

**Trust Board Meeting: Thursday 1 November 2012**  
**TB2012.100**

<b>Title</b>	<b>Emergency Planning – Annual Report</b>
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<b>Status</b>	A paper for noting by the Board outlining the Trust's Emergency Planning and Business Continuity preparedness.
<b>History</b>	This is an annual report to the Board.

<b>Board Lead(s)</b>	Paul Brennan, Director of Clinical Services			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

**Summary**

1	This paper provides a report on the Trust's preparedness for emergencies.
2	It discusses the planning progress over the past year, looks at the training and exercising programme, and gives a summary of instances in which the Trust has had to respond to extraordinary circumstances.

## Emergency Planning – Annual Report November 2012

### Introduction

1. This paper provides a report on the Trust's emergency preparedness in order to meet the requirements of the Civil Contingencies Act 2004 (CCA) and NHS Emergency Planning Guidance 2005.
2. The Trust has a mature suite of plans to deal with Major Incidents and Business Continuity issues. These conform to the CCA (2004) and current DH guidance. All plans have been developed in consultation with regional stakeholders to ensure cohesion with their plans.
3. The paper reports on the training and exercising programme and details the developments of the emergency planning arrangements and plans. The report gives a summary of instances in which the Trust has had to respond to extraordinary circumstances.

### Background

4. The CCA (2004) outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at local level. The Act divides local responders into two categories, imposing a different set of duties on each. Category 1 responders are those organisations at the core of the response to most emergencies, and are subject to the full set of civil protection duties. Category 2 responders have a lesser set of duties and are required to co-operate and share relevant information with other Category 1 and 2 responders.
5. The Trust is a Category 1 responder, and as such the Trust is subject to the following civil protection duties:
  - assess the risk of emergencies occurring and use this to inform contingency planning
  - put in place emergency plans
  - put in place business continuity management arrangements
  - put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
  - share information with other local responders to enhance co-ordination
  - cooperate with other local responders to enhance co-ordination and efficiency

### Planning Sector Reports

6. The following sections provide an area by area report on developments over the past year and planning for next year.

### Major Incident Policy

7. This Policy details the Trust's actions in the event of an external major incident (e.g., an air disaster, rail crash, floods, or a terrorist attack). Such an event will require the hospital to employ a different method of working in order to manage the situation. The Policy is supplemented with unit-level plans (held locally) that detail the actions required of individual units to ensure that the corporate plan is achieved. In addition to conventional incidents, the policy details how the Trust will manage Chemical,

Biological, Radiological and Nuclear (and Explosive) incidents. The Policy plans for the management of mass casualties.

8. Version 7 of the Policy was released in November 2011 and combines the previous ORH and NOC Major Incident and CBRN(E) & Mass Casualty Policies.
9. The Trust's Major Incident Plans were audited by CEAC in June 2012. The Trust is developing its plans in light of these recommendations.
10. The Trust Major Incident Policy was tested in a table top exercise in March 2012. This exercise was sponsored by the Health Protection Agency. The EmergoTrain methodology was used and as such is counted as a live exercise. Internal and external reports on the exercise were published and the Trust has developed its plans in light of these recommendations and findings.

### **Business Continuity Management Policy**

11. Business Continuity Management is a management process that helps to manage the risks to the smooth running of an organisation or delivery of a service, ensuring that the business can continue in the event of a disruption. These risks can be from the external environment (e.g., power failures or severe weather) or from within an organisation (e.g., systems failures or loss of key staff). A business continuity event is any incident requiring the implementation of special arrangements within an NHS organisation in order to maintain or restore services. For NHS organisations, there may be a long 'tail' to an emergency event, e.g., loss of facilities, provision of services to patients injured or affected in the event, etc.
12. The Policy is comprised of a corporate-level policy and supported by service-level plans. These service-level plans detail what would be required for the service to continue; which less-critical services or functions could be suspended and for how long, in order to maintain critical services; which other services are required for that service to function; and which services rely on that service being operational. The service-level plans are currently under development.
13. Version 3 of the Policy was released in November 2011 and version 3.1 was released in April 2012. Version 3 integrated the NOC and ORH policies. The Policy incorporated the previous Traffic Management, Fuel Supply Disruption and Severe Weather Plans. Version 3.1 provided updates on Fuel Supply Disruption and Severe Weather planning. The Policy aligns to British Standard BS25999. The next version of the Policy will ensure that it aligns to the International Organisation for Standardisation document ISO22301 published in April 2012.
14. The Trust's Business Continuity Plans were audited by CEAC in June 2012. The Trust is developing its plans in light of these recommendations.
15. Over the past 12 months a great deal of work has gone into developing the service-level plans. Table 1 shows the divisions' progress on developing service continuity plans.
16. In May 2012 the RAG scoring system was revised. The new parameters are:
  - no ratified plan = Red
  - plan not tested in past 12 months or plan not reviewed in past 12 months = Amber
  - ratified, tested and reviewed plan = Green

17. The Trust needs to undertake more training and exercising on business continuity issues. To enable this, a series of on-line training and exercising packs have been produced for the services.

### **Hospital Evacuation Policy**

18. This Policy details how the Trust would manage a scenario whereby it would need to evacuate a number of patients from the premises and potentially a whole site. The Policy was updated in 2010 in line with DH guidance.

### **Pandemic Influenza Policy**

19. The Trust has developed a policy to manage an outbreak of pandemic influenza. The Policy was produced in partnership with other health and social care organisations across Oxfordshire and the Thames Valley to ensure that all of the individual plans work collectively to manage the pandemic.
20. The Trust Policy was released in November 2011 and combined the ORH and NOC Policies.
21. The prime objectives of the Policy are to save lives, reduce the need for hospital admissions, reduce the health impact, and minimise disruption to health and other essential services whilst maintaining business continuity and reducing the general disruption that is likely to ensue. The Trust's preparations take into account a wide range of scenarios, considering a range of clinical attack rates. The Trust has considered how the virus could affect different age groups differently. The Policy also looks at the management of vulnerable groups, such as homeless people.

### **Winter Planning**

22. As in previous years, the Trust has undertaken a planning exercise to ensure that it is prepared for any increase in acute activity over the winter period. There is no specific definition as to what constitutes a winter period, however all acute Trusts have to comply with the Department of Health requirements to submit a daily winter situation report between the beginning of November and the end of March.
23. The plan details how the Trust will maintain resilience over the winter period and manage patient flow. It also highlights the processes that take place in the wider health community to ensure that there is a system wide response to pressures on the health system.
24. The key objectives of the plan are:
  - To ensure quality of care is not compromised over the winter period with rising emergencies, by eliminating avoidable trolley waits and waits in the Emergency Department (ED)
  - To ensure the OUH has plans in place to cope with the predicted level of emergency admissions over the winter months
  - To support front line staff in light of predicted emergencies
  - To ensure that all staff and services are prepared and understand their roles and responsibilities
  - To have clear escalation plans and processes to deal with peaks in demand
  - Ensure a smooth discharge process is in place at all times to prevent bed blocking

- Ensure the OUH meets the 4-hour emergency access target in light of predicted rising attendances over the winter months
- Minimise the impact on elective activity
- Ensure the OUH can maintain the current performance targets over the winter period

### Testing and Exercising

25. The Trust has a rolling programme of live, table top and communications exercises that are designed to test and develop our plans. The Trust is required to hold a live test every three years, a table top test every year, and a communications cascade every six months. Whenever possible, the Trust strives to ensure that our testing is held in a multi-agency context. This is to provide familiarisation with other organisations and to assist with benchmarking our response with our partners. Exercises provide invaluable insight into the operationalization of our plans and important information regarding the areas of the plans that require further development. Table 2 details the training and exercises undertaken from November 2011 to November 2012.
26. Further exercises are being planned for next year. These will include two communications cascade exercises and at least one table top exercise. These are currently in the design stage and dates for the exercises have not yet been set. These exercises will be held at the Trust level and will be in addition to service level exercising of service continuity plans.

### Live Events

27. During 2011/12 industrial action took place and this provided an opportunity for services to review their business continuity plans. There was also the threat of a fuel shortage (April 2012) which also prompted review of business continuity arrangements.

### Debriefing From Live Events and Exercises

28. Following all live events and exercises debriefs are undertaken in order to capture learning points. Lessons identified from live events and exercises are subsequently incorporated into relevant plans, and are shared with partner organisations.

### Communications

29. Communication is critical in dealing with any adverse incident. As part of the Trust's exercise programme, two communications exercises were held in the Thames Valley in February 2012 and October 2012. The exercises, named 'Exercise Talk Talk', simulated major incident communications cascades. The cascades were initiated by the ambulance service to receiving contact points. The February exercise was designed to cascade to receiving points in healthcare providers (EDs). This test was undertaken in normal working hours. The October exercise replicated this, but this time the exercise was undertaken out of hours.

### Partnership Working

30. The Trust works in collaboration with a range of partner agencies through formal standing meetings and ad hoc arrangements. Formal committees of which the Trust is a member include the Thames Valley Health Emergency Planning Group, the Oxfordshire Health Emergency Planning Group and the Oxfordshire Resilience Group. The purpose of these groups is to ensure that effective and coordinated

arrangements are in place for NHS and partner agency emergency preparedness and response in accordance with national policy and direction from the Strategic Health Authority.

### **Olympic Planning**

31. The Olympics required the Trust to undertake additional planning to ensure that it was prepared for this unique event. The following steps were taken to prepare for the Olympics and the torch relay:

- Human Resources issued guidance (in line with the guidance prepared by the SHA) regarding annual leave requests and volunteering during the period
- a staff announcement went out to all community based staff advising them of the times and route of the torch relay and they were advised to consider the impact this may/may not have on service provision
- Procurement worked closely with suppliers to ensure that critical days were provided for
- the Trust Major Incident and Business Continuity Policies were reviewed in light of specific risks associated with the Olympics
- the Trust worked with PCT and Thames Valley colleagues to ensure continuity of communications and planning
- information for non-designated hospitals was issued to key stakeholders within the Trust
- staff briefings sent out as required over the period, ensuring that any partner organisations' learning about the impact of the torch relay and Olympics were used to inform our planning

### **Summary**

32. The past year has seen significant developments in the Trust's resilience arrangements, most notably in the development of business continuity arrangements; however, more work is required in this area to achieve full resilience.

33. The Trust should be undertaking a more detailed and comprehensive training and exercising programme; however, this requires resourcing.

### **Recommendation**

34. It is recommended that the Board accept and endorse this report.

**David Smith, Emergency Planning Officer**

**Paul Brennan, Director of Clinical Services**

**November 2012**

Table 1 – Service Continuity Plan Status

Division	Service	Status
Children's & Women's	Gynaecology	Orange
Children's & Women's	Horton Obstetrics	Orange
Children's & Women's	Horton Paediatrics	Green
Children's & Women's	JR Maternity	Orange
Children's & Women's	JR Paediatrics	Green
Corporate	Estates	Red
Corporate	Finance	Orange
Corporate	HR	Orange
Corporate	Media and Communications	Green
Corporate	OHIS	Green
Corporate	Procurement	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	AICU/CICU	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Cellular Pathology	Green
Critical Care, Theatres, Diagnostics & Pharmacy	Clinical Biochemistry	Green
Critical Care, Theatres, Diagnostics & Pharmacy	Genetics Laboratories	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Laboratory Haematology	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Laboratory Immunology	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Microbiology	Green
Critical Care, Theatres, Diagnostics & Pharmacy	Pain Relief	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Pharmacy	Green
Critical Care, Theatres, Diagnostics & Pharmacy	Radiology CH & Breast Screening	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Radiology Community	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Radiology HGH	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Radiology JR	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Radiology West Wing	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Resus Department	Green
Critical Care, Theatres, Diagnostics & Pharmacy	Sterile Services Department	Orange
Critical Care, Theatres, Diagnostics & Pharmacy	Theatres and Anaesthetics JR & WW, and HG	Red
Cardiac, Thoracic and Vascular	Cardiac, Thoracic and Vascular	Orange
Emergency Medicine, Therapies & Ambulatory	AGM and Geratology - JR	Orange
Emergency Medicine, Therapies & Ambulatory	Clinical Genetics	Orange
Emergency Medicine, Therapies & Ambulatory	Clinical Immunology	Red
Emergency Medicine, Therapies & Ambulatory	Dermatology	Orange
Emergency Medicine, Therapies & Ambulatory	Diabetes and Endocrinology (OCDEM)	Orange
Emergency Medicine, Therapies & Ambulatory	GUM and Colposcopy	Green
Emergency Medicine, Therapies & Ambulatory	Horton ED	Orange
Emergency Medicine, Therapies & Ambulatory	Horton Medicine	Orange
Emergency Medicine, Therapies & Ambulatory	Infectious Diseases	Red
Emergency Medicine, Therapies & Ambulatory	JR ED	Orange
Emergency Medicine, Therapies & Ambulatory	Occupational Therapy	Red
Emergency Medicine, Therapies & Ambulatory	Physiotherapy	Red
Emergency Medicine, Therapies & Ambulatory	Respiratory Medicine	Green
Neurosciences, Trauma and Specialist Surgery	Community Neurology	Orange
Neurosciences, Trauma and Specialist Surgery	Neurosciences	Orange
Neurosciences, Trauma and Specialist Surgery	Specialist Surgery & Trauma	Orange
NOC		Green
Operations & Service Improvement	Blood Safety and Conservation	Orange
Operations & Service Improvement	Operational Management	Orange
Surgery & Oncology	Endoscopy	Orange
Surgery & Oncology	Haemodialysis	Orange



Table 2 – Training and Exercising Plan – Nov 2011 to Nov 2012

Year	Month	Exercise Name/Details	Type	Description	Led by	Target audience	Completed with
2011	November	Major Incident Inductions for Nurse Band 5 Paediatrics	Presentation	Major Incident, BC, CBRN(E), Pand Flu etc	EPO	Staff nurses	ORH
2012	February	Exercise Talk Talk 2012	Communications Cascade	Communications Cascade	SCAS (Amb) for region	All health agencies	All health agencies
2012	March	Emergo Train	Live (Table Top)	EmergoTrain	HPA	All ORH Staff	OUH
2012	March	Exercise Vandella	Table Top	Olympic Planning Assurance Exercise/Heatwave Planning	HPA	South Central	All health agencies
2012	April	Medical Physics	Presentation	Walk through of decontamination process.	EPO	Medical Physics	OUH
2012	June	Major Incident Inductions for Nurse Band 5 SEU	Presentation	Major Incident and Pandemic Flu	EPO	Staff nurses	Service / areas
2012	June	Radiation Casualty Training	Seminar	Radiation Casualty Training	Medical Physics	Medical Physics	Service / areas
2012	June	Business Continuity Workshop	Seminar	Business Continuity Workshop	SHA	Thames Valley Responders	All health agencies
2012	July	Business Continuity Exercise	Table Top	Business Continuity Exercise	EPO	Sugery and Oncology	Transplant, Urology, Haemodialysis, Oncology, Palliative Care and Endoscopy
2012	July	Business Continuity Workshop	Seminar	Business Continuity Workshop	EPO	Ambulatory Medicine	
2012	September	Business Continuity Exercise	Table Top	Business Continuity Exercise	EPO	Respiratory Medicine	Respiratory Medicine
2012	September	Major Incident/Business Continuity Exercise	Table Top	Major Incident/Business Continuity Exercise	OFRS/ORH	OFRS, ORH	OFRS
2012	October	Exercise Centurion	Table Top	Landsdowne Chemicals COMAH Plan	Oxfordshire Emergency Planning Unit	OCC, SCAS, TVP, OFRS, HPA, ORH, PCT, EA, Thames Water	OCC, SCAS, TVP, OFRS, HPA, ORH, PCT, EA, Thames Water
2012	October	Exercise Talk Talk 2012 2	Communications Cascade	Communications Cascade	SCAS (Amb) for region	All health agencies	All health agencies
2012	October	Business Continuity Exercise	Table Top	Business Continuity Exercise	EPO	NTSS	NTSS
2012	October	Business Continuity Exercise	Table Top	Business Continuity Exercise	EPO	JR and HG ED	JR and HG ED
2012	October	Winter Planning Exercise	Table Top	Winter Planning Exercise	Oxfordshire PCT/CCG	Oxfordshire Health Economy	Oxfordshire Health Economy
2012	October	Business Continuity Exercise	Table Top	Business Continuity Exercise	EPO	Immunology	Immunology
2012	November	Major Incident Inductions for Nurse Band 5 SEU	Presentation	Major Incident and Pandemic Flu	EPO	Staff nurses	Service / areas
2012	November	Business Continuity Exercise	Table Top	Business Continuity Exercise	EPO	B6 Nurses SEU	B6 Nurses SEU
2012	November	Major Incident Seminar	Seminar	Major Incident Planning	EPO	B6 Nurses SEU	B6 Nurses SEU

