

Board of Directors

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| Date: | 26 June 2019 | Attachment Number: | 12 | | | | | | | | |
| Title of Report: | Emergency Preparedness, Resilience and Response Annual Report | | | | | | | | | | |
| Purpose of the report and the key issues for consideration/decision: | <p>This annual report on Emergency Preparedness, Resilience and Response. Is intended to inform the Trust Board of Directors of activity relating to all aspects of Emergency Planning from 1st April 2018 to 31st March 2019.</p> <p>The report brings together the requirements for Emergency Preparedness, Resilience and Response at the Trust, particularly:</p> <ul style="list-style-type: none"> • Compliance with the requirements for testing Major incident arrangements • Revision of key response plans • Performance against the requirements of the NHS England EPRR core standards. <p>Having completed the 2018 NHSE Core Standards for Emergency Preparedness, Resilience and Response self-assessment, the Trust has declared “substantial” compliance. External assurance for this assessment was provided by the Local Health Resilience Partnership (LHRP) and internally by the Risk and Compliance Group. An action plan is in place, monitored by the Joint Health, Safety and Resilience Committee to address the 2 areas of partial compliance and 3 areas for improvement. No West Yorkshire acute trusts declared full compliance with the standards.</p> <p>All risks relating to emergency planning are contained on the trust risk register and managed in accordance with the Trust’s risk management process; no specific risks relating to the <u>management</u> of emergency planning are identified. A number of high risks relating to specific risks, for example Winter, are in place. Where these score 12 or more they are escalated to board using the normal process. Please see risk assessment section for full details.</p> <p>The Board is requested to note the contents of the report and approve the Trust’s Emergency Preparedness, Resilience and Response policy (available here) and the Major Incident Plan (located here).</p> | | | | | | | | | | |
| Prepared by: | Carol Woolgar, Resilience and Governance Manager | | | | | | | | | | |
| Presented by: | Rob Aitchison, Chief Operating Officer | | | | | | | | | | |
| Strategic Objective(s) supported by this paper: | <table border="1"> <tr> <td>Financial Sustainability</td> <td></td> <td>Empower & Engage Staff</td> <td></td> </tr> <tr> <td>Quality of Care</td> <td>X</td> <td></td> <td></td> </tr> </table> | | | Financial Sustainability | | Empower & Engage Staff | | Quality of Care | X | | |
| Financial Sustainability | | Empower & Engage Staff | | | | | | | | | |
| Quality of Care | X | | | | | | | | | | |
| Is this on the Trust’s risk register: | <table border="1"> <tr> <td>No</td> <td></td> <td>Yes</td> <td>X</td> <td>If Yes, Score</td> <td></td> </tr> </table> | | | No | | Yes | X | If Yes, Score | | | |
| No | | Yes | X | If Yes, Score | | | | | | | |

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|---|---|------------------------|---|-------------------------|---------------------------|----------|----------------------|---|-----------------------------|---|--------------------|--|-----------------|--|------------------------|--|------------------------------------|---|--------|--|
| | All risks relating to emergency planning are contained on the trust risk register; no specific risks relating to the <u>management</u> of emergency planning are identified. Please see risk assessment section for full details. | | | | | | | | | | | | | | | | | | | |
| Which CQC Standards apply to this report: | Safe Well-led | | | | | | | | | | | | | | | | | | | |
| Have all implications related to this report been considered: (please X) | <table border="1" data-bbox="483 488 1473 757"> <tr> <td data-bbox="483 488 930 551">Finance Revenue & Capital</td> <td data-bbox="930 488 999 551"></td> <td data-bbox="999 488 1369 551">Equality & Diversity</td> <td data-bbox="1369 488 1473 551"></td> </tr> <tr> <td data-bbox="483 551 930 613">National Policy/Legislation</td> <td data-bbox="930 551 999 613">X</td> <td data-bbox="999 551 1369 613">Patient Experience</td> <td data-bbox="1369 551 1473 613"></td> </tr> <tr> <td data-bbox="483 613 930 676">Human Resources</td> <td data-bbox="930 613 999 676"></td> <td data-bbox="999 613 1369 676">Terms of Authorisation</td> <td data-bbox="1369 613 1473 676"></td> </tr> <tr> <td data-bbox="483 676 930 757">Governance & Risk Management (BAF)</td> <td data-bbox="930 676 999 757">X</td> <td data-bbox="999 676 1369 757">Other:</td> <td data-bbox="1369 676 1473 757"></td> </tr> </table> | | | | Finance Revenue & Capital | | Equality & Diversity | | National Policy/Legislation | X | Patient Experience | | Human Resources | | Terms of Authorisation | | Governance & Risk Management (BAF) | X | Other: | |
| Finance Revenue & Capital | | Equality & Diversity | | | | | | | | | | | | | | | | | | |
| National Policy/Legislation | X | Patient Experience | | | | | | | | | | | | | | | | | | |
| Human Resources | | Terms of Authorisation | | | | | | | | | | | | | | | | | | |
| Governance & Risk Management (BAF) | X | Other: | | | | | | | | | | | | | | | | | | |
| Action Required: (please X) | <table border="1" data-bbox="467 786 1489 864"> <tr> <td data-bbox="467 786 644 864">Approve</td> <td data-bbox="644 786 692 864">X</td> <td data-bbox="692 786 869 864">Discuss</td> <td data-bbox="869 786 917 864">X</td> <td data-bbox="917 786 1158 864">Receive for information</td> <td data-bbox="1158 786 1206 864">X</td> <td data-bbox="1206 786 1463 864">Decision</td> <td data-bbox="1463 786 1489 864"></td> </tr> </table> | | | | Approve | X | Discuss | X | Receive for information | X | Decision | | | | | | | | | |
| Approve | X | Discuss | X | Receive for information | X | Decision | | | | | | | | | | | | | | |
| Previously Considered By: | <table border="1" data-bbox="488 913 1468 976"> <tr> <td data-bbox="488 913 1098 976">N/A</td> <td data-bbox="1098 913 1214 976">Date:</td> <td data-bbox="1214 913 1468 976"></td> </tr> </table> | | | | N/A | Date: | | | | | | | | | | | | | | |
| N/A | Date: | | | | | | | | | | | | | | | | | | | |
| Recommendations: | <p>To APPROVE the Emergency Preparedness, Resilience and Response Policy and Major Incident Plan.</p> <p>To RECEIVE AND NOTE the Emergency Preparedness, Resilience and Response report.</p> | | | | | | | | | | | | | | | | | | | |

Emergency Preparedness Resilience and Response Report **April 2018 - March 2019**

Introduction

This report provides an overview of Airedale NHS Foundation Trust's activity for 2018-2019 in delivering Emergency Planning, Resilience and Response (EPRR) and addressing the contingency planning requirements of the Civil Contingencies Act 2004 and NHS England EPRR core standards and guidance.

During 2018-2019, the Trust's emergency planning systems and processes were reviewed, to ensure they were fit for purpose and that the Trust is able to respond appropriately to a major accident, pandemic flu, or other major disaster.

Background

The requirements for EPRR at the trust are set out in the

- Civil Contingencies Act 2004. As a category 1 responder the trust is required to:
 - assess the risk of emergencies occurring and use this to inform contingency planning
 - put in place emergency plans
 - put in place business continuity management arrangements
 - put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
 - share information with other local responders to enhance co-ordination
 - co-operate with other local responders to enhance co-ordination and efficiency
- NHS Standard Contract - Service Condition 30, requirements include
 - nomination of an Accountable Emergency Officer (AEO) to assume executive responsibility and leadership for EPRR. The AEO for ANHSFT is the Chief Operating Officer (Rob Aitchison).
 - each organisation to put in place a business continuity plan, an incident response plan and an evacuation plan
 - conduct exercises
 - participate in joint planning and multi-agency, regional working
- NHS Emergency Preparedness Framework, this is a strategic national framework containing principles for health emergency planning for all NHS England at all levels including NHS provider organisations, providers of NHS-funded care, clinical commissioning groups (CCGs), GPs and other primary and community care organisations
- NHS EPRR Core Standards, which set out clearly the minimum EPRR standards which NHS Organisations and providers of NHS-funded care must meet.

Emergency Planning Structure

Led by the Resilience and Governance Manager, identified leads are assigned key responsibilities in supporting the planning and testing of plans in relation to both major Incident (MAJAX) and contingency planning. Oversight of the EPRR process is provided by the Health and Safety Operational Group and the Joint Health, Safety and Resilience Committee.

The EPRR policy describes the overall approach to EPRR at the trust; this was approved by the Trust procedural Documents Ratification Group on 11th June 2018 and remains in force until 30th June 2021. It is available on the Procedural Documents page of Airesshare [here](#). Board approval for this policy is now sought via this report.

Risk Management

EPRR specific risks (as identified in the national and community risk registers) are recorded on the Trust risk register system, further EPRR specific risks or risks with EPRR implications are also recorded on this system and are therefore available to all staff with system access. In compliance with the Trust's standard risk assessment process, risks are escalated through local service reporting systems and, where assessments score 9 or above they are escalated via the Joint Health, Safety and Resilience Committee (JHS&RC) and 12 and above escalated to Board.

Major Incident Planning (MAJAX)

The Trust MAJAX Plan was reviewed in November 2018 and approved by the Joint Health, Safety and Resilience Committee. A series of role cards reflect all key roles required to manage the response should there be a disaster. The plan is continuously updated as role card holders or exercises identify required changes and lessons learnt. In addition, the Trust is represented at cross-regional working groups and forums. This also ensures that lessons learnt from other organisations and revisions to national guidance are identified and implemented appropriately within the organisation.

As a minimum requirement all NHS organisations are required to undertake a major incident exercise every three years; a table top exercise every year and a test of communications cascades every six months. ANHSFT has successfully achieved these requirements as follows:

- Communications tests carried out in May 2018, November 2018 and March 2019.
- IT Desktop exercise following the August 2018 IT outage
- Major Incident desktop exercise December 2018
- Chemical incident desktop exercise in July 2018
- Regional exercise "Accentus" organised by Public Health England this was a terrorism based desktop exercise
- Regional and local EU Exit desktop exercises

Where issues were identified these were escalated to the appropriate leads / senior managers and actions taken to resolve the issue. Assurance on completed action plans is provided by the Joint Health, Safety and Resilience Committee.

The full MAJAX plan is available [here](#) and Board approval is requested.

Contingency Planning

Considerable work was undertaken in 2018-19; including the update of all departmental contingency planning arrangements and the review of all expiring Trust wide plans, including the OPEL (operational pressures escalation levels) plan, Adverse Weather plan and Corporate Contingency Management plan. A full list of trust wide contingency plans can be found on Airesshare [here](#).

The annual heatwave and winter plans were reviewed against national and regional guidance and subsequently approved. They will continue to be updated through learning and as a result of updated national or regional guidance.

Pandemic Flu

The Trust is required to have in place an approved plan to respond to a flu pandemic, irrespective of source. Planning has required the Trust to work closely to the Department of Health guidance in responding to a pandemic and continued service delivery.

The pandemic flu plan was reviewed in January 2019 to reflect current organisational arrangements and changes to national guidance.

Climate Change

Changing weather patterns, more frequent extreme weather and rising temperatures have direct implications on the Trust's ability to provide healthcare to our local communities. It is therefore essential that that Trust puts in place actions to both adapt to, and mitigate, these impacts when they occur.

- The Trust recognises that Adaptation is everyone's responsibility and encourages every person who visits the site to do their bit. Please see the Trust Annual Report or contact the EcoawAire group for further details about progress so far.
- EPRR supports the mitigation of the consequences of climate change when they occur, for example the heatwave and adverse weather plans while the various escalation plans address the surges in attendance caused by the health impacts of climate change. In addition, risk assessments for all types of adverse weather and climate change are in place, reflecting both the national and local risk register assessments of the impact of climate change. Where appropriate, the Trust also contributes to regional plans to deal with the consequences of climate change and the regional working groups and arrangements already in place provide a suitable forum for this activity.

Engagement with External Stakeholders

In response to emergency planning the Trust has engaged with a range of stakeholders through the following:

- Attendance at multi-agency EPRR Groups in West Yorkshire
- Attendance at NHS EPRR Groups for West Yorkshire and the region

- Attendance at specific events including Major Incident Exercises and winter planning workshops
- Contribution to regional contingency plans, including the Yorkshire & Humber, Mass Casualties Plan

Throughout the year the Trust has worked closely with NHS England Regional Team, CCGs, Local Authorities and other NHS Organisations across a range of planning and information sharing exercises.

Assurance

The West Yorkshire Local Health Resilience Partnership (LHRP) undertakes an annual EPRR assurance process to ensure that NHS-funded member organisations are compliant with the EPRR core standards published on the NHS England website. ANHSFT submitted an assessment of **Substantial Compliance** against these standards in September 2018. This statement with the associated action plan was reviewed through the LHRP assurance process during November 2018 and no issues were identified. Progress against this action plan is monitored by the JHS&RC.

In addition to the core standards assessment, the Yorkshire Ambulance Service (YAS) completed an audit of the Trust's Chemical Biological Radiological Nuclear Explosive (CBRN-e) arrangements, this deemed the Trust as "prepared" to deal with any CBRN / Hazardous Materials type incidents. Progress against the action plan produced as a result of this audit is monitored by the JHS&RC.

Progress 2017-18 Key Actions

The following actions were identified in the 2017-18 Annual report

| ACTION | STATUS | COMMENTS |
|---|--------------------|--|
| Closer working with the Information Governance Team to integrate the requirements of the Information Governance Toolkit and EPRR requirements | Ongoing / Complete | Regular meetings take place between EPRR and IT / IG to discuss relevant issues. An IT desktop exercise planned with the support of IT / IG was held on 6 th December 2018. As a result a number of actions have been identified. The action plan is agreed and is currently underway. |
| Completion of the actions resulting from the 2017-18 NHSE Core Standards and YAS CBRN audit | Complete | YAS follow up audit in January 2019 confirmed all actions had completed. Assurance for the Core Standards action plan is provided by the Joint Health, Safety and Resilience Committee |
| Completion of a CBRN and Desktop Major Incident Exercise | Complete | |

Next steps and key actions for 2019-20 include:

- Continue to prepare to deal with the implications and demands of EU Exit
- Completion of the actions resulting from the 2018-19 NSE Core Standards
- Where applicable, review and update existing plans and arrangements to support ANHSFT response to incidents
- Carry out a Command & control exercise, currently planned for June 2019
- Continue to contribute to regional EPRR arrangements and attendance at meetings, working groups and exercises.

May 2019
Carol Woolgar
Resilience and Governance Manager