

Trust Board Meeting: Wednesday 13 November 2013

TB2013.134

Title	Emergency Preparedness Resilience and Response – Annual Report 2012/13
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Status	A paper for noting by the Board outlining the Trust's Emergency Planning and Business Continuity preparedness.
History	This is an annual report to the Board.

Board Lead(s)	Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	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.
Recommendation The Trust Board is asked to note this report.	

Emergency Planning - Annual Report November 2013

1. This paper provides a report on the Trust's emergency preparedness in order to meet the requirements of the Civil Contingencies Act (CCA) 2004 and the NHS Commissioning Board Emergency Preparedness Framework 2013.
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 NHS-wide 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 Civil Contingencies Act 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 the 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

Emergency Preparedness, Resilience and Response (EPRR)

6. A new set of guidance documents for Emergency Planning was published in March 2013 by the NHS Commissioning Board (NHSCB). This has coincided with a move to the labelling of the wider emergency planning field as Emergency Preparedness, Resilience and Response (EPRR).
7. The new documents are:
 - Emergency Preparedness, Resilience and Response Framework
 - Business Continuity Management Framework
 - Command and Control Framework

8. The NHSCB has also produced a set of core standards for EPRR, which all NHS organisations will be measured against.
9. The OUH has revised all EPRR documents to align with the frameworks and has undertaken an internal assessment against the core standards. The results of this self-assessment have helped set the work plan for the Trust's EPRR development over the next year.

Planning Sector Reports

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

Major Incident Policy

11. 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.
12. Version 8 of the Policy was released in August 2013.
13. The Trust Major Incident Policy was tested in a table top exercise in September 2012. This exercise was sponsored by the Oxfordshire Fire and Rescue Services and looked at the management of a large fire and helicopter crash in the West Wing of the JR. Following this exercise, the outcomes were used to inform the development of a number of Service Continuity Plans. A further exercise was undertaken in February 2013. This was a walkthrough of plans to manage casualties contaminated with Radiation in the JR ED. This exercise has assisted greatly in the development of the Trust plans to manage such incidents. A full update on the Trust's response to Radiation incidents has been drafted and is at the consultation stage.
14. Further exercises are being planned for next year. These will include six-monthly communications cascade exercises and at least one table top exercise. It is envisaged that the table top exercise will look at the regional response to incidents involving a large number of Major Trauma casualties. This exercise is planning on being undertaken with the MTC network. This exercise will be held at the Trust level and will be in addition to service level testing and exercising.

Business Continuity Management Policy

15. 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.

16. 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.
17. Version 4 of the Policy was released in August 2013. The Policy aligns to British Standard ISO22301.
18. Over the past 12 months a great deal of work has gone into developing the service-level plans. Table 1 shows the Division's progress on developing service continuity plans.
19. 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

20. 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.

Pandemic Influenza Policy

21. 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.
22. The Trust Policy was last revised in August 2013.
23. 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.

Testing and Exercising

24. 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 operationalisation 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 October 2012 to October 2013.

Live Events

25. During 2012/13 the OUH experienced two significant incidents. Firstly, in July 2012 the NOC and Churchill sites lost water due to an off-site incident. Then, in November 2012 the JR site lost power to some key areas. Debriefs were held after the incidents and action plans for plan development produced. These incidents have helped the

Trust and Services develop their plans to manage such incidents should they occur again in the future.

Debriefing From Live Events and Exercises

26. Following live events and exercises, debriefs are undertaken in order to capture learning points. Lessons identified from live events and exercises are subsequently incorporated into major incident plans and business continuity plans, and also shared with partner organisations.

Communications

27. Communication is critical in dealing with any adverse incident. As part of the Trust's exercise programme, a communications exercise was held in the Thames Valley in October 2012. The exercise, named 'Exercise Talk Talk', simulated a major incident communications cascade. The cascade was initiated by the ambulance service to receiving contact points healthcare providers (EDs). This test was undertaken outside of normal working hours. Due to the NHS restructure in April 2013 the region-wide Talk Talk exercise scheduled for February/March 2013 was postponed to later in the year.

Partnership Working

28. 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 Local Health Resilience Partnership, the Oxfordshire Resilience Group, and the Thames Valley Local Resilience Forum. The purpose of these groups is to ensure that effective and coordinated arrangements are in place for NHS emergency preparedness and response in accordance with national policy and direction from NHS England – Thames Valley Area Team.

Summary

29. The past year has seen significant developments in the Trust's resilience arrangements, most notably in the further development of business continuity arrangements; however, more work is required in this area to achieve full resilience.
30. Ideally the Trust should be undertaking a more detailed and comprehensive training and exercising programme. The resourcing of such additional activity will be included in the business planning cycle.

Recommendation

31. It is recommended that the Trust Board notes this report.

David Smith, Emergency Planning Officer

Paul Brennan, Director of Clinical Services

October 2013

Table 1 - Service Continuity Plan Status - As at 1 October 2013

Division	Service	SCP Release Date	Date of SCP Test	Status
Children's & Women's	Gynaecology	31 Jul 13	29 May 13	
Children's & Women's	Horton Paediatrics	31 Jul 13	30 Oct 12	
Children's & Women's	Maternity - JR and HG	31 Jul 13	27 Dec 12	
Children's & Women's	JR Paediatrics	31 Jul 13	30 Oct 12	
Children's & Women's	Newborn Care Unit	31 Jan 13	29 Jul 13	
Corporate	Estates	21 Aug 13		
Corporate	Finance	07 Aug 13		
Corporate	HR	27 Apr 11		
Corporate	Media and Communications	08 Apr 13	12 Sep 12	
Corporate	OHIS	27 Sep 12	28 Sep 12	
Corporate	Procurement	26 Jan 10		
Critical Care, Theatres, Diagnostics & Pharmacy	AICU/CICU	08 May 13		
Critical Care, Theatres, Diagnostics & Pharmacy	Cellular Pathology	27 Sep 12	14 Aug 12	
Critical Care, Theatres, Diagnostics & Pharmacy	Clinical Biochemistry	20 Nov 12	31 Jul 13	
Critical Care, Theatres, Diagnostics & Pharmacy	Genetics Laboratories	18 Dec 12	04 Oct 12	
Critical Care, Theatres, Diagnostics & Pharmacy	Laboratory Haematology	19 Apr 11	31 Jul 13	
Critical Care, Theatres, Diagnostics & Pharmacy	Laboratory Immunology	30 Jun 13		
Critical Care, Theatres, Diagnostics & Pharmacy	Microbiology	29 Sep 12	03 Apr 13	
Critical Care, Theatres, Diagnostics & Pharmacy	Pain Relief	31 Oct 12	28 Oct 12	
Critical Care, Theatres, Diagnostics & Pharmacy	Pharmacy	30 Nov 12	03 Aug 12	
Critical Care, Theatres, Diagnostics & Pharmacy	Radiology CH & Breast Screening	12 Mar 13	15 Apr 13	
Critical Care, Theatres, Diagnostics & Pharmacy	Radiology Community	12 Mar 13	15 Apr 13	
Critical Care, Theatres, Diagnostics & Pharmacy	Radiology HGH	12 Mar 13	15 Apr 13	
Critical Care, Theatres, Diagnostics & Pharmacy	Radiology JR	12 Mar 13	13 Oct 12	
Critical Care, Theatres, Diagnostics & Pharmacy	Radiology West Wing	12 Mar 13	13 Oct 12	
Critical Care, Theatres, Diagnostics & Pharmacy	Resus Department	31 May 13	30 Nov 12	
Critical Care, Theatres, Diagnostics & Pharmacy	Sterile Services Department	10 Aug 12	13 Jul 12	
Critical Care, Theatres, Diagnostics & Pharmacy	Theatres and Anaesthetics JR & WW, and HG	28 Mar 13		
CTV	CTV	28 Nov 11	18 Apr 13	
Emergency Medicine, Therapies & Ambulatory	AGM and Geratology - JR	30 Oct 12	31 Oct 12	
Emergency Medicine, Therapies & Ambulatory	Clinical Genetics	20 Sep 12	30 Oct 12	
Emergency Medicine, Therapies & Ambulatory	Clinical Immunology	27 Nov 12	16 Oct 12	
Emergency Medicine, Therapies & Ambulatory	Dermatology	17 Dec 12	23 Oct 12	
Emergency Medicine, Therapies & Ambulatory	Diabetes and Endocrinology (OCDEM)	20 Sep 12	27 Dec 13	
Emergency Medicine, Therapies & Ambulatory	GUM and Colposcopy	20 Sep 12	26 Sep 12	
Emergency Medicine, Therapies & Ambulatory	Horton ED	31 Mar 13	24 Oct 12	
Emergency Medicine, Therapies & Ambulatory	Horton Medicine	30 Oct 12	31 Oct 12	
Emergency Medicine, Therapies & Ambulatory	Infectious Diseases		14 Jan 13	
Emergency Medicine, Therapies & Ambulatory	JR ED	31 Mar 13	24 Oct 12	
Emergency Medicine, Therapies & Ambulatory	Occupational Therapy	17 Jan 13		
Emergency Medicine, Therapies & Ambulatory	Physiotherapy	17 Jan 13		
Emergency Medicine, Therapies & Ambulatory	Respiratory Medicine	17 Dec 12	18 Sep 12	
Neurosciences, Trauma and Specialist Surgery	Community Neurology	12 Apr 12		
Neurosciences, Trauma and Specialist Surgery	Neurosciences	15 Mar 11	23 Oct 12	
Neurosciences, Trauma and Specialist Surgery	Specialist Surgery & Trauma	15 Mar 11	23 Oct 12	
MARS	Assistive Technology	21 Aug 13		
MARS	Directorate Support	06 Jun 13		
MARS	Divisional Support	29 Jul 13		
MARS	MARS Site - G4S	01 May 13	23 May 13	
MARS	Inpatient Wards	01 Jul 13	23 May 13	
MARS	Orthotics	05 Apr 13	23 May 13	
MARS	Outpatients/POAC	15 Aug 13		
MARS	Prosthetics	27 Aug 13		
MARS	Theatres - MARS	01 Aug 13	23 May 13	
MARS	Therapies - MARS	01 Apr 13	23 May 13	
Operations & Service Improvement	Blood Safety and Conservation	31 Aug 13	25 Nov 12	
Operations & Service Improvement	Operational Management	08 Aug 13	10 Jan 13	
Surgery & Oncology	Endoscopy	30 Apr 13	11 Jul 12	
Surgery & Oncology	Haemodialysis	14 Sep 11	11 Jul 12	
Surgery & Oncology	Medical Physics	26 Jul 11		
Surgery & Oncology	Oncology & Haematology	27 Jul 11	11 Jul 12	
Surgery & Oncology	Oxford Haemophilia and Thrombosis Centre	26 Jul 11		
Surgery & Oncology	Radiotherapy	21 Feb 12		
Surgery & Oncology	Renal, Transplant and Urology	09 Feb 12	11 Jul 12	
Surgery & Oncology	Surgery and Gastroenterology	17 Dec 12	13 Nov 12	
Surgery & Oncology	Theatres and Anaesthetics CH			

Table 2 - Training and Exercising Plan - Oct 2012 to Oct 2013

Year	Month	Exercise Name/Details	Type	Description	Led by	Completed with	Debrief Notes
2012	October	Exercise Centurion	Table Top	Landsdowne Chemicals COMAH Plan	Oxfordshire Emergency Planning Unit	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	
2012	October	Winter Planning Exercise	Table Top	Winter Planning Exercise	OxH and Oxon Health	Oxfordshire Health Economy	
2013	February	RMU Training	Table Top	RMU Training	Oxfordshire PCT	All health agencies and LA	
2013	February	Radiation Casualty Training	Live	Walkthrough and training for radiation incidents	Medical Physics	ED and Medical Physics	
2013	March	Hospital Evacuation Exercise	Table Top	Hospital Evacuation Exercise	Oxford Health	Oxford Health and OUH	<p>Debrief</p> <p>Where possible, support to evacuate patients will come from within OUH.</p> <p>The value of undertaking an exercise to increase familiarity with the plan.</p> <p>That it is difficult to evacuate patients in such an environment with other wards evacuating at the same time. Support decision making on site needs to be a competent and capable senior individual well versed in the needs within the OUH environment.</p> <p>Once the evacuation becomes vertical it becomes more complex and being able to identify the City Community Hospital patients will be problematic.</p> <p>Dispersion of City Community Hospital patients was likely and identifying where they are would be difficult.</p>
2013	March	RMU Exercise	Live	RMU Training	Oxfordshire PCT	All health agencies and LA	

ORG System Notes:

Key issue – what are critical functions – think Christmas Day
 Early SCG teleconference will be vital especially to ensure commonality over agency messages to the public
 Question over cross border use by critical service users who might live out of area. Will need to understand criteria in other areas.
 TVP will be prepared for possible public order offences in queuing traffic
 Consider how Local Authorities will deal with abandoned vehicles in queues and traffic management problems, emergency access through queues.
 Look at different ways of working (who can work at home)
 Health highlighted the delicate balance of social care clients tipping into the health care system if resources become stretched. It is harder to discharge patients if resources in the community are missing.
 Consider interdependencies for longer term issues especially around utility companies.
 Consider the impact different types of strike would have, i.e. block day strikes, once a week strikes, 1 per month etc...
 Although military personnel have been trained to drive these will only be evoked on a national scale and there are issues with filling at forecourts which may result in increased fire risks.
 Consider changing shift patterns to better fit public transport timings
 Consider letting staff report to their closest place of work (especially emergency services)
 SCG to issue advice on what is “essential driving”
 EA would consider increasing security at bunkered fuel sites in anticipation of an increase in likelihood of fuel thefts.
 Consider mutual aid across borders for things like waste collections

2013	June	Business Continuity Exercise	Table Top	Fuel Supply Disruption	OCC EPU	ORG
2013	September	Major Incident/Business Continuity Workshop	Workshop	Regional EPRR Workshop	NHS England - Thames Valley	All health agencies
2013	October	Major Incident/Business Continuity Exercise	Table Top	Regional EPRR Exercise	NHS England - Thames Valley	All health agencies

Debrief awaited.
 Debrief awaited.