

Board of Directors

Date:	2 September 2020	Attachment item:	10						
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 2019 to 31st March 2020.</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. • Response to the Covid19 Pandemic • A summary of the EPRR work on Reinforced Autoclaved Aerated Concrete (RAAC) Panels and Covid19. Detailed updates on these issues are provided in the regular board reports and updates. <p>Having completed the 2019 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). An action plan is in place, monitored by the Joint Health, Safety and Resilience Committee.</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. There are 7 risks scoring 12 or more related to Emergency Planning on the risk register. These cover issues related to Covid, EU Exit, the aging estate, IT capacity and a specific risk relating to the Pathology system. 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 Major Incident Plan appendix 1.</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	
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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> <p>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.</p>	No		Yes	X	If Yes, Score											
No		Yes	X	If Yes, Score													
Which CQC Standards apply to this report:	Safe Well-led																
Have all implications related to this report been considered: (please X)	<table border="1"> <tr> <td>Finance Revenue & Capital</td> <td></td> <td>Equality & Diversity</td> <td></td> </tr> <tr> <td>National Policy/Legislation</td> <td>X</td> <td>Patient Experience</td> <td></td> </tr> <tr> <td>Human Resources</td> <td></td> <td>Terms of Authorisation</td> <td></td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>X</td> <td>Other:</td> <td></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:	
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Action Required: (please X)	<table border="1"> <tr> <td>Approve</td> <td>X</td> <td>Discuss</td> <td>X</td> <td>Receive for information</td> <td>X</td> <td>Decision</td> <td></td> </tr> </table>	Approve	X	Discuss	X	Receive for information	X	Decision									
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Previously Considered By:	<table border="1"> <tr> <td>N/A</td> <td>Date:</td> <td></td> </tr> </table>	N/A	Date:														
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Recommendations:	<p>To approve the Major Incident Plan. To receive and note the Emergency Preparedness, Resilience and Response report.</p>																

Emergency Preparedness Resilience and Response Report **April 2019 - March 2020**

Introduction

This report provides an overview of Airedale NHS Foundation Trust's activity for 2019-2020 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 2019-2020 Reinforced Autoclaved Aerated Concrete (RAAC) panels and the Covid19 pandemic provided significant challenges to the Trust. Our response to address these is summarised below, detailed updates are provided through the regular board reports.

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 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 has been previously obtained for this policy.

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 February 2020 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 August 2019 and February 2020.
- IT Desktop exercises December 2019
- Command and control desktop exercise (this included RAAC) – November 2019
- Command and control walkthrough – December 2019
- Major Incident desktop – this requirement does not apply if the arrangements have been implemented in “real life”. The Covid pandemic meets this requirement.

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

The usual contingency planning work at the trust was significantly affected by the Covid19 Pandemic. With the agreement of the COO, and Joint Health, Safety and Resilience Committee a number of existing contingency plans were extended, rather than reviewed, during this period. Work has now commenced on reviewing these. A full list of trust wide contingency plans can be found on Airesshare [here](#).

COVID19

At the time of writing this annual report, the Trust is still heavily engaged in both our own response, which is leading to the rapid introduction of new ways of working across the whole of ANHSFT, along with NHS and social care partners across Bradford and West Yorkshire.

Information about the Trust's response is regularly communicated to our staff and the Board of Directors, the key actions taken in response to the pandemic are summarised below.

- Emergency planning arrangements were put in place and using the Gold, Silver and Bronze Command structure described within the Corporate Contingency Management Plan. To provide assurance of the decision making during Covid19, an audit of the governance arrangements is currently underway and the results will be shared in due course.
- A Clinical Reference Group was set-up to support Clinical Staff and provide advice and direction on the nearly 750 pieces of guidance issued (and that continue to be issued) in response to the pandemic
- The rapid, creation of integrated escalation plans for all operational areas of the Trust
- Staff workforce and support arrangements; including setting up “wobble rooms”, and provision of rapid guidance for managers, including redeployment processes and information
- Revision of waste management guidance to deal with the increase in infectious waste
- Regular and frequent staff communications were in place, including emailing of staff briefs, drop-in sessions with key members of the executive team, and a dedicated Aireshare site [here](#) to manage and link to all Covid19 information.
- Production of patient information specific to Covid19, including leaflets and guidance on the Trust website
- Additional support for the Resilience and Governance Manager was put in place
- Frequent external demands for information were received, this included FOI requests and the daily Situation reports (SITREPS). Further SITREPS covering discharges, staffing, daily hospital data, PPE stocks, etc. were also required. The trusts response to these required the input of staff from across the trust. The provision of this information, often required at short noticed, presented a considerable challenge to all Trusts and the impact of the national SITREPS demands on Trusts has been escalated nationally.
- The Trust was linked in to national briefings for Chief Executives and Medical Directors, and at an operational level with local provider colleagues.
- NHE / I are currently carrying out a learning exercise to identify lessons learned during the pandemic, the trust has contributed to this piece of work and once the results are known they will be shared through the EPRR structure (and other governance arrangements as appropriate).

Re-enforced Aerated Autoclaved Concrete (RAAC) planning

In May 2019, an alert was issued by the Standing Committee on Structural Safety relating to aerated concrete and Airedale is constructed almost entirely of Siporex, a form of aerated concrete.

Whilst AGH Solutions have put in place detailed monitoring and maintenance arrangements to ensure safety for our patients and colleagues, our only solution is to build a new hospital. To support the other mitigating actions, the Trust has also put in place solutions to respond to any specific issues that occur for example cracking or panel deflection. This includes action cards to guide appropriate actions. The cards are available on Airesshare [here](#)

A planned desktop exercise with the Trust Board was completed in November 2019, this included failure of the RAAC panels as part of the scenario. A regional, multi-agency exercise is currently being planned for the end-September 2020 to include more operational aspects of the response.

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 is available on Aireshare [here](#). It was reviewed prior to the outbreak of Covid and formed the basis of the Trust initial response to the Covid pandemic.

NHSE is currently carrying out a review of the national and regional arrangements for a pandemic and once these are published, the Trust's existing pandemic plans will be reviewed and amended where applicable.

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 heath impacts of climate change.
- 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 planning events including the Tour de Yorkshire, UCI World Race Championships, Covid and EU Exit planning meetings.

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 October 2019. This statement with the associated action plan was reviewed through the LHRP assurance process during November 2019 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. The resulting action plan was monitored by the JHS&RC, both actions identified in the plan have been completed.

Progress 2019-20 Key Actions

The following actions were identified in the 2018-19 Annual report

ACTION	STATUS	COMMENTS
Continue to prepare to deal with the implications and demands of EU Exit	COMPLETE	All actions required for EU Exit on 31 st January 2020 were completed. Further actions may be required during the transition period. These will be addressed as and when they arrive.
Completion of the actions resulting from the 2018-19 NSE Core Standards	PARTIAL	Of the 10 actions identified, all under the control of ANHSFT have been completed or are underway. A number are outside the control of ANHSFT or cannot be resolved at this time, for example they <ul style="list-style-type: none"> • affect Community properties only (AGH is compliant). The actions have been escalated to MITIE and NHSPS • require the building of a new ward block to address
Where applicable, review and update existing plans and arrangements to support ANHSFT response to incidents	PARTIAL	Prior to Covid19 all plans were revised and updated on schedule; during COVID19 expiring plans were extended. Work is underway to review and update these plans.
Carry out a Command & control exercise	COMPLETE	
Continue to contribute to regional EPRR arrangements and attendance at meetings, working groups and exercises.	COMPLETE	

Next steps and key actions for 2020-21 include:

- Review and update contingency plans extended during the pandemic
- Revise key trust plans to include the lessons identified throughout Covid19
- Exercising the Trust's response to an issue with RAAC, this will involve both regional and multi-agency representation
- Continue to progress the actions identified within the 2019-20 EPRR Core Standards
- Complete the 2020-21 EPRR Core Standards assessment within the required timescales (details still to be confirmed by NHE/I)

July 2020
Carol Woolgar
Resilience and Governance Manager

Basic Plan

- 1 A major incident may be precipitated in a number of ways. It may be a natural disaster, accident, or deliberate human act, for example a criminal or terrorist attack. The common factor will be a larger than usual number of casualties.
- 2 This plan describes actions to be taken, however the key point for staff to remember is that they should remain flexible and responsive to the needs of the situation, which could change rapidly over the period of the incident.
- 3 There are several ways in which the Trust could become aware of a major incident...
 - Through switchboard being alerted by contact from the Officer in charge at the scene of the incident
 - Through the Emergency Department (ED) being alerted by contact from the Officer in charge at the scene of the incident
 - Through large numbers of casualties arriving unannounced at the ED
 - Through the incident being reported through local or national media
- 4 In the case of a call into the hospital, switchboard will verify the call by contacting the Ambulance Service; the ED Consultant will then decide if the incident, or flow of casualties, constitutes a major incident and, if so, ask for the hospital cascade system to be initiated
- 5 The declaration of a major incident is not dependent on a specific number of casualties though 20 or more patients, or 10 contaminated casualties, normally guarantees that the major incident plan will need to be brought into operation. Once declared the ED Consultant will fill the role of ED Incident Officer (01).
- 6 A smaller number of more seriously injured patients may convince the on call ED consultant that a major incident should be declared.
- 7 The plan may also be initiated at the discretion of the CEO, their deputy or out of hours the Senior Manager 2nd On Call.
- 8 Where a fire alarm has been triggered and either
 - There is a fire in 2 or more compartments or;
 - normal fire response arrangements are insufficientthe Bed Manager / Acute care team may declare a MAJAX and initiate the Command and Control arrangements. If this is done the Senior Manager 1st and 2nd on call must be immediately notified.
- 9 Departments will maintain cascade systems ready for a major incident, and, during local induction, staff will be made aware of their responsibilities during a major incident.
- 10 A number of areas of the hospital are restricted to staff who have swipe access. All staff must therefore ensure they take their swipe cards home with them at the end of each day to ensure that they

Basic Plan

- can regain entry in the event of a MAJAX.
- 11 Any corporate training required in order to fulfill major incident duties will be organised and recorded by the Resilience and Governance Manager.
 - 12 Appropriate Role Cards are held on the Trust Airoshare site under Teams/Emergency Planning/Current MAJAX plan (or direct from the homepage link) and individual members of staff should keep Role Cards at home.
 - 13 Every effort will be made to keep the Role Cards up to date. Required changes to the cards will be reported to the Resilience and Governance Manager who will manage the update process and update the electronic versions on Airoshare
 - 14 Documentation for an incident will be held in the ED department.
 - 15 Documentation for the management of an incident will be held in the primary control room, this will include DH supporting documents.
 - 16 It is not necessary for the hospital to send a team to the site of the accident; if required a mobile team (MERIT) will be dispatched from a neighbouring hospital
 - 17 Switchboard will send out a group bleep call and then, follow the appropriate cascade system to call in staff not in the hospital
 - 18 Contact will be by pager and landline systems; no initial use will be made of the mobile telephone network as in a major incident situation the network might be overwhelmed, or even switched off by the emergency services
 - 19 Staff should not congest the telephone system unnecessarily, for example by requesting information to switchboard. Staff will be briefed in their work locations. Remember that information may be scarce, especially at the beginning of an incident.
 - 20 The Control Room will be established in the Sarah McKie Room (A17); or in Room 2 in the Training Department (B12 / Building 18) if that room is not available
 - 21 If the Control Room cannot be established in the pre-agreed locations, then once the alternative is agreed switchboard need to be informed so they can direct callers appropriately.
 - 22 Security / car parking staff will proceed to the entrance of the hospital to direct essential and non-essential traffic
 - 23 On-call medical staff will report to the Muster Room located in the Physiotherapy Department gymnasium (A10) for immediate deployment; the on-call Consultant Anesthetist will assume the role of Critical Care Officer (02)
 - 24 All casualties will be brought initially to the ED where triage and registration will occur

Basic Plan

- 25 Serious injuries will be treated in the ED; and where necessary, admitted to a suitable ward or to theatres
- 26 Minor cases will be treated in the Orthopaedic clinic area (clinic 8) of the Outpatients department (A1)
- 27 If the GPEC is operational then it will be relocated to Clinic 10, leaving only the reception facilities in clinic 12.
- 28 Even during a major incident where high numbers of people may be involved clinical notes should comply at all times with the good practice guidelines endorsed by the relevant professional bodies, for example, the BMA and the NMC.
- 29 All requests for female blood cross matching should state the date of birth where possible, or alternatively an estimate to the nearest decade of the patient's age.
- 30 All key staff identified by role cards should keep and maintain a log in strict chronological order recording the timing of key messages received and when decisions were taken and implemented; there is likely to be considerable media interest in a major incident and every act or omission will be laid open to scrutiny in the weeks and months following the event.
- 31 All staff receiving and treating patients must be mindful of the need not to pollute potential sources of evidence. Efforts should be made to preserve, for example, patients' clothing for forensic examination.
- The protection of life and limb is paramount; the preservation of forensic evidence must give way to the preservation of life and the patients' wellbeing.**
- 32 All staff must carry their ID badge at all times during the incident; and also your bleep or pager if applicable.
- 33 Depending on the nature of the MAJAX a police team may be sent to the hospital. They will make contact with the Control Room. The police may be able to provide support for traffic management and security however this cannot be guaranteed.
- 34 The Police will also establish a documentation team consisting of a minimum of an Inspector, a Sergeant and six Constables, though if circumstances demand it this number could be boosted to around 20 officers. This team will liaise with the ED Documentation Role Holders. The Police documentation boxes can be found in the ED MAJAX Room.
- 35 The Police documentation team will also need access to a fax machine in order to send material to their Communications suite in Wakefield. This suite has access to systems and personnel who can help establish the identity of unconscious or deceased casualties
- 36 Press enquiries will be dealt with by the Communications and Media Manager (09) and the Executive Officer (14) roles. It is

Basic Plan

unlikely that the Police will be able to set up a cordon so press will need to be carefully managed, ideally direct face-to-face communication will occur off site; probably at a local hotel or similar site.

- 37 During the period of the major incident the hospital's CRASH Team will continue to function as normal.
- 38 When the incident is over the ED Incident Officer / CEO / Senior manager 2nd On Call will make this declaration and departments will stand down; or return to normal use if the event has happened during normal working hours.
- 39 Standby arrangements: The initial call may allow a period of time before the hospital receives casualties. This should be used as an opportunity to learn more about the incident, prepare to receive casualties, and to bring in appropriate staff in readiness.
- 40 The response to a major incident may be prolonged and therefore staff handover and extended working may need to be implemented at the discretion of the Executive Officer. When planning this, managers should consider / ensure the following.
- Handover briefings must be appropriately detailed and follow any existing procedure
 - The Coordinator role (or department manager) is responsible for ensuring appropriate staffing of all shifts.
 - Shift changes should be

considerate of both staff welfare and operational requirements.

- Staff welfare and health and safety policies must be followed.

- 41 After the incident staff may require psychological support for both the short and long term effects of the event; this will be organised on a department by department basis.

For more detail on psychological support see the separate document on this subject.