

Agenda item 8.5

Meeting / committee:	Board of Directors	Meeting date:	24 th June 2014
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Title:	Emergency Preparedness Annual Report 2013/14
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Purpose:	This report outlines and summarises the activities and actions undertaken by the Trust in 2013/14 in relation to meeting the requirements of Civil Contingencies Act 2004 and the new NHS core standards for emergency preparedness, resilience and response (EPRR). This report is intended to give the Board assurance in respect of emergency preparedness in the Trust.
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Key issues / items for consideration in the report:	<p>The trust has made considerable progress this year to establish and embed the new EPRR arrangements and has carefully assessed its compliance with the new EPRR core standards published by NHS England. Fully achieving the standards will require the work described in the action plan.</p> <p>One of the key priorities for 2014/15 will be the development of a rolling training programme to ensure the competence of staff in performing emergency / major incident roles.</p>
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Prepared by:	Donna Jermyn Emergency Planning Manager	Presented by:	Susan Watson, Chief Operating Officer
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Recommendation:	<p>The Board are asked to:</p> <ul style="list-style-type: none"> a) receive this report as assurance that the Trust is meeting its statutory obligations under the Civil Contingencies Act 2004; b) approve the planning priorities for 2014/15.
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Implications (please mark an X)	Legal	Financial	Safety & Quality	Strategic	Risk & Assurance
	X	X	X	X	X

Emergency Preparedness Annual Report 2013/14

1 Introduction

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health services as 'emergency preparation, resilience and response' (EPRR).

In 2013 the NHS Commissioning Board published a set of minimum EPRR core standards which NHS organisations and providers of NHS-funded care must meet, including service resilience. The standards provide a consistent framework for self-assessment, peer review and more formal control processes carried out by the NHS Commissioning Board and other regulatory organisations. These control processes will require evidence that the standards are being met.

The purpose of this annual report is to provide the Board with an update on emergency preparedness activities during 2013/14 and will form part of the evidence that the EPRR core standards are being met and that South Tees Hospitals NHS Foundation Trust is meeting its statutory emergency planning duties. The report also identifies the key emergency planning priorities for 2014/15.

2 Risk Assessment

2.1 Community Risk Registers

Risk assessment underpins all emergency planning and ensures that local responders have plans that are relevant to current risks and proportionate to the severity and the likelihood of occurrence. Each locality has a Community Risk Register which describes the particular hazards in the area.

With its multi-agency partners, the trust contributes to the development and review of the Cleveland and North Yorkshire Community Risk Registers. The main purpose of the Community Risk Register is to identify local hazards and assess the likelihood of occurrence and the severity of impact. This allows responding agencies to focus emergency planning resources based on priority of risk and contributes to reducing the likelihood of such a risk, reducing our vulnerability to it and reducing the impact should an incident occur. The Community Risk Registers are referenced in the Major Incident Plan and there are plans and arrangements in place to mitigate the effects of such incidents.

2.2 EPRR Risk Register

One of the requirements of the EPRR core standards is that 'organisations must maintain a risk register which links back to the National Risk Assessment and Community Risk Register'. An EPRR risk register has been developed in line with the trust's risk management framework. The register holds all the risks that affect the trust, details of the controls in place, the action plans to reduce the risks and the current progress towards the target risk reduction. The register is held within the Datix database and is reviewed and updated regularly.

3 EPRR Assurance

In 2013 the trust was required to undertake a self-assessment against the national EPRR core standards. The self-assessment had to be supported by a 'statement of EPRR compliance' and an action plan to close any identified gaps with a timescale for those actions. The Board received the self-assessment and statement of compliance on 17 December 2013. At this time there were 19 core standards out of 124 which were non-compliant (16 red, 3 amber). These were not considered to be detrimental to our immediate preparedness and resilience.

A significant amount of work has been carried out since the self-assessment to reduce the number of non-compliant standards. At the time of writing there are 10 core standards out of 124 which are non-compliant (1 red, 9 amber) – see appendix 1.

4 Emergency Planning

4.1 Major Incident Plan

The trust's Major Incident Plan (MIP) details the arrangements for responding to and managing emergencies. The MIP was reviewed and updated in 2013 to reflect the changes in the national NHS architecture. It will be reviewed in 2014 to reflect the changes in the trust's new organisational structure and on call arrangements.

4.2 Heatwave Planning

The Heatwave period is from 1 June to 15 September. The trust's Heatwave plan was reviewed and updated in 2013 in line with the Heatwave Plan for England 2013. The national plan now clarifies responsibilities and actions for healthcare organisations, local authorities and professionals in the light of the changes made to health and social care. It separates actions for commissioners, providers, as well as for professional staff and for the wider community. The plan continues to be underpinned by a system of heatwave alerts. The alert levels have changed to emphasize that long term planning for heatwaves should take place throughout the year. A Level 0 has been added to reflect this change.

4.3 Evacuation Planning

There is a requirement for all NHS hospitals to have a site evacuation plan. Although an evacuation template was developed by the North East Strategic Health Authority in 2012, it did not take sufficient account of the differing infrastructures and circumstances of individual hospitals. An evacuation exercise was held at Friarage Hospital in September 2103 which has provided sufficient learning to develop a site specific evacuation plan. A further evacuation exercise is planned for The James Cook University Hospital in order to develop a site specific plan. This approach will eventually be rolled out across the community hospitals.

4.4 Business Continuity Planning

In 2013, the NHS Commissioning Board published the Business Continuity Management Framework (service resilience). This document highlights the need for business continuity management (BCM) in NHS organisations. All NHS organisations are required to use this framework and the associated core standards in order to align themselves with the international standard for business continuity ISO 22301 and fulfil all assurance processes. ISO 22301 replaces the British Standard BS 25999 which the trust has previously been aligned to. In order to apply the principles of the new ISO 22301 a review of the Trust's BCM

policy has been undertaken to identify the key areas requiring amendment and an action plan is being developed. The current list of the trust's critical services is also under review by the clinical centres.

4.5 Tour de France 2014 Planning

The Tour de France is one of the world's largest annual sporting events. On 5 & 6 July 2014 the first two stages of the Tour will be held in Yorkshire. The race, with approximately 200 riders, will start around midday and finish five hours later. The official spectator forecast report predicts approximately 880,000 spectators along the route on Stage 1 and 1,020,000 on Stage 2.

Part of the route goes through Richmondshire which will be closed for a significant period of time (8 – 18 hours). Some roads will close on Friday 4 July to allow barriers etc. to be erected. Taking account of the days, route and scale of the event, there will be a significant impact on traffic flow and local disruption is inevitable affecting access to patients and Friarage Hospital.

For a number of months the trust has been involved in regional and local planning to ensure that the impact of the race on local health services is minimised as far as possible. There will be a robust command and control structure in place for the duration of the event so that any issues can be escalated and resolved promptly. All NHS organisations are required to have their plans signed off by Local Health Resilience Partnerships and Clinical Commissioning Groups by 31 May 2014.

4.6 Chemical, Biological, Radiological and Nuclear (CBRN) Planning

At national level, the response to a CBRN incident has undergone a major review, with the focus on the initial response by the emergency services carrying out life-saving actions. Research has shown that disrobing and dry decontamination – the blotting and rubbing of exposed skin surfaces with dry absorbent material – is the most effective means for non-caustic agents and should be considered the default process for an incident involving chemicals unless medical advice states otherwise. This will have training implications for any healthcare premises where casualties may self-present where there are no decontamination facilities, including urgent care and walk-in centres.

A number of training products have been developed by the National Ambulance Resilience Unit including a DVD and an e-learning package. All NHS organisations are expected to have adopted the new guidance by 1 April 2015.

5 Training and Exercising

5.1 Training

One of the EPRR core standard requirements is that NHS organisations will 'have suitably trained competent staff to effectively manage a major incident or emergency'. The NHS core standards also state that the 'key knowledge and skills for staff must be based on the Skills for Justice National Occupational Standards (NOS) for civil contingencies'. The NOS describe the standards of competent performance and include the skills, knowledge and understanding required to manage a major incident or emergency.

Historically, nationally recognised courses such as Strategic Leadership in a Crisis, Tactical Leadership in a Crisis and loggist training have been funded and delivered externally. Since the major changes to the health system on 1 April 2013, external training provision has been

fragmented and concerns have been raised at both local and regional levels. Other acute trusts in the area are experiencing a similar situation. NHS England Durham, Darlington and Tees has asked acute organisations to identify their emergency planning training needs so that the development of a joint training programme across the area can be explored.

An EPRR training strategy is under development and a training needs analysis will be undertaken to identify any training gaps. A rolling training programme will be developed to support the training strategy.

5.2 Exercising

The trust has participated in a number of multi-agency exercises in the last year. These are summarised below.

5.2.1 Exercise Zambezi (15 May 2013)

Exercise Zambezi was a multi-agency table-top exercise to test the effectiveness of the on and off site arrangements in place for Hartlepool Nuclear Power Station. The exercise provided the opportunity for a number of staff to explore the implications of a release of radioactive gas into the atmosphere. The trust's major incident room was established so that inter-agency communication arrangements could also be tested.

Key lessons identified:

- The radiation incident appendix in the Major Incident Plan (MIP) needed more detail on the external response and the potential implications this may have on the trust's response. The MIP has been updated to reflect this.
- Some emails went to personal email accounts so some messages were not received in the Incident Room. The Cleveland Local Resilience Forum communications strategy has been updated with generic incident room email accounts.
- Accident and Emergency staff waited 2 hours for a 'live' casualty who failed to arrive. This was due to a breakdown in communication with the Ambulance Service. The trust needs to be more involved in the planning of future exercises.

5.2.2 Exercise Smokescreen (4 September 2013)

Exercise Smokescreen was a trust-led combined 'live and tabletop exercise with multi-agency partners representing health and non-health agencies / organisations. The aim of the exercise was to develop a Friarage Hospital Evacuation Plan. The evacuation was required as a result of a fire in a top floor hospital ward. The exercise focussed on the tactical response to the incident.

The exercise demonstrated that South Tees Hospitals is able to deal with a major internal incident of this nature. Syndicates were observed to have an understanding of the response to a hospital evacuation. However there was some confusion over Health Command roles and a lack of understanding of the roles and capabilities of other organisations.

Key lessons identified:

- There needs to be a better understanding of strategic and tactical roles during an incident.

- The trust's Major Incident Plan needs to be amended to include more details on the response arrangements for an internal major incident.
- There needs to be a better understanding of the roles and capabilities of multi-agency partners.
- There should be a clear communication strategy for sharing information between organisations during a major incident.
- There should be a review of the trust's current fire training.
- There should be a review of evacuation equipment requirements at Friarage Hospital.
- A robust system for tracking patients and staff during an evacuation should be developed.
- Future exercises should include multi-agency partners whenever possible.

An action plan has been developed to ensure the lessons identified are incorporated into the trust's emergency planning arrangements.

5.2.3 Exercise Hawksdale (25 September 2013)

Exercise Hawksdale was a multi-agency tabletop exercise led by Durham Tees Valley Airport to test the response arrangements for an aviation accident. The exercise brought together all the relevant responding agencies to explore the main issues and challenges that would be faced in such an incident.

Lessons identified :

- There needs to be better clarification of major incident 'standby' and 'declared' in an incident of this kind and the impact on receiving hospitals, especially when there may be no 'live' casualties.
- An incident of this nature is likely to require a regional health response, especially for a large number of casualties requiring critical care, but this was not tested but should be considered in future exercises.

5.2.4 Exercise Three Rivers (20 March 2014)

Exercise Three Rivers was a multi-agency tabletop exercise led by Tees, Esk and Wear Valleys Foundation Trust (TEWV). The aim of the exercise was to test the business continuity plans of a number of mental health services as well as test the communications systems between organisations. The major incident room at JCUH was established. Telephone and email communication with the TEWV control room worked well throughout the exercise. At the time of writing a final report on the exercise has not been published.

6 Priorities for 2014/15

The Trust will continue to work with local NHS and non-NHS partners to develop plans to respond to and recover from significant incidents and emergencies. The priorities for 2014/15 are based around the requirements to maintain the capability to respond to a range of threats and hazards.

The priorities are:

- Completion of EPRR assurance action plan
- Revision of Major Incident Plan
- Completion of Exercise Smokescreen recommendations
- Repeat of Exercise Smokescreen at JCUH (date to be confirmed)
- Revision of Business Continuity Management Policy, including review of the list of critical services, and update of service business continuity plans
- Completion of Tour de France 2014 planning arrangements
- Roll out of new Chemical, Biological, Radiological & Nuclear (CBRN) Initial Operational Response across the organisation
- Participation in a number of planned exercises
 - Exercise Mother Goose (8 May 2014) – regional paediatric critical care exercise
 - JCUH A&E multiple casualty exercise (7 July 2014)
 - Exercise Strider (7 October 2014) – multi-agency exercise at Durham Tees Valley Airport.
- Development of a rolling training programme with NHS England (Durham, Darlington & Tees) and local acute providers

7 Recommendations

The Board are asked to:

- a) Receive this report as assurance that the Trust has plans in place to comply with the Civil Contingencies Act 2004 and EPRR core standards
- b) Approve the planning priorities for 2014/15.

D Jermyn
Friarage Hospital Manager/Emergency Planning Manager
15 May 2014

Appendix 1 EPRR Assurance Action Plan

GREEN - arrangements in place now, compliant with core standards

AMBER - draft or scheduled on action plan for completion

RED - arrangements not in place or scheduled for completion

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Action Plan	Person responsible	Expected Date of Completion	Self Assessment
	Incident response plans must be in line with published guidance, threat-specific plans and the plans of other responding partners. They must:				
5.10	have been written in collaboration with PHE;	Prior to final approval, the Major Incident Plan will be circulated for comment to the Durham, Darlington and Tees Local Health Resilience Partnership which includes representation from PHE.	Emergency Planning Manager	30-Jun-14	
5.15	set out how legal advice can be obtained in relation to the CCA;	The trust's solicitor is currently exploring how specific legal advice can be obtained relating to the CCA	Emergency Planning Manager	30-Jun-14	
5.27	It must be clear how key staff can achieve and maintain suitable knowledge and skills.	A training strategy is under development for Emergency Preparedness, Resilience and Response. A rolling training programme will	Emergency Planning Manager	30-Jun-14	

		be established to support the EPRR strategy.			
6.4	Facilities and equipment must meet the requirements of the NHS England Corporate Incident Response Plan.	There are major incident rooms in both The James Cook University Hospital and Friarage Hospital. Work is required to enhance existing facilities and equipment to comply with NHS England standards.	Emergency Planning Manager	30-Jun-14	
7	All NHS organisations and providers of NHS funded care must develop, maintain and continually improve their business continuity management systems. This means having suitable plans which set out how each organisation will maintain continuity in its services during a disruption from identified local risks and how they will recover delivery of key services in line with ISO22301. Organisations must:	BCM Policy has been reviewed. The current list of critical services is under review by Chiefs of Service and Managing Directors and will be included in the revised policy.	Business Continuity Facilitator	30-Jun-14	
7.33	how staff will be accommodated overnight if necessary;	Work is ongoing with Human Resources and Hotel Services to develop a standard operating procedure for accommodating staff overnight in an emergency	HR / SSI / Emergency Planning Manager	30-Jun-14	
7.36	Organisations must use, exercise and test their plans to show that they meet the needs of the organisation and of	All critical services have a business continuity plan.	Emergency Planning	31-Jul-14	

	other interested parties. If possible, these exercises and tests should involve relevant interested parties. Lessons learnt must be acted on as part of continuous improvement.	However there are limited resources to support regular exercising and testing of BCPs.	Manager / Business Continuity Facilitator		
7.42	details of the tools that will be used to make sure staff remain aware through on going education and information programmes (for example, e-learning and induction training); and	BC awareness is included in corporate induction for new staff. New intranet webpage for emergency preparedness includes a section on business continuity. An e-learning package is under development.	Business Continuity Facilitator	31 Sept 14	
7.43	details of how suitable knowledge and skills will be achieved and maintained.	An EP training strategy is under development for Emergency Preparedness. A rolling training programme will be established to support the strategy.	Emergency Planning Manager	30-Jun-14	
8.2	detailed evacuation procedures;	The learning from Exercise Smokescreen will be used to enhance the existing evacuation plan template to create a bespoke evacuation plan for Friarage Hospital. Exercise Smokescreen will be repeated at JCUH to create a bespoke evacuation plan.	Emergency Planning Manager	31-Mar-15	