

Board of Directors (In Public)

Item 5.10*

Subject: Emergency Preparedness and Business Continuity Assurance Report
Date of meeting: Tuesday 27th July 2021
Prepared by: Helen Martin, Risk and Safety Lead
Presented by: Sue Pemberton, Director of Nursing, Quality and Safety
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 1	Assurance of compliance with statutory emergency preparedness and business continuity requirements

Level of assurance (please tick one)

To be used when the content of the report provides evidence of assurance

<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls
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1. Executive Summary

In line with the Civil Contingencies Act 2004, LHCH has in place a Major Incident Plan, a Business Continuity Strategy and Business Continuity Plans. Testing of the plans takes place throughout the year, which includes a tabletop exercise each year. Training is conducted by way of business continuity testing in the areas, tabletop exercises and attendance at regional sessions held in year.

The Emergency Planning Group is attended by the multi-disciplinary team and is responsible for monitoring actions from RCAs, into business continuity events and oversight of the work carried out, as per emergency planning and business continuity.

The Emergency Planning Group reports to the Risk Management and Corporate Governance Committee.

Each year, LHCH makes a self-assessment against the Emergency Planning resilience Response (EPRR) standards and to date is compliant with the core standard.

During the Covid 19 pandemic, an effective command and control structure was instigated. Comprehensive plans for the management and treatment of patients and maintaining staff safety were developed quickly and efficiently. This was complemented by a communication strategy, that ensured all staff were kept updated with developments throughout the crisis.

2. Introduction

Liverpool Heart and Chest Hospital (LHCH) has a Major Incident Plan in place, a Business Continuity Strategy and Business continuity plans for each area of the organisation which conforms with the Civil Contingencies Act (CCA 2004).

3. Background

LHCH has constructed its Major Incident Plan on the requirements as stipulated in the Civil Contingencies Act (CCA 2004) (See appendix 1). The purpose of the plan is to ensure that all relevant staff are aware of the co-ordinated action and emergency management procedures that need to be implemented, in the event of a Major Incident affecting any part of LHCH.

It is emphasised this plan will only be triggered on the declaration of a Major Incident, by the appropriately authorised person, and will not be stood down until that person or their successor, at an equal or higher level in the Trust Management Structure, declares it to be over.

Responsibilities are set out in The CCA (2004), which defines an emergency as:

- An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.

This Act is supplemented by specific guidance to the NHS from the Department of Health. This defines major incidents for the NHS as being:

- Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.

Additionally, and conforming to best practice, the Trust has an overarching Business Continuity Strategy, accompanied by local business continuity plans in all areas.

4. Statutory Requirements

Major Incident Plan

Definitions for what is considered a major incident are clearly represented as part of the Major Incident Plan, which includes descriptions of an external and internal event. This is intended to provide those senior staff, who may

be required to declare and coordinate in the event of a major incident, with detailed information as to what is required within that role.

An external major incident will require a multi-agency response, which could include involvement of sectors, outside of the NHS, such as police, fire and rescue services or the military. Requirements for mutual aid are described within the plan, as is the agreement for information sharing. Leadership in the event of a declaration of a major incident is defined in the roles and responsibilities section.

In the event of a major incident being declared internally, the major incident plan will be required to be activated which includes making a declaration to Northwest Ambulance Service (NWAS). In this event, the coordinator of the incident will be considered strategic command (Gold). If, however, the event is regional/national, LHCH will be notified and will assume the role of operational command (Bronze) and will await instructions from command centre. Competent advice regarding the requirement to establish an incident control team and utilise the major incident room, is fully described with the plan.

Other considerations including but not limited to vulnerable persons, mass casualties, contaminated casualties and health and safety welfare are also included. Action cards for each of the specified roles required, within a major incident, are supplied within the document. These offer a description of the exigent tasks to be undertaken, throughout the period of the event.

At the commencement of the Covid 19 outbreak and on the instruction of NHSE/I, a command-and-control structure was put in place at LHCH. This allowed for allocation of specific duties to leaders around the development of action cards, which among other things, detailed staffing levels that would be required, in order to manage the potential intake of patients for the duration of the outbreak.

For the duration of the pandemic, LHCH has flexed arrangements for managing the outbreak. This has included keeping a watchful eye on staffing and ensuring all areas are supported as required, while returning to a recovery and business as usual model of work. This is achieved by having in place a rigorous communication strategy and strong leadership.

4.1 Business Continuity

An overarching Business Continuity Strategy is available which provides the leadership and structure for the contingent local business continuity plans. The local plans are split into mission critical services (clinical areas) and supportive functions (non-clinical services).

Each local plan differs slightly depending on the speciality of the area. Within all plans, the most likely business disruption events are described, with actions to be taken at specific time points for example 24hour, 48hour etc. Risks to the service are identified with probability and impact scoring highlighting the degree of severity, should a business disruption occur. Crucially, all plans contain business recovery requirements for the disruptive events identified. Review and update of the plans takes place once a year or

in the event of an incident occurring. To date 52% have been reviewed, updated and approved via Divisional Governance Committees. A robust plan is in place to ensure the rest of the BCP's are updated and approved.

The Covid 19 outbreak was a fast moving, ever changing scenario, the scale of which had never been experienced by NHS Clinical Leaders. LHCH instigated effective integrated coordination and management, by all levels of the command structure to ensure a safe measured response was applied.

During the outbreak, measures were put in place to ensure effective management of the supply of Personal Protective Equipment (PPE). This involved redeployment of staff to support the supplies' function and a daily sitrep to ensure adequate supply of PPE, as per the guidance. Complimentary to this, was the development of a centralised database of fit testing which ensured every member of staff was assured of the appropriate face mask, for the tasks they had to complete.

A comprehensive communications strategy ensured all members of the organisation were kept updated about the current situation of the pandemic and the organisations response to it. Covid secure risk assessments have taken place across the organisation to ensure that teams can work safely across all areas with regards to business recovery and maintaining business continuity.

These assessments have been reviewed and updated as the year has progressed, ensuring staff can return to usual working patterns on site as accommodation allows. An Agile Working Policy has been developed to support staff who are working off site.

4.2 Exercises and Training

Emergency planning and business continuity are communicated via induction training and Divisional Governance meetings.

With regards to business continuity, a schedule of area scenario testing is in place, ensuring that all areas receive a test at least once per year. This is monitored at the Emergency Planning Group. A random member of staff is chosen, and a continuity event is discussed with them. They are asked what they would do to ensure the safety of patients and staff and the return to normal functioning. Feedback of what went well and what requires improvement is discussed at the time, and feedback is given to the ward/department manager, for further dissemination in the team.

The Emergency Planning Lead Nurse and the Fire/Health and Safety Advisor/Security Manager have been working together to develop larger area scenario tests for CCA and theatre. These exercises will include fire drills and will be conducted on audit days.

Exercises are largely dictated by the EPRR standards. In September 2019, a tabletop exercise was conducted regarding power outage and a flood on site. It was attended by the multidisciplinary team and was well received. Actions were followed through by the Emergency Planning Group.

In February 2020, a cyber tabletop exercise took place which was led by the Head of IT. Several actions were identified where improvements could be made to existing processes. The action plan is being monitored by the Emergency Planning Group.

As part of the response to Covid 19, a weeklong tabletop exercise was conducted, led by NHSE/I. Members of the Senior Team worked through the exercise scenarios that were presented daily to organisations. Findings from the exercise were fed back through the command structure, to ensure learning was captured and acted upon. Other training sessions for staff have included loggist training and regional complete power outage training.

The CCA (2004) recommends that tabletop exercises are conducted annually; a live exercise every three years (in the absence of a live event) and communications exercises at least six monthly. Since 2015, tabletop exercises have included dealing with Pandemic flu, major power outage for the site, power outage specific to critical care, lockdown, cyber-attack and flooding on site. This has resulted in raised awareness of the issues encountered in this scenarios and minor policy changes.

Live continuity events have included EPR downtime, power outage disrupting non-clinical services, power surge affecting critical care, switchboard downtime affecting communications and a significant IT downtime event in February 2019. While these were not declared as major incidents, they did result in minor disruption to services, with subsequent learning being shared at the Emergency Planning Group. In each case, an RCA is undertaken and reported through the Emergency Planning Group with actions monitored by the group.

The Covid 19 outbreak has tested business continuity across the organisation for which LHCH has responded to, safely, efficiently and with great effect. Communications testing takes place monthly which is over and above what is expected from organisations.

LHCH has attended and been involved in regional multi agency exercises in successive years since 2016 and has recently contributed to the development of the Regional Emergency Planning Risk Register, being led by NHSE. In addition, an 'E' learning package has been developed. This is a basic introduction to business continuity and acts as a refresher to managers, and an introduction to the speciality for other staff.

4.3 Emergency Planning group (EPG)

The EPG is chaired by the Risk and Safety Lead and is attended by the multi-disciplinary members of staff. The groups remit is to discuss recent, past business continuity events, receive RCA reports and monitor actions from said events, training, regional news in relation to emergency and business continuity planning and review and discuss business continuity plans. The group meets quarterly and is a forum for providing an oversight of the work carried out as per emergency planning and business continuity. The work of the EPG is monitored by the Risk and Corporate Governance Committee.

5. Internal Assurance

Proactive

Along with tabletop exercises, business continuity testing has been carried out across all areas of the organisation monthly. This involves mainly frontline staff, being tested in the areas in which they work, of their preparedness and knowledge of given scenarios, and how to manage and recover from them. Feedback is given at the time to the member of staff and written feedback is provided to the manager for onward sharing, with the rest of the team. During the pandemic, testing in this way was suspended however, this has now been re-established. The results will be reported to EPG.

Covid testing for staff has been established for the majority of the pandemic and continues to provide a vital service to ensure staff who test positive for Covid, are not mixing with colleagues for the duration of their infection. Risk assessments and advice are provided by specialist members of the Risk Team.

A PPE subgroup of the EPG has been established in order to monitor PPE requirements and changes to legislation, with regard to the wearing of protective equipment. Fit testing will also be monitored via this group to ensure all areas maintain adequate levels of staff, who have been fit tested.

Each year the Trust delivers the Flu campaign, deploying a variety of methods, to ensure as many staff within the organisation receive the flu vaccination as possible. The 2020 flu campaign was the most successful to date with 88% of staff choosing to receive the vaccination. This was in spite of the campaign running for just 9 weeks, instead of 28 weeks as in previous years. It was a shortened campaign as the organisation was required to set up a hospital hub, in order to deliver the Covid vaccine.

The covid vaccination campaign proved successful with 90% of LHCH staff receiving the Covid vaccination. The campaign was opened up to other health professionals and patients and vaccinated in the region of 48,000 people.

The Trust has an active membership of Local Health Resilience Partnership (LHRP) strategic and LHRP practitioner groups which meet bi-monthly. The groups offer a valuable network with other health and social care providers and emergency planning professionals and are a consistently good forum to discuss ideas and share learning from a variety of events.

The Trust has an active page on Resilience Direct which is a secure online portal specifically used by multi-agency partners for emergency planning purposes.

5.1 Reactive

As previously stated, all business continuity events are subject to an investigation with subsequent actions plans being monitored until completion. Key learning includes policy changes and heightened

awareness for staff.

5.2 External Assurance

Each year the Emergency Preparedness and Resilience Response (EPRR) core standards are published, and Trusts are expected to self-assess against the standards. LHCH is committed to this process and has successfully achieved compliance against the core standards set.

The deep dive in 2019 concentrated on adverse weather and the organisational response.

In 2020, a lighter touch to the standards was advocated by NHSE. LHCH was able to declare full compliance with the core questions and standards.

6. Summary

LHCH has well established business continuity processes across the entire establishment, which are underpinned by a strategy and local plans of which all managers are aware. The Major Incident Plan is a comprehensive and detailed document, providing leadership and guidance in the event of a major incident. It is aligned to the CCA (2004). Training in business continuity and emergency planning continues to be provided with scenario testing and tabletop exercises.

LHCH is part of a wider network for EPRR, with subsequent learning and sharing capabilities, that is able to provide rounded and expert advice on a variety of given situations. An effective command and control structure was instigated to manage the Covid 19 pandemic which proved efficient and successful.

7. Recommendations

The Board of Directors are requested to review the paper and gain assurance of compliance with statutory emergency preparedness and business continuity requirements.

Appendix 1

The Civil Contingencies Act

The Civil Contingencies Act (CCA 2004), and accompanying non-legislative measures, delivers a single framework for civil protection in the UK. The Act is separated into 2 substantive parts: local arrangements for civil protection (Part 1); and emergency powers (Part 2).

Part 1

Part 1 of the Act and supporting Regulations and statutory guidance 'Emergency preparedness' establish a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. The Act divides local responders into 2 categories, imposing a different set of duties on each.

Those in Category 1 are organisations at the core of the response to most emergencies (the emergency services, local authorities, NHS bodies).

Category 2 organisations (the Health and Safety Executive, transport and utility companies) are 'co-operating bodies'. They are less likely to be involved in the heart of planning work but will be heavily involved in incidents that affect their own sector. Category 2 responders have a lesser set of duties - co-operating and sharing relevant information with other Category 1 and 2 responders.

Liverpool Heart and Chest Hospital (LHCH) is classed as a category 2 responder as there is no A&E however the organisation would be expected to support Category 1 responders in the event of a Major Incident, depending upon the nature of the incident.

Category 1 and 2 organisations come together to form 'local resilience forums' (based on police areas) which will help co-ordination and co-operation between responders at the local level.

Part 2

Part 2 of the Act updates the 1920 Emergency Powers Act to reflect the developments in the intervening years and the current and future risk profile. It allows for the making of temporary special legislation (emergency regulations) to help deal with the most serious of emergencies. The use of emergency powers is a last resort option and planning arrangements at the local level should not assume that emergency powers will be made available. Their use is subject to a robust set of safeguards - they can only be deployed in exceptional circumstances.