

## Board of Directors (in Public)

### Item 5.5\*

**Subject:** Emergency Preparedness and Business Continuity Assurance Report  
**Date of meeting:** Tuesday 28<sup>th</sup> July 2020  
**Prepared by:** Helen Martin, Risk and Safety Lead  
**Presented by:** Dr Margarita Perez-Casal, Director of Research & Innovation / Chief Risk Officer  
**Purpose of Report:** To Note

BAF Ref	Impact on BAF
1.1	None

#### 1. Executive Summary

In order to conform 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, with a table top exercise each year.

Training is conducted by way of business continuity testing in the areas, table top 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 RCA's 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 this year's COVID 19 pandemic, an effective command and control structure was instigated. Comprehensive plans for the management and treatment of patients, and for maintaining staff safety were developed quickly and efficiently. This was complemented by a communication strategy that ensured all staff were kept updated regularly with developments throughout the crisis.

#### 2. Introduction

Liverpool Heart and Chest Hospital (LHCH) has in place a Major Incident Plan, 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 laid out in the (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.

In March 2020, the Trust declared the COVID19 pandemic a major incident following instructions from the Centre.

### **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 North West Ambulance

Service (NWS). 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 COVID19 outbreak and on the instruction of NHS E / 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.

## **Business Continuity**

An overall 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 42% have been reviewed, updated and approved via Divisional Governance Committees. The Risk and Safety Lead is working with the managers and Divisions to ensure all plans are updated when required.

The COVID19 outbreak has been a fast moving, ever changing scenario, the scale of which had never been experienced by NHS Clinical Leaders. LHCH instigated an effective integrated coordination and management by all levels of the command structure; this ensured a safe and measured response.

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 clinical 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 how the organisation responded to it.

COVID19-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.

## **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.

Exercises are largely dictated by the EPRR standards. In September 2019, a table top 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 table top exercise took place which was led by the Head of IT. A number of 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 COVID19, a week long table top exercise was conducted, led by NHSE/I. Members of the Senior Team worked through the exercise scenarios that were presented daily to all 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 table top 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, table top 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 a RCA is undertaken and reported through the Emergency Planning Group with actions monitored by the group.

The COVID19 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 and has displayed varying levels of success. Monthly testing will continue until the process has been proven robust for at least 6 successive tests.

LHCH has attended and been involved in regional multi agency exercises in successive years since 2016.

LHCH has recently contributed to the development of the Regional Emergency Planning Risk Register being led by NHSE.

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.

### **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 group 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.

### **Internal Assurance**

#### **Proactive**

Along with table top exercises, business continuity testing is carried out across all areas of the organisation on a monthly basis. 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 manager for onward sharing with the rest of the team.

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 healthcare 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 Director of Research and Innovation has attended all of the strategic meetings for 2019/20 that were held, with one being cancelled because of COVID19.

The Risk and Safety Lead has attended 5 out of the 6 meetings for 2019/20.

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

## **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.

## **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. LHCH were able to declare full compliance with the core questions and standards.

## **5. 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 table top 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 COVID19 pandemic which has proved efficient and successful.

## **6. Recommendations**

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

## **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.