

Name of Board (In Public)

Item 6.2

Subject: Emergency Preparedness and Business Continuity Assurance Report
Date of Meeting: 3rd July 2018
Prepared by: Helen Martin, Risk and Safety Lead
Presented by: Mark Jackson, Director of Research and Innovation/Chief Risk Officer
Purpose of Report: To note

BAF Ref	Impact on BAF
1.3	None

1. Executive Summary

LHCH has a validated major incident plan and embedded business continuity processes across the Trust. These plans are operationalised via local plans which are well understood.

The major incident plan is a comprehensive and detailed document providing leadership and guidance in the event of a major incident. It is fully aligned to the Civil Contingencies Act (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.

2. Background

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; appendix 1).

The purpose of the major incident 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.

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.

An emergency is defined 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 which support the operationalization of the plan and transition back to normal working following a major incident.

3. 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 (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 causalities 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 tasks to be undertaken throughout the period of the event.

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 specialty 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 twice a year or in the event of an incident occurring. To date 53% 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.

Exercises and 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.

Arrangements for emergency planning and business continuity training are communicated via induction training, 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.

Since 2015, table top exercises have included dealing with Pandemic flu, major power outage for the site and power outage specific to critical care. This has resulted in raised awareness of the issues encountered in this scenarios and minor policy changes.

The Executive team, on call managers and members of the Emergency Planning Group attended an emergency planning training session delivered by the Emergency Planning

Lead for NHS England in October 2015. This training remains in-date.

More recently, in January 2017, Ward and Department Managers attended a training session on business continuity planning facilitated by the Risk and Safety Lead. The session discussed how the business continuity plans could be improved and it was decided to include simple action cards with explicit instructions for staff to follow for the first 24/48 hours of a continuity event.

A table top exercise, which included several members of the Executive team was conducted in October 2017 and focused on the Lockdown policy. Present were members of the Executive team, Divisional Heads of Operations, Heads of Nursing, Deputy Director of Nursing and other senior leaders. The event was attended by the Emergency Planning Lead for NHS England, who praised the event for its learning capabilities. The session highlighted areas for improvement in the current lockdown policy, which is under development. A further exercise is planned for October 2018.

Other training sessions for staff have included loggist training, dealing with suspect packages & phone calls and dry decontamination.

Live events have included EPR downtime, power outage disrupting non clinical services, power surge affecting critical care and switchboard downtime affecting communications. 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 May 2017, the NHS was subject to a cyber-attack which had global implications. Due to quick decision making and responsiveness by the IT team, major disruption to LHCH was avoided. Other neighbouring Trusts were not so fortunate. NHS England declared a Major Incident and business continuity plans were instigated in LHCH. Learning for LHCH included the requirement to have a centralised hard copy of staff contact details; an IT on call rota was instigated; more loggist training was put in place with the Governance Facilitator now able to train other members of staff to be a loggist. Two sessions per year will take place to ensure an adequate provision of loggists in the organisation; a new briefings template was introduced and the communications section in the Major Incident Plan was strengthened.

In each case a RCA is undertaken and reported through the Emergency Planning Group with actions monitored by the group.

Communications testing takes place monthly and has resulted in 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. The most recent involved training in the Joint Emergency Services Interoperability Programme (JESIP) in 2017. The Emergency Planning Lead for NHS England conducted Loggist Training in the organisation in August 2017.

LHCH is a member of the regional Task and Finish Group who are developing the Whole Hospital Evacuation Policy.

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 specialty 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 in relation to emergency planning and business continuity.

A key issue the group is monitoring is the number of fit testers in the organisation. A fit tester is trained to test the effectiveness of the 'fit' of face masks for staff who may be caring for flu patients, important during a flu pandemic where transfer of pathogens is via a respiratory route. The Group has been advised that this is now a key performance indicator for ward managers.

The work of the EPG is monitored by the Risk Management 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, on 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 run by the local CCG 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 4/4 of the strategic meetings for 2017/18.

The Risk and Safety Lead has attended 5 out of the 6 practitioner meetings for 2017/18.

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

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.

Some events will prompt an exceptional table top exercise to test a specific area on the learning gained from the business continuity disruption.

External Assurance

MIAA conducted a review of emergency preparedness and business continuity in December 2014 which achieved a rating of Significant Assurance.

In December 2015 the Major Incident Plan was subject to an audit by an audit officer for emergency planning at NHS England for which the Trust achieved 98% compliance.

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.

A deep dive into Governance was included in 2017. LHCH along with other Trusts in the region were found to be non-compliant with the additional standards as they included aspects that had never been requested previously, such as a Non-Executive Director having emergency planning in their portfolio and attendance at Strategic Resilience meeting. An action plan was developed and this has improved compliance with attendance at the Strategic level and oversight by the Non-Executive Directors.

4. Conclusion

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 fully 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.

5. Recommendations

The Board of Directors 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.