

Trust Board Meeting in Public: Wednesday 10 July 2019

TB2019.79

Title	Emergency Preparedness, Resilience and Response – Annual Report
--------------	--

Status	For approval.
History	This is a regular report to Trust Board.

Board Lead(s)	Ms Sara Randall, Chief Operating Officer			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. This paper provides a report on the Trust's preparedness for emergencies for 2018/19.
2. The report 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.
3. Divisional progress on developing and updating service continuity plans requires further focus. A campaign to improve the plans is underway. Monitoring divisional plans will be understood through monthly performance reviews.
4. Recommendation The Trust Board is asked to accept and endorse this report and approve the revised EPRR Policy and Plans.

Emergency Preparedness, Resilience and Response – Annual Report July 2019**1. Introduction**

- 1.1. This paper provides a report on the Trust's emergency preparedness in order to meet the requirements of the Civil Contingencies Act (2004) and the NHS England Emergency Preparedness, Resilience and Response Framework (EPRR)2015.
- 1.2. The Trust has a mature suite of plans to deal with Major Incidents and Business Continuity issues. These conform to the Civil Contingencies Act (2004) and current NHS-wide guidance. All plans have been developed in consultation with regional stakeholders to ensure cohesion with their plans.
- 1.3. The paper reports on the training and exercising programme, the EPRR reporting programme, and the development of emergency planning arrangements and plans. The report gives a summary of instances in which the Trust has had to respond to extraordinary circumstances.

2. Background

- 2.1. 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 preparedness and response at the local level. As a category one responder, 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 coordination;
 - cooperate with other local responders to enhance coordination and efficiency.

3. Risk Assessment

- 3.1. The Civil Contingencies Act (2004) places a legal duty on responders to undertake risk assessments and publish risks in a Local Resilience Forum Community Risk Register. The purpose of the Community Risk Register is to reassure the community that the risk of potential hazards has been assessed, and that preparation arrangements are undertaken and response plans exist. The Trust's EPRR risk register mirrors the risks identified on the Community Risk Register that could impact human health.

4. Assurance

- 4.1. Appendix 1 details the EPRR assurance logs for 2018/19 and 2019/20 YTD. These logs detail the publication dates of key EPRR documents and activities and the dates that they are due for release or review.

- 4.2. It is recognised that training of key staff is flagged as overdue. An action plan to address this is in place.
- 4.3. It is noted that the Trust is due for a communication exercise. This is regionally run and is scheduled for August 2019.

5. Audits

- 5.1. In May 2019, SCAS undertook an audit of the Trust's CBRN(E)/HazMat (Chemical, Biological, Radiological and Nuclear (Explosive)/Hazardous Materials) incident preparedness. Initial feedback to the Trust noted that the Trust was well-prepared to manage a CBRN(E)/HazMat incident. The formal report from the audit is currently awaited. The audit is scheduled to be repeated in the summer of 2020.
- 5.2. In June 2018, Oxfordshire Clinical Commissioning group (OCCG) and NHS England undertook an audit of our the Trust's EPRR arrangements, which took the form of a self-assessment audit. The report noted that planning was in line with the national core standards for EPRR. The audit highlighted two areas for improvement:
 - 5.2.1. Training and exercising of plans could be improved. This particularly highlighted key on-call staff that would form the Incident Coordination Centre and loggists. This is an ongoing action due to staff turnover.
 - 5.2.2. Training and exercising of staff to undertake decontamination could be improved. Since the audit, the Trust has made significant improvements in this area, and was commended in the May 2019 SCAS audit (para 5.1). It is noted that this is an ongoing action due to staff turnover.

6. Partnership Working

- 6.1. 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 (Executive and Business Groups) and the Oxfordshire Resilience Group. The Trust is also represented at a number of sub groups of 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.

7. Debriefing From Live Events and Exercises

- 7.1. 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 and business continuity plans, and are shared with partner organisations.

8. Communications

- 8.1. Communication is critical in dealing with any adverse incident. As part of the Trust's exercise programme, a series of communications exercises was held in the Thames Valley over the year. The exercise series, named 'Exercise Talk

Talk', simulated a major incident communications cascade. Table 2 details these exercises and the learning gained from them.

9. Planning Sector Reports

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

9.2. Major Incident Policy

9.2.1. 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 CBRN(E)/HazMat incidents. The Policy plans for the management of mass casualties.

9.2.2. Version 9.5.5 of the Policy was released in July 2018.

9.3. Business Continuity Management Plan

9.3.1. Business Continuity Management is a process that helps to manage risks to the smooth running of an organisation or delivery of a service, or ensures that 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.

9.3.2. The Policy is composed of a corporate-level policy 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.

9.3.3. The Policy has specific plans for the management of high likelihood incidents. These are:

- Fuel supply disruption
- Adverse weather
- On-site traffic management
- Pandemic influenza

9.3.4. Version 5.4.3 of the Policy was released in December 2018. The Policy aligns to British Standard ISO22301.

9.3.5. Table 1 shows the Division's progress on developing service continuity plans. It is recognised that planning in this area is not as thorough as it should be, and a campaign to improve this is currently underway.

9.3.6. The criteria for RAG ratings are as follows:

- Plan review or test date over 2 years old or no plan/plan not tested = Red
- Plan not reviewed in past 12 months or plan not tested in past 12 months = Amber
- Plan ratified, tested and reviewed in past 12 months = Green

9.3.7. There are currently no services without a plan.

9.4. Hospital Evacuation Policy

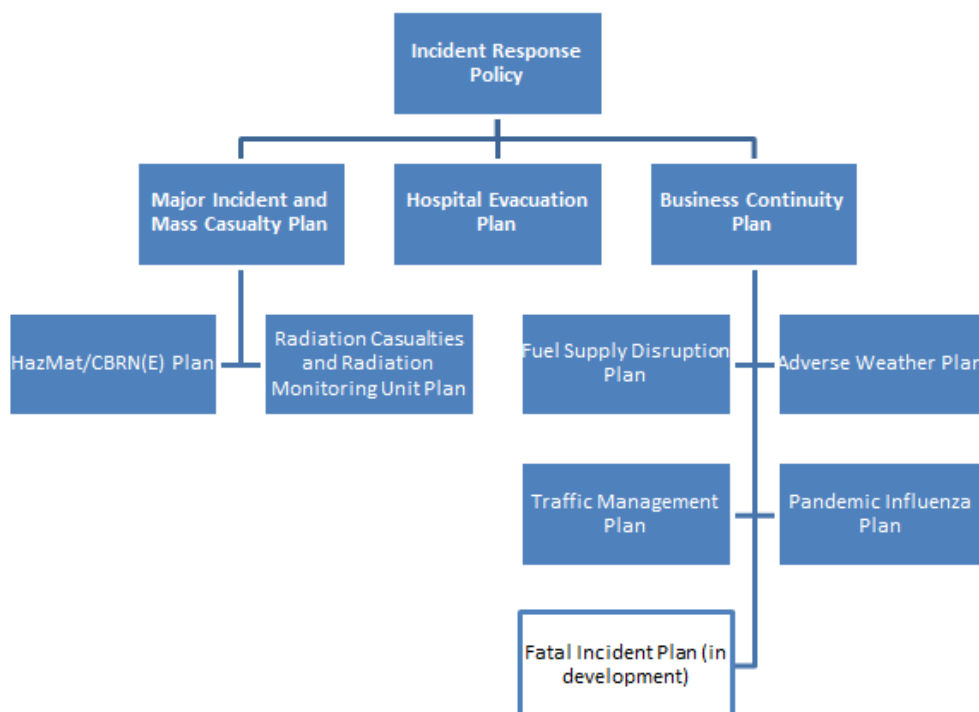
9.4.1. This Policy details how the Trust would manage a scenario whereby it would need to evacuate a number of patients from the premises and potentially a whole block or site.

9.4.2. Version 5.4.1 of the Policy was released in July 2018.

10. Policy Review

10.1. The Trust Board is requested to approve the following policies as part of the annual review process.

10.2. Following a review of the Trust Major Incident Plans, the following suite of plans have been updated, and drafts posted to the intranet for comments¹. To reduce repetition within the plans, the structure of the plans has been revised as detailed below.



10.3. A summary of changes made to the documents is detailed below:

¹ Link to draft plans – [click here](#)

Incident Response Policy	<ul style="list-style-type: none"> • New document to outline the structure and processes for Command and Control that will be used during a significant business continuity, critical or major incident.
Major Incident Plan	<ul style="list-style-type: none"> • Revised in line with OUH Incident Response Policy. • Updated throughout in line with national guidance.
Business Continuity Management Plan	<ul style="list-style-type: none"> • Revised in line with OUH Incident Response Policy. • Minor updates throughout.
Hospital Evacuation Plan	<ul style="list-style-type: none"> • Revised in line with OUH Incident Response Policy.

11. Testing and Exercising

11.1. The Trust has a rolling programme of live, table-top, command post and communications exercises that are designed to test and develop our plans. The Trust is required to hold the following:

- Communications exercise – minimum frequency – every six months
- Table-top exercise – minimum frequency – every 12 months
- Live play exercise – minimum frequency – every three years
- Command post exercise – minimum frequency – every three years

11.2. If an organisation activates their Incident Coordination Centre in response to a live incident, this replaces the need to run an exercise, providing lessons are identified and logged and an action plan developed.

11.3. Appendix 1 details our compliance against these standards.

11.4. 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 April 2018 to June 2019. In addition to these, a rolling programme of service-level major incident and business continuity exercises has taken place (see Table 1 for details). The need for improvement in the level of service-level training and exercising is recognised, and a campaign to achieve this is currently underway. A rolling programme of Decontamination Training for ED staff is in place. Finally, the Managing the Health Response to Incidents courses have continued to be held over the year for On-Call Duty Executives, Duty Managers, General Managers, Operational Services Managers, and Matrons.

11.5. Further exercises are being planned for next year. These will include two communications cascade exercises (the first being scheduled for August 2019) and at least one table-top exercise (the first being scheduled for October 2019).

11.6. At the regional level, a pandemic influenza table-top exercise is being planned for October 2019.

11.7. As required by the EPRR Core Standards, all corporate-level training and exercising is based on and referenced to the National Occupation Standards for Civil Contingencies.

12. Live Events

12.1. During 2018/19, the OUH experienced a number of extraordinary incidents.

These are detailed below:

- Over the year, the Trust managed a number of suspected Highly Pathogenic Diseases presentations (MERS and Viral Haemorrhagic Fever). All cases were confirmed as negative.
- The Trust activated its Multiple Trauma Alert on four occasions over the year to manage incidents. The Multiple Trauma Alert ensures that core clinical teams are assembled in the ED to receive patients from an incident, and that business as usual is not unnecessarily compromised, potentially adversely affecting patient outcomes. Reviews of the incidents demonstrated that the plan worked effectively.
- In April 2018 and April 2019, the Churchill site was affected by interruption to the power supply. The first incident was caused by an incident external to the Trust; the second was an internal fault. In both cases, the Trust's business continuity arrangements were put in place to manage the situation.
- In July 2018, the JR ED responded to two "white-powder" incidents. The ED staff responded according to protocol and the patients were effectively decontaminated and treated.
- In August 2018, the Trust responded with the University to a suspect package that was received by the University. This was following advanced warning from the counterterrorism police unit. The package was isolated and handed over to the police for further investigation.
- In May 2019, the Trust was alerted to suspected contamination (listeriosis) of food from one of our suppliers, the Good Food Company. The Trust's continuity measures ensured that all potentially contaminated food was removed immediately from our shelves and alternative arrangements put in place.
- In June 2019, the West Wing Theatres Level 1 were contaminated with plastic particles from the ventilation system. The Trust declared a Critical Incident, and the seven theatres on Level 1 were closed for 2 days while the incident was investigated and made safe. Additional filters were placed on all air vent outlets. While this work was being undertaken, contingency plans were put in place to ensure that emergency theatre provision was available. A full investigation and a definitive solution is currently being scheduled to ensure minimal disruption to theatre activity.
- In June 2019, the NOC theatres lost electricity to the sockets for 20 minutes. The Trust declared a Critical Incident. The source of the incident was found to be a damaged socket. Contingency arrangements were put in place via the two theatres in the retained estate. The socket was repaired and activity was returned to normal the following day.
- Over the past year, the Trust has had to prepare for the forthcoming departure of the United Kingdom from the European Union. The degree and nature of any impacts will, to a large extent, be determined by the terms of any departure agreement or a 'no-deal' exit. The Trust has focused its planning around the following six themes:
 - Command and Control

- Supply of Medicines and Vaccines
- Supply of Medical Devices and Clinical Consumables
- Supply of Non-Clinical Consumables, Goods and Services
- Workforce
- EU Settlement Scheme

The delay in the date of exit from 29 March 2019 to 31 October 2019 means that these preparations are ongoing.

13. Summary

13.1. The past year has seen good developments in the Trust's resilience arrangements; however, more work is required at the service level to achieve full resilience.

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

14. Recommendations

14.1. It is recommended that the Trust Board accepts and endorses this report.

14.2. It is recommended that the Trust Board approves the revised EPRR Policies.

Sara Randall, Chief Operating Officer
David Smith, Emergency Planning Officer
July 2019

Table 1 – Service Continuity Plan Status

As at 1/7/19

Black dates = plan/test in date. Red dates = plan requires review/test required.					
Division	Service	SCP Release Date	Date of SCP Test	Status	
Clinical Support Services	AICU/CICU	30 Nov 18	19 Jun 18		
Clinical Support Services	Cellular Pathology	28 Aug 18	19 Sep 18		
Clinical Support Services	Clinical Biochemistry	05 Jun 19	13 Mar 19		
Clinical Support Services	Genetics Laboratories	30 Nov 18	05 May 16		
Clinical Support Services	Laboratory Haematology	23 May 18	18 Dec 19		
Clinical Support Services	Laboratory Immunology	29 May 19	14 May 19		
Clinical Support Services	Microbiology	23 Apr 19	18 Apr 19		
Clinical Support Services	Pain Relief	30 Aug 18	20 Aug 18		
Clinical Support Services	Pharmacy	30 Dec 18	24 Jun 18		
Clinical Support Services	Pre-operative Assessment Service	30 Apr 18	06 Mar 18		
Clinical Support Services	Radiology	31 May 18	31 May 18		
Clinical Support Services	Resus Department	30 Nov 18	30 Nov 18		
Clinical Support Services	Theatres (JR and WW) and Sterile Services Unit	01 Dec 17	13 Jun 19		
Corporate	Estates	21 Aug 13	24 Apr 19		
Corporate	Finance	31 Aug 15	24 Feb 15		
Corporate	HR	26 May 15	12 Nov 13		
Corporate	IM&T	28 Mar 18	05 Feb 19		
Corporate	Media and Communications	31 Aug 16	21 Mar 17		
Corporate	Procurement	26 Jan 10			
Medicine, Rehabilitation & Cardiac	AGM and Geratology - HG	30 Oct 12	31 Oct 12		
Medicine, Rehabilitation & Cardiac	AGM and Geratology - JR	31 May 17	30 Sep 18		
Medicine, Rehabilitation & Cardiac	OCE	21 Aug 13			
Medicine, Rehabilitation & Cardiac	Clinical Genetics	31 Jul 18	05 Dec 13		
Medicine, Rehabilitation & Cardiac	Clinical Immunology	15 Jan 16	28 Jun 17		
Medicine, Rehabilitation & Cardiac	CTV	28 Nov 11	18 Apr 13		
Medicine, Rehabilitation & Cardiac	Dermatology	19 May 15	05 Dec 13		
Medicine, Rehabilitation & Cardiac	Diabetes and Endocrinology (OCDEM)	31 Jul 18	05 Dec 13		
Medicine, Rehabilitation & Cardiac	Horton ED	31 Mar 13	24 Oct 12		
Medicine, Rehabilitation & Cardiac	Infectious Diseases	31 Jul 18	05 Dec 13		
Medicine, Rehabilitation & Cardiac	JR ED	01 Feb 17	24 Oct 12		
Medicine, Rehabilitation & Cardiac	Occupational Therapy	28 Feb 17	28 Jun 17		
Medicine, Rehabilitation & Cardiac	Physiotherapy	28 Feb 17	28 Jun 17		
Medicine, Rehabilitation & Cardiac	Respiratory Medicine	31 Jul 18	05 Dec 13		
Medicine, Rehabilitation & Cardiac	Sexual Health and Colposcopy	19 May 15	05 Dec 13		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Community Neurology	28 Feb 18	20 Oct 15		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Horton Paediatrics	31 Aug 14	16 Jul 15		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	JR Paediatrics	31 Aug 14	16 Jul 15		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Neurosciences	31 Jul 15	04 Dec 14		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Newborn Care Unit	31 Aug 14	16 Jul 15		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	NOC Site - G4S (External Org -> Annual review only)	01 Jun 17	N/A		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	NOC Site - Inpatient Wards	16 Apr 18	09 Jan 19		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	NOC Site - Orthopaedic Directorate Management Team	30 May 17	16 Feb 18		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Orthotics	24 Apr 18	18 Nov 16		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Outpatients/POAC	16 Apr 18	16 Feb 18		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Prosthetics	13 Mar 18	04 Feb 16		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Specialist Surgery	30 Nov 14	04 Dec 14		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Theatres - Orthopaedics	01 Jan 18	19 Jun 19		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Therapies - Orthopaedics	04 Jun 18	18 Sep 16		
Neurosciences, Orthopaedics, Trauma & Specialist Surgery and Children's	Trauma	04 Aug 17	04 Aug 17		
Operations & Service Improvement	Blood Safety and Conservation	30 Mar 18	03 Sep 18		
Operations & Service Improvement	Operational Management	15 May 19	10 Jun 19		
Operations & Service Improvement	18 Week Office	15 May 19	21 Apr 19		
Operations & Service Improvement	Service Improvement and Development		21 Apr 19		
Operations & Service Improvement	Telecommunications	09 Feb 15	08 Jun 15		
Surgery & Oncology and Women's	Endoscopy	30 Apr 18	11 Jul 12		
Surgery & Oncology and Women's	Gynaecology	31 Oct 14	09 Sep 14		
Surgery & Oncology and Women's	Haemodialysis	14 Sep 11	11 Jul 12		
Surgery & Oncology and Women's	Maternity - JR and HG	31 Aug 14	17 Jun 15		
Surgery & Oncology and Women's	Medical Physics	26 Jul 11			
Surgery & Oncology and Women's	Oncology & Haematology	27 Jul 11	11 Jul 12		
Surgery & Oncology and Women's	Oxford Haemophilia and Thrombosis Centre	31 Aug 14			
Surgery & Oncology and Women's	Radiotherapy	30 Apr 16			
Surgery & Oncology and Women's	Renal, Transplant and Urology	09 Feb 12	11 Jul 12		
Surgery & Oncology and Women's	Surgery and Gastroenterology	17 Dec 12	13 Nov 12		
Surgery & Oncology and Women's	Theatres and Anaesthetics CH	30 Nov 13			

Table 2 – Testing and Exercising Programme 2016/17 and 2017/18 YTD

Year	Month	Exercise Name/Details	Type	Description	Led by	Target audience	Debrief Notes
2018	April	Exercise Strontium XIII	Table Top	Major Incident	EPO	OUH ED Responders	N/A
2018	April	Cyber Crime Workshop	Workshop	Cyber Crime and Business Continuity	NHS England South	NHS England South	Report awaited
2018	April	Paediatrics Major Incident Exercise	Table Top	Major Incident	EPO	OUH Paediatric Staff (All Teams)	To consider the development of a Paediatric CDU action card. To review PCC sedation/muscle relaxant drug supply. Review ED/PCC stocks of Children's Chest Drains Review who has Green Id badges across the Trust. Review Children's Hospital ICP monitoring supplies. Arrange further training and exercising for Paediatric SpRs Review levels of Cardiac Monitors and Fluid Pumps held across the Children's Hospital. Review endotracheal tubes in Green Bags – consider change to micro-cuff 3.0 to 4.5 cuffed. Consider adding bougies to Green Bags Consider welfare calls to patients discharged to create capacity in Major Incidents. Send link to Paediatric Major Incident Plan to attendees. Add Children's Psychological Medicine role to support parents, staff and patients. Review of patients under shared care. Ensure lead specialty is agreed and communicated (for normal business not just Major Incidents)
2018	July	Highly Infectious Pathogen Exercise	Live	Highly Infectious Pathogen Exercise/Walkthrough	ID, EPO	ID	N/A
2018	July	Broadmore Table Top Exercise Sequor	Table Top	Major Incident Exercise	NHS England	TV LRF	1 -Update of all relevant and related Broadmoor Hospital Plans including communications by all multi-agency partners. These must contain clear lines of command and control. -All organisations 2 -Use of the air ambulance to be made more defined by SCAS and made available to all multi-agency partners. Dedicated landing sites identified by SCAS and BH and added to updated plans. -SCAS 3 -Pre-scripted communications need to be written by BH and made available to all multi-agency comms leads so that these can be replicated and used in collaboration when in response. -Comms leads 4 -Update from BH to be given to all multi-agency partners on the new Thames Valley Alert System to the local residents when available -Broadmoor Hospital (BH) 5 -Ensure that there is a full understanding of JESIP across all multi-agency partners which is included in the updated plans -All organisations 6 -Ensure there is a full understanding of the METHANE message and how this is cascaded which is included in the updated plans -All organisations 7 -Cross site support in acute trusts i.e. porters trained in security measures -Acute trusts and Major Trauma Centres (MTCs)

							<p>8 -To ensure that messages are shared from NHS England London and NHS England South East and vice versa to ensure that all communications/information flows are robust throughout an incident of this nature -Gail King/Steve Waspe</p> <p>9 -Review use of Police escorts for Operation Loganberry patients -TVP</p> <p>10 -SCG to take the lead for the communications messaging in conjunction with BH and NHSE -TV LRF in conjunction with BH</p> <p>11 -A working knowledge of patient treatments and medications to be made available to - BH</p>
2018	July	Business Continuity Exercise	Table Top	Business Continuity	EPO/Ramsay Health	Horton Hospital and Horton Treatment Centre	<p>Organisational awareness of the plan.</p> <p>Joint exercising plan</p> <p>Action card development</p> <p>HTC-Foscote Resilience Planning</p> <p>Generic incident action cards – key considerations</p> <p>Recognition that in emergency situations the normal standards of care might need to change.</p>
2018	July	Major Incident Exercise (Exercise Tan II)	Workshop	Major Incident Exercise/Walkthrough	EPO	TASS	Plan live exercise for theatres.
2018	October	Exercise Strontium XIV	Table Top	Major Incident	EPO	OUH Services	<p>Messaging during a major incident. Slow time messaging to ensure staff are versed in what to do in a major incident and during an incident to ensure staff are aware of incidents.</p> <p>Review of OUH equipment list.</p> <p>Contact lists should be reviewed to ensure that they are complete and up to date.</p>
2018	October	Exercise Radialem	Workshop	Radiation Monitoring Unit Workshop	NHS England	NHS England South and South of England LRF	<p>Lesson Description of lesson identified</p> <p>To raise awareness of the role and responsibilities of the NCTPN and the NCA and the interface with the NHS during a terrorist incident</p> <p>1 To ensure improved understanding of the interface between health and police during deliberate incidents, the structure and function of the respective roles could be bullet-pointed in the RMU plan and LRF plans.</p> <p>2 It would be beneficial for the Counter Terrorism Police – South East to be made aware that during an incident, NHS England is the conduit to contact individual NHS Trusts.</p> <p>3 A CBRN element could be included into the PHE Incident and Emergency Response Plan (NIERP).</p> <p>To exercise the plans to maintain the safety and care of NHS staff and patients using NHS provided facilities during a deliberate incident.</p> <p>4 Training is required for management of patients contaminated with radiation with action cards to assist this management. The Royal Berkshire Hospital action cards could be used as a guide for other Acute Trusts.</p> <p>5 Clarification is required in the RMU plan on where RAM GENES and other radiological monitoring equipment can be sourced.</p> <p>6 PHE should revisit the requirement for a major incident health register to enable contact tracing of those potentially exposed to radiation.</p> <p>7 There needs to be an alerting system for GP practices and other health services such as Minor Injuries Units and Urgent Treatment Centres to be made aware of the possibility of potentially contaminated self-presenters attending their premises.</p> <p>To exercise the arrangements for the psychosocial response to a deliberate incident</p> <p>8 National NHS England psycho-social tool kit should be signed off and released for use on key websites and social media sites.</p>

							<p>9 Messages should be pre-prepared describing actions, recommendations and advice for radiological incidents and methods of communication including leaflets, social media, NHS Choices. This would also extend to NHS 111 algorithm with signposting to services where treatment and support can be sought.</p> <p>To understand the impact and additional planning requirements to put in place a Radiation Monitoring Unit in response to a radiation release using the draft PHE/NHS England guidance</p> <p>10 The RMU plan needs to state who is accountable for the RMU, who commissions the RMU, who has lead responsibility for coordination of the RMU and the roles and responsibilities of key organisations.</p> <p>11 More consideration could be given to using bespoke demountable structures for RMUs as opposed to acquisition of public buildings such as schools or sports centres.</p> <p>12 Other options to support RMU staffing requirements need to be explored to include FRS, PHE staff, military, and nuclear site operators.</p>
2018	November	Exercise Regular Resolve (OUH)	Table Top	OUH CBRN Table Top Exercise	OUH	ED	<p>Need for CBRN signs for EDs.</p> <p>Add Airvo and NIV to major incident equipment list.</p> <p>Review ED relocation plan.</p> <p>Review ED signage post rebuild.</p>
2018	November	Exercise Regular Resolve	Live	CBRN Major Incident	All Responders	TVLFR and National Responders	<p>The following actions were identified:</p> <ul style="list-style-type: none"> · Need for CBRN signs for EDs. Action – David Smith · Add Airvo and NIV to major incident equipment list. Action – David Smith · Review ED relocation plan. Action – David Smith/Jon Walker · Review ED signage post rebuild. Action – David Smith/Jon Walker
2018	November	Exercise Regular Resolve	Table Top	CBRN Day 2 Response	All Responders	TVLFR and National Responders	Held on Resilience Direct due to protective marking on document.
2018	November	Exercise Regular Resolve	Workshop	Recovery Workshop	TVLRF	TVLFR and National Responders	Held on Resilience Direct due to protective marking on document.
2019	January	EU Exit Workshop	Workshop	EU Exit Planning	NHS England	Thames Valley and HOIW Health Agencies	N/A
2019	February	EU Exit Table Top Exercise	Table Top	EU Exit Planning	EPO	OUH	<ul style="list-style-type: none"> • High human resource impact in planning and responding to a no deal EU Exit • Issues most likely to felt at the regional or national level • Greater visibility of national contingency planning would be beneficial for Trusts to gain sight of any local gaps • Trust command and control arrangements would need to ensure early escalation of issues to NHS England Regional Teams
2019	February	Exercise Kite	EmergoTrain	Major Trauma	NHS England South	Thames Valley and Wessex TNs and PCCN	<ul style="list-style-type: none"> • Review clinical staff within the clinical hub (including specialties – decision making on transfers from TUs for example) and links to the organizational hub. • Review departmental Major Incident Plans. • Stocks of Sets for CVC, Thoracotomy, and paediatric specific • Contact Craig and Charmaine to review plans for Major Incident hub in new resus. • Check how to lock down hospital. • Discuss with David Smith around a single Major Incident phone.

- Check and review communication levels within radiology (ED, x-ray, main radiology, WW and Churchill CT)
- Review TVTN Nurse Consultant role in a Major Incident and create action card if appropriate (consider that this is not necessarily a 24/7 role)
- Learning point – the bed state does not include all required information.
- Ensure action card reflects that Ops manager needs to have a printed repat list readily available and need to know AICU and Churchill ICU beds separately
- Meet David Smith (EPO) and Jon Walker to review the ED Command and Control Hub
- Understand the Trust process for calling in a Loggist during a MI – cascade process? Do Ops have a list of trained loggists?
- Create a process for collating TU status and potential referrals to the MTC (including log sheet for information and teleconference) to facilitate MTC decision making re: transfers in. Amend the TVTN Major Incident Plan
- Understand when to use CTCCU, access during a MI, and which patients could be accepted (impact on ICU capacity)
- Need to ensure timely accurate information is available on the live bed state
- Create an ED action card for a team keeping EPR up to date to track patients
- Is there a log (paper based) for tracking patients in ED? This was a useful resource during the exercise and was completed by a clinician (patient tracking) alongside the loggist (decision making) – is this kept in the Major Incident boxes?
- Need to have a neurosurgeon present for future exercises – decision making re: patient transfer
- Consider that SCAS could use lowest tier of transport (e.g. patient transport service) if transferring hospital can provide an anaesthetic escort
- Need to ensure a mechanism for providing staff with food and drinks – canteen
- Learning of process for out of region/ network referrals
- Automatic acceptance policy amendment for MI – action needed by TNs – “If MI then discuss with MTC first”
- Sight of casualty distribution plan nhs England south is needed.
- Day 2 pressures not simulated well but hard to do – but significantly better than previous exercises.
- Amendments to day 2 additional cards – more driven. E.g. Action for Trauma Units – “Patient requires referral to MTC”
Action for MTCs – “Patient requires admission to ICU”
- Process for restocking equipment / consumables for use on day 2/3 (there should be sufficient equipment for the incident)
- TVTN communication - ? process for TUs alerting the MTC of the number of casualties received from a M.I – to help MTC with decision making about which patients to take / offer advice to from TUs – suggest OUH ops team collate this information
- 24hr + 48hr post MI Ops meeting to review the situation (? This may already happen)
- Is the M.I incident number allocated to patients on scene recorded on OUH EPR (to allow patient tracking)

2019	February	Cyber Crime Table Top Exercise	Table Top	Cyber Crime Planning	EPO	IM&T	<ul style="list-style-type: none"> • Arrange follow up exercise within 6-9 months – David Smith and Chris Caley • Raise limited resource availability, especially with regard to on call, to respond in event of an incident, to Trust – John Skinner/IM&T Exec Team • Ensure that link to system status on IM&T intranet is put on main OUH intranet – Chris Caley to raise with Brenda Marlow to arrange for this happen • Ensure that IM&T staff are aware of all relevant information/documentation – Chris
------	----------	--------------------------------	-----------	----------------------	-----	------	---

- Caley/Philip Pinney to share with relevant team leads
- Determine most appropriate locations to house the digital and hard copies of policies and processes - Chris Caley to discuss with relevant management within IM&T
- Update Risk Register with risk posed by ability to respond out of hours due to resourcing restrictions i.e. limited on call staff and money to pay for on call – Philip Pinney
- Update IM&T Cyber Incident Response Team documentation about IM&T’s communication responsibilities – Chris Caley to discuss with Philip Pinney and if necessary, Brenda Marlow
- Ensure that Command & Control meanings are clarified in IM&T and Trust specific documentation to eliminate confusion – Chris Caley and David Smith
- Continue work to provide analogue phone capability for IM&T in event of Cyber incident to allow communication if IP telephones unavailable – Shane Cantwell
- Improve information cascade process once IM&T has passed information to Trust Operations Managers – David Smith/Matt Akid (Communications)
- Improve speed of policy/process ratification within IM&T and OUH – John Skinner

2019	April	Exercise Caedes	Table Top	Major Incident	EPO	OUH Services	N/A
2019	June	Theatres Sim Exercise	Live	Multiple Trauma Alert	EPO	Theatres	Report awaited
2019	June	Cyber Crime Table Top Exercise	Table Top	Cyber Crime Planning	NHS England South East	Thames Valley Health Agencies	Report awaited

Appendix 1 – Emergency Preparedness, Resilience and Response Assurance Log – 2018/19 and 2019/20 YTD

Information as at 1/7/19.

2018/19																				
Group	Valid	Valid Period			Date Approved/Sent															
		(Months)	Review Date	2017/18	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2019	2019	2019	
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
1 POLICIES																				
Major Incident Policy	TME/Trust Board	✓	12	09/2019	12/07/17														31/08/18	
Business Continuity Policy	TME/Trust Board	✓	12	09/2019	12/07/17														31/08/18	
Hospital Evacuation Policy	TME/Trust Board	✓	12	09/2019	12/07/17														31/08/18	
MERS Plan	TME/OXMID	✓	12	09/2019	01/01/17														31/08/18	
VHF Plan	TME/OXMID	✓	12	09/2019	01/01/17														31/08/18	
2 RISK REGISTER																				
Risk Register Review		✓	12	08/2019	19/08/17														20/08/18	
3 REPORTING																				
Annual TME Report	TME	✓	12	07/2019	12/07/17														11/07/18	
Annual Trust Board Report	Trust Board	✓	12	07/2019	12/07/17														11/07/18	
Directorate Board Report	Directorate Management Team	✓	1	04/2019	14/03/18	01/04/18	01/05/18	04/06/18	03/08/18	05/09/18	01/09/18	01/10/18	12/11/18	13/12/18	31/01/19	03/02/19	12/03/19			
Monthly Divisional Teams Report	Divisional Teams	✓	1	04/2019	14/03/18	01/04/18	01/05/18	04/06/18	03/08/18	05/09/18	01/09/18	01/10/18	12/11/18	13/12/18	31/01/19	03/02/19	12/03/19			
4 AUDITS																				
EPRR Core Standards Self-Assessment Audit	TME and CCG	✓	12	09/2019	31/08/17														29/08/18	
National Capabilities Svey	DCS	✓	24	05/2019	20/04/17															
SCAS CBRN Audit	SCAS	✗	12	08/2018	14/08/17															
CBRN Equipment Audit	EPRR Group	✓	3	06/2019	31/03/18				22/06/18			09/10/18						13/12/18	14/03/19	
4 TRAINING																				
Communications Exercise	EPRR Group	✓	6	06/2019	14/11/17				26/06/18										13/12/18	
Table Top Exercise	EPRR Group	✓	12	10/2019	02/10/17	27/04/18								19/10/18	06/10/18					
Live Exercise	EPRR Group	✓	36	12/2020	17/11/17															
Command Post Exercise	EPRR Group	✓	36	01/2021	13/12/17															
Front on House JESIP IOR	EPO	✗	12	01/1901																
ED Staff JESIP IOR	EPO	✓	12	12/2019	13/03/18		22/05/18	31/07/18		28/09/18		16/10/18		18/12/18					12/03/19	
ED Front of House JESIP IOR	EPO	✓	12	09/2019	01/12/16					25/08/18										
Security Front of House JESIP IOR	EPO	✗	12	11/2018	15/11/17															

2019/20

Group	Valid	Valid Period	Review Date	Date Approved/Sent												
				2017/18	2018	2018	2018	2018	2018	2018	2018	2018	2018	2019	2019	2019
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1 POLICIES																
Major Incident Policy	TME/Trust Board	✔	12	09/2019	31/08/18											
Business Continuity Policy	TME/Trust Board	✔	12	09/2019	31/08/18											
Hospital Evacuation Policy	TME/Trust Board	✔	12	09/2019	31/08/18											
MERS Plan	TME/OXMID	✔	12	09/2019	31/08/18											
VHF Plan	TME/OXMID	✔	12	09/2019	31/08/18											
HCID Plan	TME/OXMID	✔	12	09/2019	31/08/18											
2 RISK REGISTER																
Risk Register Review		✔	12	08/2019	20/08/18											
3 REPORTING																
Annual TME Report	TME	✔	12	07/2019	11/07/18											
Annual Trust Board Report	Trust Board	✔	12	07/2019	11/07/18											
Directorate Board Report	Directorate Management Team	✔	1	07/2019	12/03/19	01/04/19	04/05/19	10/06/19								
Monthly Divisional Teams Report	Divisional Teams	✔	1	07/2019	12/03/19	01/04/19	04/05/19	10/06/19								
4 AUDITS																
EPRR Core Standards Self-Assessment Audit	TME and CCG	✔	12	09/2019	29/08/18											
LRF Resilience Standards	LRF	✔	24	06/2021	20/04/17		21/05/19									
SCAS CBRN Audit	SCAS	✔	12	05/2020	14/08/17		15/05/19									
CBRN Equipment Audit	EPRR Group	✔	3	09/2019	14/03/19			11/06/19								
4 TRAINING																
Communications Exercise	EPRR Group	✘	6	06/2019	13/12/18											
Table Top Exercise	EPRR Group	✔	12	04/2020	06/10/18	01/04/19										
Live Exercise	EPRR Group	✔	36	07/2022	17/11/17			13/06/19								
Command Post Exercise	EPRR Group	✔	36	01/2021	13/12/17											
Front on House JESIP IOR	EPO	✘	12	01/1901												
ED Staff JESIP IOR	EPO	✔	12	07/2020	12/03/19	09/04/19		25/06/19								
ED Front of House JESIP IOR	EPO	✔	12	09/2019	25/08/18											
Security Front of House JESIP IOR	EPO	✘	12	11/2018	15/11/17											