

Whittington Health - Trust Board meeting

24 October 2012

Title:	Emergency Planning and Business Continuity Annual Report						
Agenda item:	11		Paper			G	
Action requested:	To note progress to date						
Executive Summary:	This report provides The Trust Board with an update based upon emergency and business continuity planning for the Trust						
Summary of recommendations:	That the Trust improves performance within the NHS London Assurance process as part of Major Incident and Business Continuity Planning, which is in conjunction with the legal and statutory requirements for the Trust which is outlined below						
Fit with WH strategy:	Standard 3 - Delivering efficient, effective services						
Reference to related / other documents:	<p>To ensure Whittington Health meets the following legal and statutory requirements in that:</p> <ul style="list-style-type: none"> • Business Continuity Management is a legal requirement for Primary Care Trusts, Acute Trusts and Acute Foundation Trusts, as Category 1 responders under the Civil Contingencies Act 2004 (CCA) and the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005. http://www.legislation.gov.uk/ukpga/2004/36/contents • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, (Regulations 9(2) and 24 http://www.legislation.gov.uk/ukdsi/2009/9780111487006/contents • The Operating Framework for the NHS in England 2010-2011 paragraphs 2.37 – 2.41 http://www.dh.gov.uk/health/2011/12/guidance-operating-framework/ 						
Date paper completed:	10 th October 2012						
Author name and title:	Mary Jamal Deputy Director Surgery Cancer and Diagnostics			Director name and title:	Matthew Boazman Director Surgery Cancer and Diagnostics		
Date paper seen by EC	N/A	Equality Impact Assessment complete?	No	Risk assessment undertaken?	Corporate Risk register	Legal advice received?	No

Emergency Planning and Business Continuity Annual Report

1 Introduction

All public services including NHS Trusts are required to demonstrate preparedness such that, in the event of a Major Incident or other emergency either in, or affecting, the local community (Local Authorities) , or within its own services, the organisation is able to respond effectively making the optimum use of the available resources in the given circumstances.

The Trust continues to be represented and involved at appropriate levels in the various London wide Emergency Preparedness arrangements, although it should be noted that these arrangements (already due to change as a result of the Civil Contingencies Act (CCA) Enhancement Programme) will be completely changed over the next year or so following the implementation of Clinical Commissioning Groups (CCGs) from 1st April 2013.

The Trust undertakes various training and exercising initiatives relating to Emergency and Business Continuity and also participates as appropriate in exercises run by partner organisations, and those on a larger scale run across the sector.

2 Description of the proposals/requirement

The aim of the Trust's Emergency Preparedness arrangements, including its Emergency and Major Incident Plan, and associated Business Continuity arrangements, is to mitigate loss once an incident occurs; to (as a minimum) maintain previously agreed essential levels of service; and to return to 'normal' service as soon as possible following an interruption.

The work of the MI group and its representatives over the last year and in particular with the Olympic experience, has increased the level of engagement of senior managers around the Trust in these processes, leading to significant progress in some areas.

3 Impact on the work of Whittington Health

The Trust continues to update its arrangements and amend them in line with national guidance, external advice and experience. A completely rewritten, more comprehensive and updated Major Incident Plan is to be considered by the Trust Operating Board in 2013, as well as ensuring that the Trust recognises the value of testing such plans in order to gauge their effectiveness, and identify possible improvements.

Other supporting arrangements i.e. Evacuation policy and strengthening of the Business Continuity plans across services will be implemented and actioned accordingly throughout 12/13.

4 Next steps

To review and note reporting of progress to date specifically around the following areas:

- Framework for Emergency preparedness work within Whittington Health
- Emergency Planning – Major Incident
- Evacuation Planning
- Serious Weather Disruptions
- Business Continuity Management
- Olympics and Paralympics
- London Emergency Planning
- Winter Planning
- Prophylaxis and Treatment for Chemical Biological and or Radiological agents
- Planned work for 2012/13.

TRUST BOARD BRIEFING

EMERGENCY AND BUSINESS CONTINUITY PLANNING 2012 ANNUAL REPORT

1.0 EXECUTIVE SUMMARY

All public services including NHS trusts are required to demonstrate preparedness such that, in the event of a Major Incident or other emergency either in, or affecting, the local community (Local Authorities) , or within its own services, the organisation is able to respond effectively making the optimum use of the available resources in the given circumstances.

The Trust continues to be represented and involved at appropriate levels in the various London wide Emergency Preparedness arrangements, although it should be noted that these arrangements (already due to change as a result of the Civil Contingencies Act (CCA) Enhancement Programme) will be completely changed over the next year or so following the implementation of the Health and Well being Board Commissioning Support Units and the Clinical Commissioning Groups (CCGs) 1st April 2013.

The Trust undertakes various training and exercising initiatives relating to Emergency and Business Continuity and also participates as appropriate in exercises run by partner organisations, and those on a larger scale run across sector.

2.0 NHS EMERGENCY PREPAREDNESS

The Civil Contingencies Act 2004 (CCA) placed duties on all trusts to cooperate and share information with, and to coordinate efforts and work jointly with, partner organisations in Local Resilience Forums to ensure that emergency planning and preparedness is properly coordinated within each area, thus facilitating effective response to Major Incidents, and other emergencies or significant service interruptions.

The National Health Service Emergency Planning Guidance 2005 and a number of significant guidance documents since then have informed the Trust's Emergency Preparedness planning, and some of these are specifically referred to below in the relevant sections of this report.

The Chief Operating Officer (COO) is responsible for ensuring that the Trust has a Major Incident Plan in place based on the duties of the CCA Act i.e. risk assessment, cooperation with partners, emergency planning, business continuity management, communication with the public and information sharing.

It is essential that the Trust Board be kept appropriately informed regarding Emergency Preparedness, which includes planning for Major Incidents and emergencies, Business Continuity issues and any other scenarios with the potential to seriously disrupt the running of the Trust or the delivery of its services.

3.0 RESPONSIBILITY AND ACCOUNTABILITY

In line with DH guidance, an Executive Director, Maria Da Silva, COO has been designated to take responsibility for Emergency Preparedness on behalf of the organisation. The Guidance also indicates it is good practice to appoint an adequately resourced and competent officer to act as Emergency Planning Liaison Officer (EPLO) to support the Lead Executive Director in the discharge of her Emergency Preparedness responsibilities. The Trust EPLO role is currently held by Matthew Boazman Director of Surgery Cancer and Diagnostics .

The NHS Operating Framework for 2011/12 specifically included as one of its priorities, for the 6th successive year, the requirement for all Trusts are required to maintain a good standard of Emergency Preparedness to respond safely and effectively to a full spectrum of threats, hazards and disruptive events, such as pandemic flu, mass casualty, potential terrorist incidents, severe weather, chemical, biological, radiological and nuclear incidents, fuel and supplies disruption, public health incidents and the 2012 Olympic and Paralympics Games.

4.0 FRAMEWORK FOR EMERGENCY PREPAREDNESS WORK WITHIN WHITTINGTON HEALTH

The management arrangements for Emergency Preparedness have developed over the last 5-6 years as the issues involved have gradually become a higher priority, both locally as the inherent value of such planning and preparedness is better appreciated, and also nationally, in terms of UK resilience. The profile was raised further with the Olympics and Paralympics through this summer

The challenge in terms of management has always been to generate the necessary levels of engagement of each Directorate or service in the various Major Incident and Business Continuity processes, whilst also ensuring that scarce management resources are only committed to these issues in the most appropriate and efficient manner.

Historically there has never been any management resource to support this area of work within the Trust. This has been managed through different staff groups across the Trust having this responsibility as part of their other job roles.

It is recommended from various sources that a Trust of this size should have 1.0 wte Officer in post. This issue was raised and identified as a corporate risk (the risk is on the corporate risk register), however a business case was agreed through the Trust Operating Board (ToB) and then the Executive Committee (EC) to fund 1.0 wte Band 7. The Trust has been fortunate in securing an excellent candidate from West Midlands Fire Brigade , who will be starting in January 2013.

Therefore as an interim arrangement to ensure compliance with the requirements related to the Olympics from NHS London and to support the work required to integrate and standardise the Major Incident and Business Continuity plans across the ICO, a specialist consultant in this area of work was commissioned by the Trust for a discreet and defined piece of work .

The MI group has met throughout the year in order to ensure that the emergency planning agenda continues to progress and to facilitate the increasingly urgent requirement to have standardised Trust wide business continuity plans The group is chaired by Matthew Boazman and includes senior representatives from each Directorate as well as a number of other key individuals from specific services.

The work of this group is critical to the Trust's ability to respond effectively to any emergency or major incident, and to its ability to continue to deliver agreed levels of services during any crisis. Directors are therefore expected to give the work and requirements of the group high priority, ensure they actively support it, and ensure all within 'their' services comply with its

requirements and expectations.

Whilst the members of this Group do not necessarily need to be Directors, those involved need to be sufficiently well briefed, senior or influential, and have sufficient support of their Directors, and sufficient capacity to commit to these responsibilities, that they are able to influence the actions and work of their Directorate management teams when they report back to them, or when they ask for specific information to be gathered or for work to be done.

The MI reports through to ToB which in turn reports directly to the Executive Committee. This reporting line, combined with the close involvement of 2 Executive Directors and 1 director in the work of the MI meeting (including chairing the group) evidences the high profile these matters are afforded within the Trust.

5.0 EMERGENCY PLANNING – MAJOR INCIDENT

The Trust's Major Incident Plan (MI) was produced taking account of numerous guidance documents from DH and others, this is available on the intranet and has been ratified in accordance with Trust Policy and Procedure.

An Emergency Control Room is located within the Emergency Department, however this will be reviewed in light of the report findings following the Bomb Hoax incident July 2012. A report and recommendations will be presented to the Trust Operating Board (ToB) and the Executive Committee (EC) in due course.

The Trust's MI plan is reviewed on an ongoing basis as well as in response to specific incidents, new guidance, lessons identified in exercises or in the light of experience. A number of specific changes around action cards are being incorporated into a redrafted MI plan which relate to feedback from the Trusts tabletop exercise held last year and good practice guidance from other sites as recommended through North Central London's Emergency and Business Planning Officer.

An updated version of the MI will be redrafted later in the spring of 2013 following the appointment (January 2013) of the newly substantively funded Emergency Planning and Business Continuity Officer.

6.0 EVACUATION PLANNING

In December 2009, NHS London produced a report into five serious fires in London NHS buildings during a 13 month period. This report made 38 'recommendations' (the vast majority relating to various aspects of evacuation) which all Trusts were expected to formally consider and act upon as appropriate.

A review of the status of evacuation plans around the Trust was undertaken and it was established that the quality of such plans varied and, in an addition a number of the issues addressed in the Report's recommendations had not previously been considered in any of the Trusts evacuation planning. Key matters being considered are;

- Recommendation 1; The need to have a full site evacuation plan
- Recommendation 14; The means to safeguard patient notes in event of evacuation
- Recommendation 17; Means to track evacuated patients
- Recommendation 20; The provision of an off site patient shelter
- Recommendation 27; Staff tracking during an evacuation incident

An action plan has been developed by the Director for Estates and Facilities to review the areas of compliance and non compliance which are monitored by the Trust Major Incident Planning Group. A new and comprehensive evacuation policy will be developed which all the Trust's services (not just those for inpatients) will be required to use to guide the production of new and improved evacuation plans, this will be supported through the current service specific Business Continuity Plans. The template will incorporate the relevant requirements of *NHS Emergency Planning Guidance: planning for the evacuation and sheltering of people in health sector settings: Interim strategic national guidance (2009)*.

7.0 SERIOUS WEATHER RELATED DISRUPTIONS

Following serious weather related disruptions during the winters of 2008/9 and 2009/10, the advance information and warnings available to the Trust in this regard were considered. The Meteorological Office issues a range of warnings (detailing severity and levels of 'confidence' in the forecast) which are sent to the NCL Business Continuity Administrator for circulation across the sector.

The Trust will be looking at working on introducing a system whereby the Meteorological Office will send all such warnings to the Trust's main switchboard (operating 24/7) which will then forward them on to the appropriate contacts in line with pre-agreed protocols, thus enabling inpatient services to receive (and respond as appropriate to) a range of severe weather related threats and potential service disruptions, without having the receipt of this information delayed by channelling it through one individual or office.

8.0 . BUSINESS CONTINUITY MANAGEMENT

The *NHS Resilience and Business Continuity Guidance* (DH June 2008) continues to form the basis of the Trust's approach to this subject. The Trust has undertaken initial work on Business Continuity Planning concentrating in the first instance on each Directorate attempting to prioritise services in terms of criticality, and considering the minimum staff levels (and to some extent, skill mix) required to continue delivering these services. A new Trust template has been agreed and good progress has been made in completion by the services.

Workshops were provided by an external expert to train senior staff with regards to Business Continuity Planning in May and June 2012 . There were 100 staff who attended the training which was held over 5 - ½ day workshops. A total of 72 services have completed the BCPs to date, 10 plans remain outstanding, (although they are near to completion). However this is still work in progress as there is variation in the quality and standard of the individual service plan. This area of work will form one of the work streams for the new post holder .

Other significant improvements within this area relate to the following - implementation of :

- Business Continuity Management Policy
- Business Continuity Plan

These documents need to be used in conjunction with other Trust documents related to this area:

- The Major Incident and Mass Casualty Plan
- Influenza pandemic and winter pressures plan
- Department and service business continuity plans
- Severe Weather plan
- Transport disruption plan

9.0 OLYMPICS AND PARALYMPICS

In addition to the usual annual assurance programme relating to winter planning, (reference section 11 below) all NHS organisations had to partake in an additional assurance exercise specifically focusing on the Olympics assurance checklist for NHS London and the North Central London team. This involved providing assurance against a subset of the overall annual assurance checklist and was aimed at reviewing what NHS London have rated as the key risk areas for the Olympics.

The Trust was required to submit evidence of its Olympics assurance to the NCL cluster who then assessed the individual Trust submissions, reviewed the documentation and provided a submission on behalf of the NCL cluster to NHS London. As part of this specific Olympics assurance checklist the following actions were highlighted as additional recommended tasks by the NCL cluster and NHS London that needed to be completed ahead of the 2012 Olympics by Whittington Health, all of which were addressed:

- Ensure that risks to business as usual services from the Heineken Holland House event and other live cultural events which might take place in the boroughs during Games Time have been fully assessed and that there are plans in place to mitigate those risks
- Ensure that staff and public have been informed about any changes to services or access to sites during the Games to enable them to effectively plan their journey
- Develop a process to identify and manage an accredited member of the Games Family, ensuring that all staff know how to recognise an accredited member of the Games Family by June 2012 (this is covered in more detail in point 7 below)
- Develop and implement a fit for purpose VIP Policy

During the 2012 Olympics members of the Olympics accredited games family were entitled to access free NHS care subject to meeting certain criteria. Alongside the 2012 preparedness programme the Trust has undertaken a separate internal review of its overseas visitor service and commissioned an internal audit review.

As a result of this a detailed programme of work had been developed for improving income maximisation and identification of overseas visitors and the process for identification of accredited Games Family members and VIPs has been incorporated into this. Detailed below is the final number of attendances and admissions by category

Attendee Category	Attendances	Admissions
Accredited Games Family Athlete	N/A	N/A
Accredited Games Family Team Official, Technical Official or VIP (e.g. IOC Board member)	N/A	N/A
Accredited Games Family Media	N/A	N/A
Accredited Games Family but ineligible for free treatment (e.g. workforce, security etc) therefore not reported on daily DH Sitrep	N/A	N/A
Unaccredited Games Family member e.g., VIP – Head of State attending Games in a private capacity etc)	N/A	N/A
Overseas visitors e.g. spectator – if possible	368	18

10 LONDON EMERGENCY PLANNING

The Trust has continued to be represented at the bi monthly meetings of the North Central London, Emergency Preparedness Network Groups, as part of the London SHA - wide Emergency Preparedness arrangements. These six Networks are geographically based (the most appropriate

configuration in terms of Emergency Preparedness planning and response) with all Trusts (FTs, Acute, PCTs and MHTs) within the geographical patch being members of that Network. Each of these Networks is chaired by one of the 3 London Emergency Preparedness Network Managers, who in turn are accountable to the Head of Emergency Preparedness NHS London - Andy with the Emergency Preparedness function itself sitting in the Public Health Directorate, headed up by Dr Simon Tanner. One of the primary objectives of the Emergency Preparedness team is to coordinate the emergency planning efforts of London's NHS trusts.

The Trust's EPLO continues to maintain positive working relationships with the SHA's Emergency Preparedness Network Managers, and with other members of NHS London's Emergency Preparedness Directorate.

10.0 PROPHYLAXIS AND TREATMENT FOR CBRN INCIDENTS

As part of the strategy to protect the population of the UK from the impact of an incident involving the accidental or deliberate release of certain chemical, biological or radiological agents, central government holds bulk reserves of medical countermeasures. During an incident these would be supplied to the public, either as a prophylaxis to a proportion of the population considered to be at risk of exposure, or to treat symptomatic or asymptomatic people who may have been exposed to the agent.

The Department of Health (DH) has produced guidance on how NHS organisations should respond to Chemical, Biological, Radiological or Nuclear (CBRN) incidents and arrangements are currently being reviewed via NCL and NHS London.

Work is also underway to finalise the Trust Policy on these areas as the responsibility for mass Prophylaxis has shifted from primary care to the acute setting. Monthly training within the Emergency Department continues as required.

11.00 WINTER PLANNING

Winter planning across the sector remains ongoing. The annual winter planning workshop held by NCL is scheduled for 29th October 2012 and the Trust will be represented. The risks around winter planning identified by NCL are as follows:

- last year's winter was mild
- Seasonal flu activity was low
- Post Olympics fatigue and or complacency
- Transition of commissioning arrangements
- Financial position of Trusts

The management of these risks will be incorporated within the Trusts Winter planning submission to NCL.

12 SUMMARY

The aim of the Trusts Emergency Preparedness arrangements, including its Emergency and Major Incident Plan, and associated Business Continuity arrangements, is to mitigate loss once an incident occurs; to (as a minimum) maintain previously agreed essential levels of service; and to return to 'normal' service as soon as possible following an interruption. The

work of the MI group and its representatives over the last year and in particular with the Olympic experience, has increased the level of engagement of senior managers around the Trust in these processes, leading to significant progress in some areas.

The Trust continues to update its arrangements and amend them in line with national guidance, external advice and experience. A completely rewritten, more comprehensive and updated Major Incident Plan is to be considered by the Trust Operating Board in 2013, as well as ensuring that the Trust recognises the value of testing such plans in order to gauge their effectiveness, and identify possible improvements.

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13. THE NEXT STEPS

It is anticipated that much of the workload for the Trusts MI and BCP group over the coming year 12/13 will be related to the following areas:

- National radical new changes to how Emergency Planning will sit and operate with the development of the new Health and Well being Boards effective from 1st April 2013. Currently at operational level it is not clear what the exact requirements will be as structures policies are still being developed
- An updated Major Incident Plan will be considered by the Trust Operating Board in 2013
- The MI group membership and Terms of Reference needs to be reviewed as well as the group being recognised as playing a crucial part in the Trust's overall governance arrangements, with Directors and senior managers accepting and responding to the significant demands associated with this agenda that will be placed upon them. This will be supported by the new post of Business Continuity Co coordinator who is due to start January 2013
- MI Action Cards are being reviewed and significantly updated in line with other Good Practice sites were possible across NHS London. These will be tested in 2013 as part of a tabletop exercise
- The ongoing need to strengthen the actual documents as well as enhancing a range of Business Continuity planning issues has been recognised, with priorities for the next 12 months including evacuation planning, critical supplies, ICT threats and establishing effective Command and Control (and Communications) arrangements throughout the ICO.
- Table Top exercises have been planned for
 - Denial of Access - November 2012
 - Clinical Safety Disaster - November 2012
 - Staffing Crisis – November 2012
 - Electrical Power failure – December 2013
 - Loss of Water supply - January 2013
 - Failure of Critical Supplies - February 2013
- It is anticipated that as funding has been secured for 1.0 wte substantive Business Continuity Officer (due to commence January 2013) a more structured approach to agreeing work plans, issuing instructions, and formally reviewing progress, through the MI and BCP Group will make it possible to progress chase, measure performance and formally report progress and risks

- A new and comprehensive evacuation policy will be developed which all the Trust's services (not just those for inpatients) will be required to use to guide the production of new and improved evacuation plans, this will be supported through the current services Business continuity plans
- EMERGO exercise - The Civil Contingency Secretariat considers EMERGO Training a suitable vehicle for the statutory 3-yearly 'live exercise', as detailed within Section 5.10.2 of *The NHS Emergency Planning Guidance 2005*. The Trust has already complied with its requirement for a 3-yearly exercise when a tabletop exercise was conducted September 2011. A joint exercise is planned for 2013 in partnership with the Royal Free NHS Trust which will be led by the Health Protection Agency (HPA)
- The Trust will be looking at working on introducing a Disruptive Weather Warnings system whereby the Meteorological Office will send all such warnings to the Trust's main switchboard (operating 24/7) which will then forward them on to the appropriate contacts.
- Implementation of CRBN Policy and Mass Prophylaxis Management in line with new guidance
- Recommendations following the Bomb Hoax report to be reviewed and implemented

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October 2012