

## Board of Directors (in Public)

### Item 3.2

**Subject:** Emergency Preparedness and Business Continuity Assurance Report  
**Date of meeting:** 30<sup>th</sup> May 2017  
**Prepared by:** Helen Martin, Risk and Safety Lead  
**Presented by:** Mark Jackson, Director of Research and Informatics/Chief Risk Officer

#### 1. Executive Summary

The purpose of this paper is to provide the Board of Directors with assurance of the reliability of the Emergency Preparedness and Business Continuity processes within Liverpool Heart and Chest Hospital.

LHCH has membership of the regional Local Health Resilience Partnership, which provides expert and professional support to members of the network of emergency planners.

Internal and external assurance is described within and takes the form of table top exercises, business continuity testing and self-assessment of core standards set by emergency preparedness and resilience response.

#### 2. Introduction

##### 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.

### **3. Background**

LHCH has constructed its Major Incident Plan on the requirements laid out in the CCA (2004).

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 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 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.

##### **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 is slightly different 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 twice a year or in the event of an incident occurring. Currently 81% of the plans are in date. The Risk and Safety Lead is working with the managers and Divisions to ensure all plans are updated when required.

## **Exercises and Training**

Emergency planning and business continuity are communicated via induction training, Divisional Governance meetings and area scenario testing with staff.

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. The session also covered Lockdown training specific to LHCH.

Other training sessions for staff have included loggist training, dealing with suspect packages and phone calls and dry decontamination. More recently, in January 2017, Ward and Department Managers attended a training session on business continuity planning.

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 and power outage specific to critical care. The table top exercise for 2017 is in the planning stage and will be conducted in July 2017.

Live events have included EPR downtime, power outage disrupting non clinical services, power surge affecting critical care and switchboard downtime affecting communications. In each case a RCA is undertaken and reported through the Emergency Planning Group with actions monitored by the group.

The Junior Doctors strike action in 2015/16 tested business continuity and emergency planning. Proficient organisation, planning and team work ensured that good outcomes were achieved with no detrimental effect to patient care or safety.

Communications testing takes place monthly and until recently displayed varying levels of success. However, issues encountered have been resolved and testing has proven to be successful for the past 3 months. 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 April 2016 and February 2017.

An 'e' learning package is in development which will be available to access

in early July 2017. This will be a basic introduction to business continuity and will act 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. 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. 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 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.

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.

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 standards set.

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.

## **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.

## **6 Recommendations**

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