational Development to develop action plans for each of the Care Groups to ensure readiness in preparation for further waves.

Conclusion

The STH response to COVID-19 was based on a solid foundation of emergency planning, risk assessment and co-ordination and Command and Control support. This ensured STH had the best possible response and continued to learn and improve that response through each wave. Supporting this approach has had a significant impact on the workload of the Emergency Planning team and therefore non critical work planned to be undertaken during 2020/21 has had to be deferred until April 2021.

It is also worth noting that at the point STH was ask to lead on the rollout of the COVID Vaccine Programme on behalf of South Yorkshire, it chose to adopt an EPRR methodology whereby Bronze (STH Staff Vaccination) and Silver (Large Scale Site Vaccination) commands were established, reporting into STH Gold. Risks, actions and decision logs were recorded as per EPRR guidance.

6 Training and exercises

Given the necessity for social distancing, training and exercises, particularly multi agency exercises were suspended during the pandemic. The Emergency Planning team were able to run three Logistics Training courses remotely to support the work of the Bronze Commands.

In November 2021 STH will be participating (subject to COVID-19 guidelines) in a multi-agency regional training exercise to test the fitness to respond to a Major Incident from the Medical Emergency Response Incident Teams (MERIT) in the Yorkshire and Humber Region. This Initial deployment exercise will include the setting up of the MERIT tents at Advanced Casualty Clearing Stations (ACCS), to allow staff to familiarise themselves with the equipment and to identify any gaps in learning.

7 NHS England Core Standards 2020/21

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. For 2020 the process for assessment against the Standards changed, to take into account the pressures on Trusts responding to the pandemic. Trusts were only required to provide an update from their Action Plans from 2019 and to confirm two issues:

1. *The organisation has undertaken, or plans to undertake, a formal review process on their response to the COVID-19 pandemic to date, and have associated plans to ensure that the lessons and recommendations from that review are embedded as part of your on-going EPRR work programme.*

A summary of the Trust debrief was submitted.

2. *The organisation has reviewed its response to the COVID-19 pandemic and taken steps to embed key lessons and actions in planning for winter and associated system response arrangements.*

The Trust confirmed it had identified £1.9 million of available funding for winter schemes that would support the delivery of resilient, timely and safe services throughout the increased demands of the winter period in the context of COVID-19 and its impact on operational services. The focus being on removing delays from inpatient care, reducing length of stay and supporting improved flow, opening up of additional winter beds, identification of COVID and non-COVID pathways, staff flu vaccination programme, microbiology and virology resilience, additional nursing, medical and therapy staffing costs and continuing with the successful implementation of new ways of delivering services within a COVID-19 context.

The Trust also confirmed it had in place a comprehensive escalation threshold plan which identified the triggers, early warnings signs, command and control battle rhythm and actions needed for low, moderate and high prevalence of COVID-19 in the Sheffield community.

8 Conclusions

2020/21 has been an exceptionally busy year for STH from an EPRR, business continuity and emergency planning perspective. The COVID-19 response has dominated the work of the team but planning, skills, experience, knowledge and learning from the EPRR world has led to STH providing a strong response to COVID-19.

A number of unplanned business continuity events have been managed throughout the year and the number of planned business continuity events have been reduced to enable teams to focus on COVID-19 and the recovery.

The EPRR learning, for the team and the organisation, from the past year has been remarkable.

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.

Appendix 1

Number	Planned works	Date	Description	Lesson learned or changes made
01	Air handling units RHH isolation to allow for essential maintenance	April and May 2020	Air Handling Units isolated for 8 hour period. All affected wards notified in advance	No further action needed.
02	Essential electrical work on Brearley Wing	May 2020	Essential electrical work needed on a switch panel. Brearley wards running on generator power only for a 12 hour period.	Work went smoothly no further action needed
03	Crane lift on NGH site	May 2020	As part of phase two Firth Theatre works, a crane lift was needed on site. The position of the crane meant access to some areas of the site was difficult and alternative routes were needed to be identified.	Business continuity arrangements worked well. No further action needed.
04	ICE system downtime	June 2020	Urgent patching required to ICE system to allow for the creation of new accounts. Silver and Bronze Commands needed to be established	Business continuity arrangements in place. No further action needed.
05	Re opening of licensed premises	4 th July 2020	Re opening of licensed premises following national lockdown, possible impact on STH services. Multi agency command planning and meetings needed leading up to and including the weekend of the 4 th and 5 th July.	No significant impact on STH services. Multi agency debrief agreed that the planning approach worked well.
06	Planned maintenance of Oxygen VIE's at RHH, Jessop Wing and WPH	14 th July 2020	BOC needed to undertake some planned maintenance of the VIE's affecting the oxygen alarm system in Critical Care, SCBU, Theatres, Pharmacy. Departments advised to report any alarm lasting longer than 2 minutes	The communication sent out to the areas concerned was not cascaded by Jessop Wing, which led to concerns for staff as the alarms were going off on SCBU. This was investigated and found to be an omission by a Jessop wing staff member. The Emergency Planning team now asks for confirmation that emails have been cascaded accordingly.
07	Large scale funeral	15 th August	Large scale funeral involving 500 – 1100 attendees plus 21 vehicles to take place via NGH Barnsley Road entrance. Strategic Multi agency meetings held, re public health message, traffic disruption, community impact, NGH staff access to site, community staff visits and emergency blue light access to site discussed. Police staffing on site in ED, alternative site entrance identified for blue light services, ED staffing levels reviewed	Event passed without incident. Multi agency planning worked very successfully.

08	Microsoft Edge switch upgrades	September October November December 2020	IT outages required out of hours in order to replace all network switches in the network cabinets in preparation for the new STH network going live in 2021. Areas included Clinical Immunology Allergy Unit, RHW4, RHW A and C floor, Medical Physics, NEQAS building, MSRC, and MEC and were completed over multiple dates	As this work progressed it became clear that that in- patient areas would also need the same upgrade. And therefore more detailed planning would be required to minimise disruption to patient services both in and out of hours.
09	Lorenzo downtime	25 th November	The Lorenzo system needed to be upgraded. Outage was for a very short time but impacted across all sites	Use of Microsoft Teams as communication aid was very successful and should be used in future incidents Activation of the EPMA fall back position needed to be clearer. This is now been resolved.
10	Herries Road road works	February 2021	Installation of cable ducting crossing Herries Road Driveway. Traffic maintenance provided for access to NGH over 2 days. Multiagency notification of disruption completed	Business continuity notifications worked well
11	Planned power outage to switchboard in Clocktower. Stage 1	February 2021	Estates needed to complete the first part of a programme of works to replace old power cables in the Clocktower building. This required the power supply to switchboard to be transferred onto an alternative supply resulting in a short outage. Switchboard ensured all essential systems would not be affected and continue to work	Work went smoothly with no further action needed
12	Power outages in Clocktower NGH. Stage 2	February 2021	Estates needed to replace old power cables in Clocktower which required 2 power outages to complete. Minimal disruption as completed over the weekend. Staff affected relocated to alternative locations prior to the outages	Work went smoothly with no further action needed
13	Cold water isolation NGH	February 2021	Water valve replacement required all water was isolated for 8 hours in Rivermead centre Occupational Health building, Nursery and Longley cottages. Areas were informed in advance of the work	Work went smoothly with no further action needed
14	Swiss Log Chute system downtime	March 2021	Chute system taken down for 1 day for essential maintenance. Labs Business Continuity Action Card ensured increased collections from identified areas with extra planning to ensure Covid secure	Work went smoothly with no further action needed

15	SharePoint downtime	March 2021	IT undertook maintenance works to install updates to the server which are a pre requisite for a future phase of works. Care groups leads were consulted for the best time to complete the 2 hour outage which was 0600 – 0800 on Tuesday 16 March	Work went smoothly with no further action needed
16	Cable Ducting	March 2021	Installation of cable ducting crossing the road leading to Rivermead. Traffic maintenance provided for access to Rivermead over 2 days. No multiagency notification of disruption required due to location of road works	Work went smoothly with no further action needed
17	Asbestos removal Vickers corridor	March 2021	Asbestos removal works on Vickers corridor required the access to be narrowed and a section to be closed which was completed over a weekend. Estates were asked to ensure the remaining corridor was wide enough for beds to pass.	Emergency Planning Team visited the site just prior to the works commencing and identified insufficient space to allow for beds to pass. Estates notified immediately and were able to rectify the situation. Work completed successfully.
18	Clocktower power planned outage	March 2021	As part of the panel replacement scheme a planned power outage in the Clocktower Building affecting all floors was necessary. All departments informed of timings (06:00 to 12:00 and 13:00 to 18:00 hrs. As Silver Command still lives for Pandemic purposes, the Command Room if needed was relocated to Silver Command 2 in the Metabolic Bone Dept Seminar Room. Phones and Majax boxes checked and First On Call and TEG on call informed.	Work completed successfully and Command Room not needed.
19	AGFA RIS upgrade	March 2021	This upgrade had been delayed since January and required a 6 hour outage affecting the PACS system. Comprehensive business continuity plans were enacted to provide an almost continuous service which ensured minimal impact on the trust.	Work went smoothly with no further action needed
20	Cold water isolation Rivermead	March 2021	Further water valve replacement works required that all water was isolated for 8 hours in Rivermead centre, Occupational Health building, Nursery and Longley cottages. Areas were informed in advance of the work	Work went smoothly as buildings were not occupied over the weekend of the work with no further action needed
21	External maintenance circuits work affecting VPN	March 2021	IT upgrade to the network needed to external connections, impact being IT downtime for remote workers, the time was renegotiated with staff affected and was completed between 0400 -0600.	Work went smoothly with no further action needed
22	Manifold roof work RHH	March 2021	Roof on C road building at RHH housing back up oxygen bottles and manifolds found to be in a very poor	Work went smoothly with no further action needed

			state of repair. Estates could not risk roof collapse and therefore arranged to isolate the manifold and bottles and move them to a safe location, repair the roof and then reinstate manifold and bottles to their existing location. All clinical areas made aware.	
23	IT urgent maintenance	March 2021	<p>The IT department had to complete some essential work to comply with new national cyber security changes. The work affected all IT systems on both campuses and took place on Wednesday 31st March.</p> <ol style="list-style-type: none"> 1. Central site 06:30 hours Max 2 minute duration 2. Northern site 06:45 Max 2 minute duration <p>During the 2 minute outage none of the IT systems could be used. Timings of the outages were agreed with the Care Groups to minimise disruption to clinical services</p>	Work went smoothly no further action needed.

Appendix 2

Number	Unplanned works	Date	Description	Lesson learned or changes made
1	Urgent generator repair	26 August 2020	Estates identified a fault on one of the RHH generators requiring it to be taken offline immediately for a duration of 5 hours to allow a repair to be completed. All wards were asked to unplug any non-essential equipment that plugged into an essential supply to lessen the load should the generators require to be used.	Repair completed. No further action needed.
2	Bleep failure	27 August 2020	Switchboard informed Emergency Planning that the Bleep system was down and they could not get a Confirmer message out to the trust to collect contingency Long Range Pagers for those staff needed to respond to a Cardiac Arrest alert. The situation was also compounded by the inability to contact senior management in both switchboard and IT. The Emergency Planning team therefore went to switchboard to help with the Confirmer activation and to contact the Bleep system suppliers for assistance	IT have established a duty manager rota which will have a named senior manager as the initial contact each working day to cover significant incidents. This system has been accessed several times by the Emergency Planning Team and works very successfully.
3	Lorenzo outage	1 September 2020	The Lorenzo system went down at 09:40 on the 1 st September and business as usual was not established until 17:00 on the 2 nd Sept. STH declared an Internal Incident and Silver Command was established at 10:00hrs. NHS Digital confirmed this was a high severity incident as this affected all Trusts using the Lorenzo system. All Care Groups followed the business continuity plans (revert to paper) and Care Group Bronzes were established. Hot and Cold debriefs were held with key personnel to identify lessons learned and any immediate risks to patients.	<p>Although regular Confirmer messages and all user emails were sent out, feedback from the Care Groups was that communication needed to be more readily accessible for ward based staff. IT have identified a new The IT Department are currently testing some new desktop alerting software to allow direct alerting to our desktop devices (Laptops and PC's) for major IT outages or other alerts requiring user attention.</p> <p>Action Cards for reconciliation of patient's details needed reviewing. Business Continuity planning for Lorenzo outages has been completely reviewed and all wards now have a Business Continuity dedicated laptop.</p>

				<p>The Order and process for backloading not clear to all depts.</p> <p>Backloading process has significantly improved using MS Microsoft Teams. The order in which it is done is now made clear from Silver Commander to all Bronzes via Teams</p>
4	E whiteboard outage	11 December 2020	<p>The E Whiteboard system went down at 09:57 on 11 December and impacted on ED capacity to arrange patient flow electronically, arranging transfers, keeping patient discharge dates up to date and issues with the auto bedstate not reflecting reality. Silver and IT Bronze were established to manage the incident. The issue was resolved at 17:00 hours.</p>	<p>Since the incident IT have undertaken a review of the E whiteboard services to improve its resilience. This is on going with the aim of making the system working smarter when reading and writing information and using duplicate servers.</p>
5	Water leak	21 December 2020	<p>Estates advised there was mains water leak affecting RHH at 09:45. The leak started over the weekend and emergency contingencies had been put in place. The leak worsened and required immediate attention including turning the water supply off to RHH site. Yorkshire Water were able to provide an additional pipe to supply the tower block during the repair. Bottled water was made ready by STH Facilities team in the event the secondary water pipe failed. Estates reported the repair had been completed by 14:00 and normal water supply had resumed.</p>	<p>All departments involved worked effectively together to resolve the issue</p> <p>No patients services were disrupted</p>
6	Adverse weather - snow	14 January 2021	<p>Silver Command was established at 17:50 due to the adverse snow conditions. Staffing and patient discharges were the main concerns. Staff were also struggling to get home. There was a significant demand for taxi's and the Emergency Planning Dept co-ordinated the requests for these. The ambulance service were also having significant operational difficulties. Some staff volunteers with 4x4 vehicles assisted in bringing staff in and taking staff home. All Care Groups consulted re their overnight position and Silver Command stood down at 21:20 hours</p>	<p>All wards confirmed that had sufficient staff for the night going into morning. Estates staff ensured paths and roads on site were gritted. Everyone worked well together to ensure staff and patients were safe.</p> <p>Taxi requests came straight into Emergency Planning which put tremendous strain on resources. For future adverse weather taxi requests from staff will go via Bronze Commands.</p>

7	Storm Christoph	19 January 2021	<p>The Emergency Planning department received an 'amber' alert for flooding from the Met Office and was invited to a teleconference for the SY LRF Flood Advisory Service on 18 January. The region then experienced large scale flooding during this storm. Regional Flood Advisory Cells were established through the LRF at a regional level for SY, NY, and WY providing daily updates and these did not stand down until 22 January. Updates were provided to Bronze Commands which we running for the Covid19 response.</p> <p>Meadowhall covid testing centre was impacted by the flooding and had to close on 19 January.</p>	Multi agency planning and communications meant that all Category One responders were aware of the potential for flooding.
8	Adverse weather - snow	2 February 2021	<p>Snow caused disruption for staff trying to get into the trust on the morning of 2 February. Some areas of STH car parks were unusable and the H1 shuttle bus was unable to run. All bus services in Sheffield and Rotherham were suspended. Silver was already established and an action log for issues was collated.</p>	Car Parks were cleared as quickly as possible and Bronzes were kept up to date via Communications regarding bus services and road access