

Trust Board Meeting in Public: Wednesday 8 July 2020

TB2020.59

Title	Emergency Preparedness, Resilience and Response – Annual Report
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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 2019/20.
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 ongoing focus. A programme to improve the plans is in place. This work stream has been interrupted due to the Covid-19 response.
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 2020**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 2019/20 and 2020/21 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 a number of key work streams are behind schedule. These have been put on hold due to the Covid-19 response. Further, it is noted that the Trust is due for a communication exercise. This is regionally run and has not been scheduled as yet due to the Covid-19 response.

5. Audits

- 5.1. In June 2019, Oxfordshire Clinical Commissioning group (OCCG) and NHS England undertook an audit of 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:
- 5.1.1. 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.
- 5.1.2. Compliance with the Data Security Protection Toolkit. This toolkit introduced a number of new requirements in 2018/2019 and again in 2019/2020. OUH is compliant in the majority of areas and is actively working with NHS Digital to address those areas where we are not yet fully compliant. The deadline for compliance with the toolkit has been extended into 2020/21 due to the Covid-19 response.
- 5.2. This year's annual assurance process and publication of the standards framework has been delayed due to the Covid-19 response.
- 5.3. In May 2019, SCAS undertook an audit of our capabilities to respond to incidents involving contaminated casualties. The audit found that the Trust was well equipped to respond to such incidents; however, the training of reception staff could be improved. A training programme has been put in place; however, this has been postponed due to the Covid-19 response.

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. An exercise series, named ‘Exercise Talk Talk’, simulates a major incident communications cascade. The last exercise was held in July 2019.

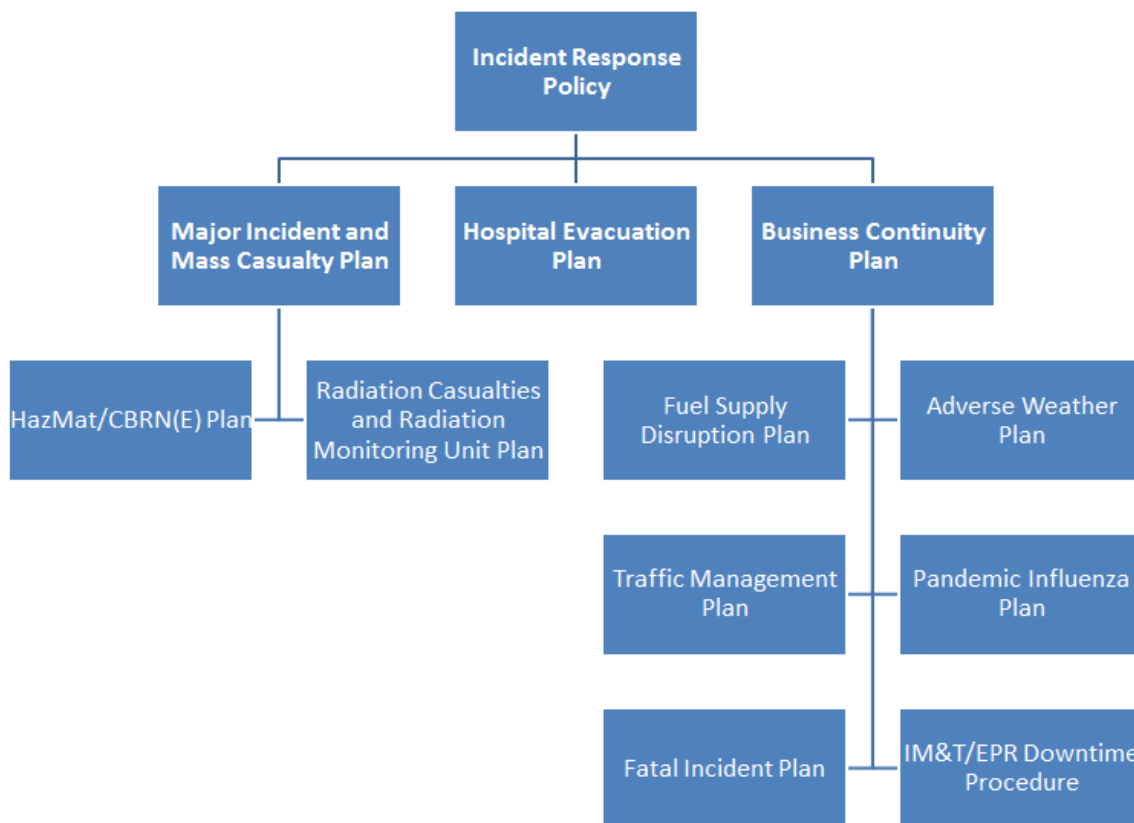
9. Incident Response Plans

9.1. The Incident Response Policy outlines the structure and processes for Command and Control that will be used during a significant, business continuity, critical or major incident.

9.2. Version 1.0 of the Policy was released in July 2019.

9.3. The Incident response policy is supported by a suite of emergency preparedness plans to support the Trust in the management of untoward events. The following schematic details these plans:

Emergency Planning, Resilience and Response Plan Schematic



9.4. This suite of plans is in turn, supported by service level continuity plans. It is recognised that planning in this area is not as thorough as it should be, and a programme to improve this is currently underway. Due to the Covid-19 response, the monitoring and development of these plans has been temporarily suspended to allow services to focus on responding to the pandemic. This will be reinstated at an appropriate point in the future.

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 Incident Response plans, the suite of plans have been updated, and drafts posted to the intranet for comments¹. The deadline for comments is 30 June 2020.
- 10.3. All of the plans have been updated to reflect the current Trust structure and further minor amendments with the exception of the Pandemic Influenza Plan. This plan has been extensively updated with learning from the response to the Covid-19 pandemic.

11. Training, Exercising and Testing

- 11.1. The Trust has a rolling training programme along with a programme of live, table-top, command post and communications exercises. The exercises 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 2 details the training and exercises undertaken from April 2018 to June 2019 demonstrating our compliance against these standards.
- 11.4. It should be noted that a number of training, exercising and testing event have been cancelled due to the Covid-19 response. The Trust events will be rescheduled at an appropriate time.
- 11.5. 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. In addition to these, a rolling programme of service-level major incident and business continuity exercises has taken place. The need for improvement in the level of service-level training and exercising is recognised, and a programme to achieve this is in place (currently paused due to the Covid-19 response). 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.
- 11.6. Due to the Covid-19 response no further exercises have been planned. However, the programme will be reinstated as soon as possible.

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

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. In May 2019, the Trust was alerted to suspected contamination (listerioses) 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.
- 12.2. 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. This activity is scheduled to begin in July 2020.
- 12.3. 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.
- 12.4. In November 2019, a power failure to a server room caused a series of network connectivity issues across the Trust. The cause of the power failure was found to be in a design flaw in the system architecture. The incident highlighted the need for all services to be prepared for network failures and to be aware of downtime processes.
- 12.5. In December 2019, the JR11 block experience loss of water. The incident highlighted the need for resilient communications during an incident and the need for regular incident training to be undertaken at all levels.
- 12.6. In January 2020, the Trust declared Operational Pressures Escalation Level (OPEL) 4. OPEL 4 is the highest level and was declared due to extreme emergency and urgent care demand on the Trust. The Trust responded well to the situation and was able to de-escalate to OPEL 3 after 4 hours.
- 12.7. Also in January 2020 the Trust experienced a period of EPR downtime. The downtime impacting (and local to) OUH was the longest Cerner EPR downtime world-wide for a number of years. The cause of the downtime was found to be with the supplier. Operational and technical debriefs were held and the resulting actions are being followed up.
- 12.8. The year, 2019/20 has been dominated by the response to the Covid-19 pandemic. The Trust is currently still responding to the pandemic; however, an interim debrief was held to capture learning from the incident to date. A copy of the debrief report is provided in Appendix 3.

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 2020

Appendix 1 – Emergency Preparedness, Resilience and Response Assurance Log – 2019/20 and 2020/21 YTD

Information as at 8/6/20.

2019/20

Group	Valid	Valid Period	Review Date	Date Approved/Sent													
				2019/20	2019 Apr	2019 May	2019 Jun	2019 Jul	2019 Aug	2019 Sep	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	
1 POLICIES																	
Incident Response Policy	TME/Trust Board	✔	12	07/2020	31/08/18											22/07/19	
Major Incident and Mass Casualty Plan	TME/Trust Board	✔	12	07/2020	31/08/18											22/07/19	
HazMat and CBRNe Plan	TME/Trust Board	✔	12	07/2020	31/08/18											22/07/19	
Radiation Casualties and Radiation Monitoring Unit Plan	TME/Trust Board	✔	12	07/2020	31/08/18											22/07/19	
Business Continuity Plan	TME/Trust Board	✔	12	07/2020	31/08/18											22/07/19	
Pandemic Influenza Plan	TME/Trust Board	✔	12	07/2020	31/08/18											22/07/19	
Fuel Supply Disruption Plan	TME/Trust Board	✔	12	07/2020	31/08/18											22/07/19	
Traffic Management Plan	TME/Trust Board	✔	12	07/2020	31/08/18											22/07/19	
Adverse Weather Plan	TME/Trust Board	✔	12	07/2020	31/08/18											22/07/19	
Fatal Incident Plan	Health and Safety Committee	✔	12	09/2020	07/08/19								07/09/19				
Hospital Evacuation Plan	TME/Trust Board	✔	12	07/2020	31/08/18											22/07/19	
HCID Plan	TME/OXMID	✔	12	10/2020	31/08/18								25/09/19				
2 RISK REGISTER																	
Risk Register Review		✔	12	09/2020	20/08/18								04/09/19				
3 REPORTING																	
Annual TME Report	TME	✔	12	07/2020	11/07/18											17/07/19	
Annual Trust Board Report	Trust Board	✔	12	07/2020	11/07/18											24/07/19	
Directorate Board Report	Directorate Management Team	✔	1	04/2020	12/03/19	01/04/19	04/05/19	10/06/19	01/07/19	01/08/19	01/09/19	01/10/19	04/11/19	16/12/19	02/01/20	03/02/20	04/03/20
Monthly Divisional Teams Report	Divisional Teams	✔	1	04/2020	12/03/19	01/04/19	04/05/19	10/06/19	01/07/19	01/08/19	01/09/19	01/10/19	04/11/19	16/12/19	02/01/20	03/02/20	04/03/20
Health & Safety Committee Report		✔	3	05/2020	04/10/19								04/10/19	22/11/19		28/02/20	
4 AUDITS																	
EPRR Core Standards Self-Assessment Audit	TME and CCG	✔	12	07/2020	29/08/18											20/07/19	
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	06/2020	14/03/19								04/09/19		15/12/19	17/03/20	
4 TRAINING																	
Communications Exercise	EPRR Group	✔	6	03/2020	13/12/18								14/09/19				
Table Top Exercise	EPRR Group	✔	12	11/2020	06/10/18	01/04/19									13/11/19		
Live Exercise	EPRR Group	✔	36	12/2022	17/11/17									25/10/19	13/11/19		
Command Post Exercise	EPRR Group	✔	36	01/2021	13/12/17												
Front of House JESIP IOR	EPO	✘	12	01/1901													
ED Staff JESIP IOR and Decontamination	EPO	✔	12	11/2020	12/03/19	09/04/19									17/11/19		
ED Front of House JESIP IOR	EPO	✔	12	11/2020	25/08/18												
Security Front of House JESIP IOR	EPO	✔	12	01/2021	15/11/17											21/01/20	

2020/21

Group	Valid	Valid Period	Review Date	Date Approved/Sent												
				2020/21	2020	2020	2020	2020	2020	2020	2020	2020	2021	2021	2021	
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1 POLICIES																
Incident Response Policy	TME/Trust Board	✔	12	07/2020												
Major Incident and Mass Casualty Plan	TME/Trust Board	✔	12	07/2020												
HazMat and CBRNe Plan	TME/Trust Board	✔	12	07/2020												
Radiation Casualties and Radiation Monitoring Unit Plan	TME/Trust Board	✔	12	07/2020												
Business Continuity Plan	TME/Trust Board	✔	12	07/2020												
Pandemic Influenza Plan	TME/Trust Board	✔	12	07/2020												
Fuel Supply Disruption Plan	TME/Trust Board	✔	12	07/2020												
Traffic Management Plan	TME/Trust Board	✔	12	07/2020												
Adverse Weather Plan	TME/Trust Board	✔	12	07/2020												
Fatal Incident Plan	Health and Safety Committee	✔	12	07/2020												
Hospital Evacuation Plan	TME/Trust Board	✔	12	07/2020												
HCID Plan	TME/OXMID	✔	12	07/2020												
2 RISK REGISTER																
Risk Register Review		✔	12	09/2020												
3 REPORTING																
Annual TME Report	TME	✔	12	07/2020												
Annual Trust Board Report	Trust Board	✔	12	07/2020												
Directorate Board Report	Directorate Management Team	✘	1	05/2020												
Monthly Divisional Teams Report	Divisional Teams	✘	1	05/2020												
Health & Safety Committee Report		✔	3	07/2020												
4 AUDITS																
EPRR Core Standards Self-Assessment Audit	TME and CCG	✔	12	07/2020												
LRF Resilience Standards	LRF	✔	24	06/2021												
SCAS CBRN Audit	SCAS	✘	12	05/2020												
CBRN Equipment Audit	EPRR Group	✔	3	06/2020												
4 TRAINING																
Communications Exercise	EPRR Group	✘	6	03/2020												
Table Top Exercise	EPRR Group	✔	12	11/2020												
Live Exercise	EPRR Group	✔	36	06/2023												
Biannual Business Continuity Scenario Training	EPRR Group	✘	6	07/1900												
Front of House JESIP IOR	EPO	✘	12	01/1901												
ED Staff JESIP IOR and Decontamination	EPO	✔	12	08/2020												
ED Front of House JESIP IOR	EPO	✔	12	11/2021												
Security Front of House JESIP IOR	EPO	✔	12	01/2021												

Appendix 2 –Exercising Programme 2019/20 and 2020/21 YTD

Year	Date	Exercise Name/Details	Type	Description	Led by	Target audience	Debrief Notes
2019	01/04/2019	Exercise Caedes	Table Top	Major Incident	EPO	OUH Services	Operational learning for service level implementation.
2019	29/04/2019	ED Middle Grade Major Incident Exercise	Table Top	Major Incident	EPO	ED Middle Grade Doctors	Review patient tracking in ED. Discuss documentation during a MI with Jon Walker. Ensure all relevant paper work is available for future simulations. Plan for further simulation exercises within theatres and further exploration on the management of major haemorrhage. Review of Theatres Multiple Trauma and Major Incident Action cards to ensure they incorporate any lessons learned. Review telephones in appropriate theatres as it was identified that their ring tone is too quiet.
2019	13/06/2019	Theatres Sim Exercise	Live	Multiple Trauma Alert	EPO	Theatres	Need for ensuring faulty equipment is reported in a timely manner, as issues with both the blood scanner and the rapid infuser arose during the incident. Instigate the '10 second for 10 minutes' principle. Re print and laminate Resus call cards and place by all telephones in theatre. Ensure all departments including support services are aware of new theatre numbering system.
2019	26/06/2019	Cyber Crime Table Top Exercise	Table Top	Cyber Crime Planning	NHS England South East	Thames Valley Health Agencies	Report awaited <ul style="list-style-type: none"> • Plan for further simulation exercises within theatres and further exploration on the management of major haemorrhage. • Review of Theatres Multiple Trauma and Major Incident Action cards to ensure they incorporate any lessons learned. • Review telephones in appropriate theatres as it was identified that their ring tone is too quiet.
2019	08/10/2019	Theatres Sim Exercise	Live	Multiple Trauma Alert	EPO	Theatres	<ul style="list-style-type: none"> • Need for ensuring faulty equipment is reported in a timely manner, as issues with both the blood scanner and the rapid infuser arose during the incident. • Instigate the '10 second for 10 minutes' principle. • Re print and laminate Resus call cards and place by all telephones in theatre. • Ensure all departments including support services are aware of new theatre numbering system.
2019	08/10/2019	Theatres Table Top Exercise	Table Top	Multiple Trauma Alert	EPO	Theatres	Updating the fire evacuation plan onto the new template, Review action cards and resources for use during an incident e.g.) Tabards etc., Ensure all Band 6s and above attend yearly fire incident co-ordinator training

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TB2020.59

2019	12/10/2019	AICU Evacuation Exercise	Live	AICU Evacuation Exercise	EPO/AICU	AICU	Operational learning for service level implementation.
2019	15/10/2019	Thames Valley Pandemic Influenza Table Top Exercise	Table Top	Influenza Pandemic	NHS England South East	Thames Valley LRF	Report awaited.
2019	26/10/2019	CICU Evacuation Exercise	Live	CICU Evacuation Exercise	EPO/AICU	CICU	Operational learning for service level implementation.
2019	13/11/2019	ED/Radiology Table Top Exercise	Table Top	Major Incident	EPO	ED and Radiology	Operational learning for service level implementation.
2019	14/11/2019	AICU Table Top Exercise	Table Top	Major Incident	EPO	AICU	Operational learning for service level implementation.
2020	11/03/2020	PCC Covid-19 Simulation	Live	Covid-19	PCC	PCC Clinical Staff	Operational learning for service level implementation.
2020	16/03/2020	HCID Table Top Exercise	Table Top	HCID Response	EPO	OUH On Call DEs and DMs, OSMs, and Matrons	Operational learning for service level implementation.

OUH Covid 19 Interim Hot Debrief Report

Background:

As part of the Trust response to the Covid-19 pandemic response it was felt that an interim hot debrief would be useful. The debrief was held at the start of May 2020 whilst the Trust was still responding to the pandemic.

It is hoped that the information received from divisions would be helpful in identifying:

- What was going well
- What we would do differently in subsequent waves/future pandemics
- What new processes or procedures would we like to keep

The information received would be used to help support the ongoing response, help inform the recovery process, and help set the new environment and way of working going forward.

Any areas of best practice would be shared across all divisions and plans, processes and relevant documents reviewed and updated accordingly to reflect required changes.

Divisions would be responsible for reviewing their own service level and divisional business continuity plans and action cards in light of the report’s information.

Each Division was asked to collectively respond to the key themes listed above in terms of:

- Quality of care
- Communication
- Improving processes
- Financial/resource benefit
- Efficiency
- Staff and patient wellbeing

What went well?	<ul style="list-style-type: none"> • Trust-wide rapid reorganization of clinical areas such as Emergency Care to ensure safe patient pathways to maintain quality of care and comply with IPC and Microbiology guidelines • Ability to continue to deliver emergency and critical services within safe environments e.g. Heart Centre, despite significant changes • Flexibility of workforce and ‘different ways of working’ e.g. Pharmacy injectables prep area, and a ‘can do’ mind set • Enhanced triage of patients ensuring the most critical functions stayed in place for high risk patients • Use of alternative capacity and resources to continue to deliver key services • Working closely with the clinical and operational teams allowed rapid and appropriate deployment of resources and a good response to staff needs, maintaining confidence, efficiency and quality • Daily divisional huddles improved communication • Improved senior leadership visibility • Rapid initiation of central management of key systems and processes such as PPE delivery • Using our well developed and effective relationships with suppliers
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	<p>and third parties – e.g. linen and laundry</p> <ul style="list-style-type: none"> • Well being and distribution hub for staff
What would you do differently?	<ul style="list-style-type: none"> • Decision making was often very reactive rather than proactive, and decisions and actions had to be changed when it became apparent that processes were not necessarily being effective • Communication: Needed to improve going up and down, with messages not always reaching the ‘shop floor’ • Starting from a better position – particularly around data and systems compatibility, Inventory Management Systems and central storage of PPE and other critical items. • Improved infrastructure and accommodation on site • Standardisation of key processes to ensure compatibility and integration across the organisation • Recognition of points of failure in current infrastructure and processes e.g.)O2 VIE system • Clearer processes for decision making to ensure rapid, devolved decision making had gone through appropriate governance process and sign off by relevant staff • Less confusing information for staff from relevant authorities e.g.) NHS E, DHSC, PHE • Better business continuity planning and risk assessment in terms of services taken down to reduce non essential cancelations and maintain as much business as usual as possible • Better tracking of all moved services to include admin and support functions as well as clinical services and ensure a nominated lead for redeployment of ALL staff not just clinical
What would you like to keep?	<ul style="list-style-type: none"> • Video conferencing/meeting led to quicker decision making and helped ensure participation by all key attendees • Working from home allowed staff to complete work with minimal disruption/distraction • Virtual Clinics ensured ongoing patient care (NB more technological support needed going forward to develop this) • Task based nursing has resulted in very positive feedback from nursing staff in terms of care delivery • Availability of medical cover especially from the academic team • Wellbeing check; clinical supervision and safety huddle ensured quality was at the top of the agenda for all staff • Collaborative work with other divisions across all tiers to ensure consistency, co-operation, quick decision making and shared risk management • Maintain central stock of critical resources such as PPE • Continued development of inventory management systems • Continued improvement of IT and infrastructure to support new systems, remote working etc. • Higher profile for Infection Prevention and Control with the enhanced development of identifying key training to include FIT testing • Continued work on supplier and contract management

	<ul style="list-style-type: none">• Combined and /or centralised management of key services to provide a more flexible, robust and cohesive service which allows best use and deployment of resources and provided economy of scale e.g. combined management of Critical Care, centralisation of phlebotomy and infusion services• Ensure all departments maintain their ability for 'rapid response' to an incident• Consider keeping some 'displaced services' in their current position to ensure safe working for business as usual alongside Covid-19 going forward• Reviewing activity on patient need rather than historical time tables
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