EPRR Self-Assessment Assurance report

Author: Aaron Vogel Sponsor: Richard Mitchell   Trust Board paper G

Executive Summary

Context

To provide the executive with the results of the annual self-assessment against the national EPRR core standards and annual report identifying the developments with Emergency Planning and the priorities for 2016/17. In 2015, NHS England was assured that the Trust was "fully compliant" and was assured that the Trust was managing its responsibilities under the requirements of the EPRR core standards.

It is anticipated that NHS England will again be fully assured of the compliance against the standards. Current compliance is 91.6% ranked as green and 8.4% ranked as amber. Most of these are where plans are within their review period and are likely to be resolved before submission to NHS England.

The main issues for 2015/2016 have been the reduced numbers of staff that have undertaken training or exercising events related to incident response. This is predominantly as a result of the disruption caused by the Junior Doctors industrial action. Training and Exercising is the main priority for the team for 2016/17 and a number of changes have been made to increase the availability of training and exercising. The second priority is to have in place an automatic call out system for notifying staff of a major incident. The third priority will be to support the trust through the transition to the new Emergency Floor.

The self-assessment requires the sign off by the Executive and Trust Board prior to submission to NHS England who be reviewing the submissions with representatives from UHL on 16th September.

Questions

1. Is the Executive satisfied with the level of compliance?
2. Are there any concerns that need addressing?
3. Is the Executive satisfied with the priorities for 2016/2017?
4. Will the Executive provide assurance to the Trust Board for sign off?

Conclusion

1. The level of compliance is high with outstanding issues with action plans to address the issues.
2. Major Incident Training and exercising have been areas that require improvement some improvements have already been made including mandatory training in the Emergency Department.
3. A new system would involve investment to make use of new technology to improve our response arrangements and to not rely on a single means of communication.

Input Sought

We would welcome the Executive's input regarding continued support of implementation of strategies to ensure continual high compliance with the national standards and to support a submission of the assessment and priorities for 2016/17 to the Trust Board.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Not applicable]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Not applicable]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[No]

3. Related **Patient and Public Involvement** actions taken, or to be taken: [None]

4. Results of any **Equality Impact Assessment**, relating to this matter: [No impact]

5. Scheduled date for the **next paper** on this topic: [TBC]

6. Executive Summaries should not exceed **1 page**.   [My paper does comply]

7. Papers should not exceed **7 pages.**   [My paper does not comply]

University Hospitals of Leicester NHS Trust

Annual Resilience Report

July 2016

Aaron Vogel
Emergency Planning Officer

Contents

Executive Summary

This annual report highlights the significant improvements that have been made in relation to Emergency Preparedness within the Trust between July 2015 and July 2016. Most notable improvements have been made in;

1. Compliance against national standards and audit recommendations
2. Response to the Junior Doctors industrial action
3. Development and delivery of Exercise Autumn Power
4. Preparations for Leicester City Football Club Victory Parade
5. Major Incident training and exercising.

Further improvements for the year will focus on more training and exercises on a local level, improving the call out arrangements during a major incident, preparation for the opening of the new Emergency Department and delivering against cost improvement targets.

1. Introduction

1.1. Emergency Preparedness, Resilience and Response (EPRR) is key to ensuring that the Trust is able to respond to a variety of incidents whilst continuing to provide its essential services. The Civil Contingencies Act (CCA) 2004 and Health and Social Care Act 2012, places a number of statutory duties on the Trust as a Category 1 Responder. These duties include:

- Risk assessment to inform contingency planning
- Emergency planning
- Business continuity planning
- Co-operation with other responders
- Information sharing with other responders
- Warning, informing and advising the public in the event of an emergency

1.2. These are reinforced through requirements under the Care Quality Commission, Trust Development Authority (TDA) Planning Framework, NHS England Core Standards for EPRR and International Standards (ISO) 22301.

1.3. The purpose of this annual report is to provide the organisation with an update on the delivery of EPRR activities within the Trust during 2015/16 providing assurance that the Trust is meeting its statutory EPRR duties. This report provides an overview of the plans that have been reviewed, the multi-agency partnership work that the Trust has been involved in and the training and exercises that Trust staff have participated in. The report also identifies the key emergency planning priorities for 2016/17.

2. Background

2.1. The past 12 months have resulted in continued improvement in the implementation and development of Emergency Planning within the Trust with continued improvement against the NHS England EPRR Core Standards. NHS England were "fully assured" of the Trust's preparedness against the requirements of the National EPRR Core Standards.

2.2. Throughout the year there have been a number of challenges that the Team has had to respond to, most notably this was focused on preparation for the industrial action by Junior Doctors from December – May. Other challenges have included leading on a regional mass casualty exercise, exercise Autumn Power and working with partners to prepare the City for the celebration parade for Leicester City Football Club winning the premiership title. In addition the Trust's Major Incident, Lockdown and Friends and Relatives' Reception Centre Plans have all been updated. Staff training and exercising have continued, but not at the high levels achieved in the previous year. The team are working hard to rectify this, with more adaptable and more easily implementable packages of training and exercising events to roll out.

2.3.   The Emergency Planning and Business Continuity Committee continue to meet quarterly to oversee EPRR activity within the Trust ensuring delivery against the following objectives;

      a.   Facilitate the development of plans and procedures to deal with the response to an incident

      b.   Develop a strategy for Undertaking Business Continuity and Emergency Planning within the Trust

      c.   To assess the risks to the organisation with regards to Emergency Planning and Business Continuity making reference to national and local risk assessments

      d.   Provide regular reports to the Trust Executive to assess and assure the ability of the Trust to respond and recover from major incidents

      e.   Provide support and identification of service's and individual's responsibilities in the event of an incident

      f.   Ensure that all polices and plans are aligned internally and externally with partner organisations through appropriate representation and involvement with multi agency groups including the Local Resilience Forum and Local Health Resilience Partnership.

      g.   To ensure delivery against statutory obligations including the Civil Contingencies Act 2004, Health and Social Care Act 2012, Care Quality Commission Regulations 9 and 24 (regulated activities) outcomes 4 and 6, Trust Development Authority (TDA) Planning Framework, NHS England Core Standards for EPRR and International Standards (ISO) 22301.

      h.   To ensure that appropriate training and exercising of staff and procedures is undertaken, including local training and where necessary multi agency training and exercises

      i.   To ensure that lessons identified from incident and exercise debriefs are shared and acted upon

      j.   To ensure appropriate reporting structures exist within the CMGs and Corporate Services to enable successful delivery of the committee's work plan

2.4.   One of the most notable changes this year has been the appointment of an Emergency Planning Assistant following the return to University of the placement student that was previously undertaking this role.

2.5.   The committee is currently focused on the development of business continuity across the Trust to ensure coordination of planning and incident response activity,

most notably in relation to the numerous construction and reconfiguration projects that are currently on going. Other focuses include training, exercising, incident reporting, learning from incidents, risk management and funding support.

2.6. Externally the Trust regularly engages with members of partner organisations to ensure cooperation and integration of activities. Locally, the Trust is a member of the Leicester, Leicestershire and Rutland (LLR) Local Resilience Forum (LRF), chaired by the Police. The Trust is represented at practitioner working groups by the Emergency Planning Officer and at the executive board by the Deputy Director of Operations. The Trust is also represented at the Local Health Resilience Partnership (LHRP) by the same representation. The LHRP ensures specific coordination of local NHS organisations in relation to EPRR.

3. EPRR Core Standards

3.1. NHS England requires providers of NHS funded care to provide assurance against the National Core Standards in relation to Emergency Preparedness, Resilience and Response (EPRR). Progress against the Core Standards has been regularly reported to Trust Executive including details of the changes to the core standards. As part of the review NHS England has established that each year will include a 'deep dive' around specific issues. This year the deep dive has included arrangements on Business Continuity and Fuel Shortage. The other Core Standards have remained unchanged. For July 2015 return, NHS England assured that UHL were "fully compliant" with the requirements of the core standards. This included assurance of the programme of work to address any gaps.

3.2. The self-assessment is due to be signed off by the Trust Executive in July 2015 where it will be reviewed and formally assessed by NHS England in the third quarter of the year.

Table 1 EPRR Core Standards Compliance July 2015-July 2016

	July 2015		July 2015 (without Flu Deep Dive)		June 2016		June 2016 (without Deep Dive)	
	Total	%	Total	%	Total	%	Total	%
GREEN	94	94.9	86	94.5	87	91.6	82	93.3
AMBER	3	3.0	3	3.3	8	8.4	6	7.1
RED	2	2.0	2	2.2	0	0	0	0
Total	95	100	91	100	95	100	90	100

3.3. Table 1 shows a slight reduction in overall compliance; however the Trust continues to be significantly compliant with the standards. 6 out of the 8 amber standards refer to plans that are either currently going through their review process or are due to be reviewed before submission of the core standards to NHS England. Of these 3 relate to the CBRN plan, 3 relate to the Operation Consort Plan, Pandemic Influenza or Evacuation Plans. Once these are completed overall compliance will be 98%. The remaining amber relate to reviews required of the Business Impact Assessments.

4.   Risk Assessment

4.1.   The Trust is required under the Civil Contingencies Act to assess the risk of an emergency occurring. The Trust does this internally and externally in conjunction with other emergency responders to develop a Community Risk Register.

4.2.   The main purpose of the Community Risk Register is to assess the risks to the health and wider community in order to address risks and strengthen our capabilities. It allows the responding agencies of the Resilience Forum to focus multi agency emergency planning resources on a rational basis of priority and need. This work contributes to reducing our vulnerability to it and reducing the impact of it, should it materialise. The fact that a risk is included in the register does not mean that any particular incident will happen. Nevertheless, the possibility, however remote, has been recognised and the relevant agencies including University Hospitals of Leicester NHS Trust have arrangements in place to mitigate the effects of such incidents. How the risks have been assessed is identified in table 2 and how those risks relate to the Trust is identified in table 3, these have been reviewed and risk scores revised in line with current planning assumptions.

Table 2 LLR LRF Community Risk Register Priority 1 Risks (February 2015)

Ref	Risk	Risk Score
1	Influenza type disease (pandemic)	Very High
2	Large toxic chemical release	Very High
3	Severe space weather	Very High
4	Major costal/tidal flooding affecting more than two UK regions	Very High
5	Heat Wave	High
6	Low Temperatures and Heavy Snow	High
7	Emerging Infectious Disease	High
8	Storms and Gales	High
9	Total failure of GB's national electricity transmission network	High
10	Localised industrial accident involving large toxic release	High
11	Disruption to regional electricity distribution or transmission network system	High

Table 3 UHL Emergency Planning Risks

Ref	Risk	Score
1	Flooding from fluvial and pluvial sources	8
2	Influenza Type Disease Pandemic causing disruption to services	12
4	No notice loss of telecommunications	12
5	Denial of access to part of, or whole of a site resulting in relocation of clinical services	8
6	National road fuel shortage	6
7	Release of hazardous chemical affecting the community resulting in contaminated self-presenters	6
8	Severe Weather Heat wave	6
9	Severe Weather Low Temperatures	6

5.   Emergency Plans

5.1.1. There are a wide range of Emergency Plans that have been developed within the Trust. Some focus on service areas and individual CMGs whilst others focus on Trust wide responses. These plans are all being reviewed with the aim to ensure consistent and coordinated planning and response measures across the Trust. The below table shows the current suite of plans that are managed by the Emergency Planning Team.

Table 4 Emergency Plans

Plan
Relatives' Reception Centre
Operation Consort
CBRN Plan
Bomb Threat Response Plan
UHL Pandemic Influenza
UHL VHF Patient Management
Major Incident
Major Incident - Section B
Business Continuity Policy
UHL Internal Incident
Evacuation – Currently Draft due for completion in August 2016

5.2.   UHL Lockdown Plan

5.2.1. In an incident it may become necessary to secure areas of the site to prevent access in order to safeguard the health and wellbeing of patients, staff and members of the public. A new lockdown plan has been developed to reflect the estates handover from Interserve to UHL as well as latest national guidance.

5.3.   Missing Patient Policy

5.3.1. The Emergency Planning Team was asked to lead on revising and updating the Trust policy for managing missing patients. One of the primary reasons for requiring update was to try and reduce the number of calls made from UHL to the Police reporting missing patients. One of the main issues were that staff were expecting the Police to search for and return patients to hospital but the Police have limited powers to do this and caused confusion between when they should and should not be involved. The policy was updated to provide a more detail and a decision making process as to when to involve the Police or not. This has been jointly developed with Leicestershire Police, who have implemented a number of changes to provide more accurate information to UHL on calls about patients who have gone missing for audit purposes.

5.4.   Evacuation Plans

5.4.1. In extreme situations it may become necessary to evacuate parts of, or the whole of a hospital site to safeguard the health and wellbeing of patients, staff and visitors. Based on evacuation workshops held last year the team have been working with the Emergency Services, Leicester Tigers, and De Montfort University to develop plans as to how we could evacuate and temporarily relocated large numbers of patients, staff and visitors. This work has yet to be completed but is expected to be completed by August 2016.

5.5. Major Incident Plan

5.5.1. The Trust's Major Incident Plan continues to be the foundations of the Trust's incident response plans. This year it was updated as part of its annual review and remains fit for purpose. The plan is made up of section A which details the Trust wide response, management and corporate responsibilities, whilst section B detailed the relevant service area response arrangements based on a standardised template to ensure consistency across the Trust.

5.5.2. The plan includes the following information:

- Response management structures and call-out procedures
- Tactical and strategic responsibilities – corporate
- Operational responsibilities – relevant service areas
- Patient Management
- Mutual Aid arrangements including reporting processes
- Communications strategy, including communicating with stakeholders and the public
- Action cards
- Recovery plans

5.6. Business Continuity Management

5.6.1. Business Continuity Management (BCM) helps manage the risks to the delivery of Trust services. It put into place arrangements to ensure that in the event of a disruption, services can continue to operate to protect essential functions and users of the service. A number of incidents have occurred this year that have tested business continuity arrangements and a review of these arrangements will be conducted by PWC (external auditors) throughout June.

6.   Live Incidents, Exercises and Training

6.1.   Live Incidents

6.1.1. The following details a number of incidents that has affected the Trust in the last year. Each of the incidents listed were investigated by the Emergency Planning Officer and relevant staff involved. Debrief reports were developed with recommendations to improve resilience.
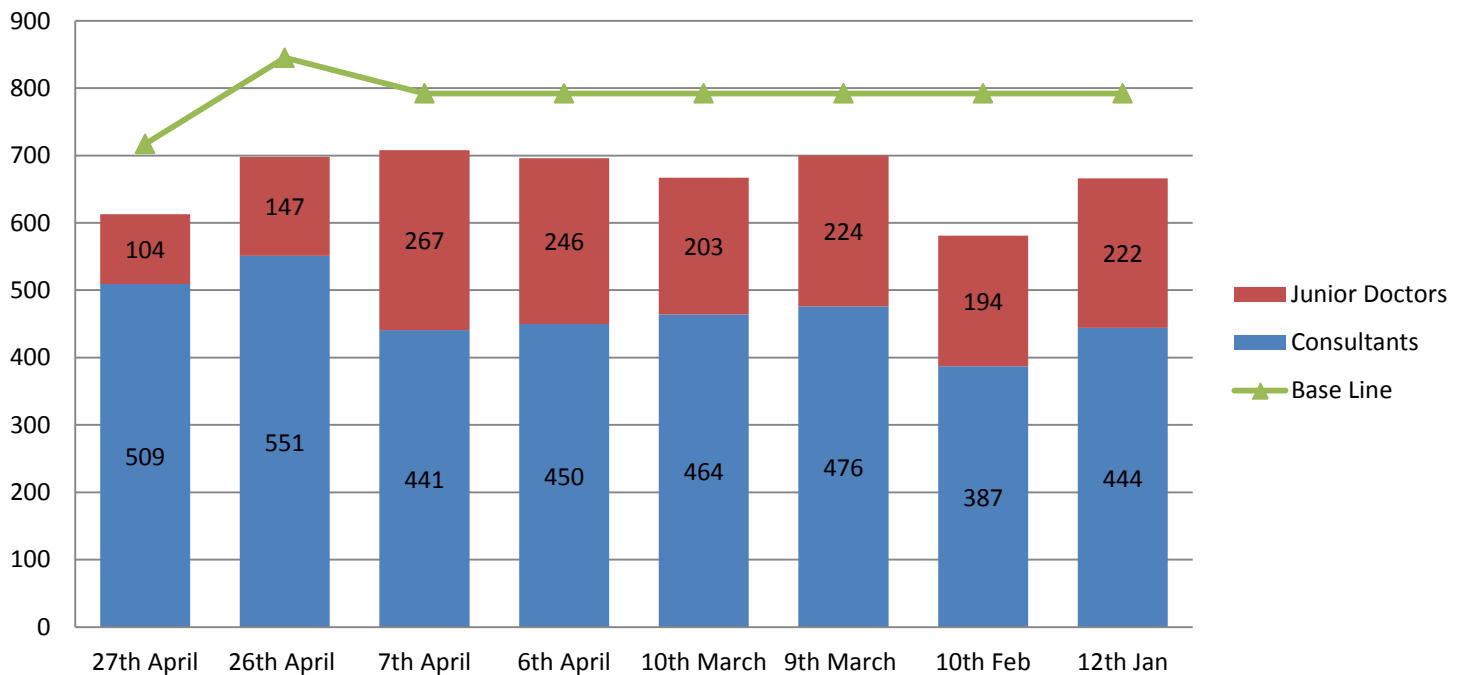
Table 5 Reported Incidents

Incident Declared	Category	Reason	Incident Stood Down	Duration
10/05/2016 16:40	CBRN	White Powder Incident - LRI Windsor	10/05/2016 18:30	0 Days 1 Hours and 50 Minutes
27/04/2016 08:00	Industrial Action	Industrial Action by Junior Doctors - Full Withdrawal	27/04/2016 17:00	0 Days 9 Hours and 0 Minutes
26/04/2016 08:00	Industrial Action	Industrial Action by Junior Doctors - Full Withdrawal	26/04/2016 08:00	0 Days 0 Hours and 0 Minutes
23/04/2016 22:11	Estates	Fire Alarm and ED Evacuation	23/04/2016 23:30	0 Days 1 Hours and 19 Minutes
06/04/2016 08:00	Industrial Action	Industrial Action by Junior Doctors - Providing emergency care only	08/04/2016 08:00	2 Days 0 Hours and 0 Minutes
09/03/2016 08:00	Industrial Action	Industrial Action by Junior Doctors - Providing emergency care only	11/03/2016 08:00	2 Days 0 Hours and 0 Minutes
25/02/2016 13:30	IT	ilab down from 24/2/2016 01:00 - critical incident	27/02/2016 09:30	1 Days 20 Hours and 0 Minutes
15/02/2016 08:00	Pandemic	Flu outbreak on ward 39, 40, 41. H1N1	22/02/2016 14:00	7 Days 6 Hours and 0 Minutes
10/02/2016 08:00	Industrial Action	Industrial Action by Junior Doctors - Providing emergency care only	11/02/2016 08:00	1 Days 0 Hours and 0 Minutes
12/01/2016 08:00	Industrial Action	Industrial Action by Junior Doctors - Providing emergency care only	13/01/2016 08:00	1 Days 0 Hours and 0 Minutes
18/12/2015 08:24	Estates	Internal Incident - Waste Water Leak EDU	18/12/2015 10:15	0 Days 1 Hours and 51 Minutes
			Total	**15 Days 16 Hours and 0 Minutes**

6.2. Junior Doctor Strike - Impact

The Trust, like all NHS Trusts, has had to mitigate the impact of the industrial action by Junior Doctors over their dispute with the Health Secretary over their new contract. The action withdrew Junior Doctors from any work not classified as emergency cover. For the Trust this included some elective operations and outpatient appointments as well as research and other non-critical areas. We were able to ensure that our critical areas, including the Emergency Department, Emergency Theatres, Assessment Areas, Maternity and Inpatient areas were all safely staffed and high levels of care were maintained. As the dispute continued, action in April provided no guarantee of cover by Junior Doctors, but the Trust critical services were well protected with alternative cover provided by consultants and other clinical specialists.

6.2.1. The charts below summaries the number of medical staff on duty and the number of Daycase, Inpatient and Outpatient appointments that were undertaken during the Industrial Action. In total 3,738 patient appointments or operations were cancelled due to industrial action.

Numbers of Medical Staff on Duty During Industrial Action

Chart showing Numbers of Medical Staff on Duty During Industrial Action (Junior Doctors, Consultants, Base Line):

Date	Consultants	Junior Doctors
27th April	509	104
26th April	551	147
7th April	441	267
6th April	450	246
10th March	464	203
9th March	476	224
10th Feb	387	194
12th Jan	444	222

Numbers of Daycase, Inpatient and Outpatient patient appointments undertaken during the Industrial Action

Date	Outpatient	Inpatient	Daycase
Base Line	4916	63	377
27th April	4321	58	354
26th April	4247	36	361
7th April	4435	58	357
6th April	4627	54	373
10th March	4578	57	336
9th March	4504	56	366
10th Feb	4565	56	374
12th Jan	4520	52	365
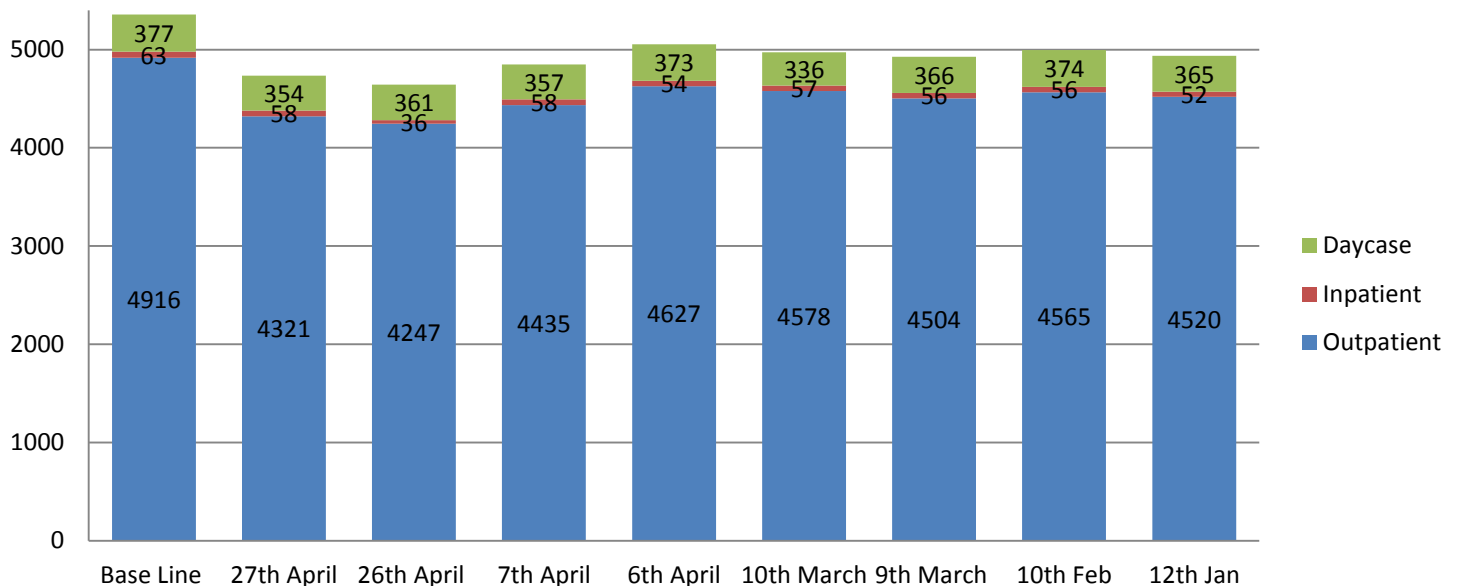
6.3.   **Leicester City Victory Parade**

6.3.1. To celebrate Leicester City Football Club winning the premiership title this year, a victory parade took place through the city with celebratory concert at Victoria Park. This required extensive planning from a wide number of agencies within Leicester to prepare for to limit the impact on services. It is estimated that approximately 240,000 people turned up to cheer on the team. UHL worked with EMAS, British Red Cross and St John Ambulance service to reduce the number of attendances to UHL as a result of the parade. A field hospital and first aiders were provided for the event and the Emergency Planning Officer was based with the EMAS event control to act as liaison between the two agencies. The arrangements worked well and out of nearly 60 patients that were seen by the medics only 9 required transfer to the LRI, although this was mainly due to resources standing down at the end of the event. It was noted that co-locating a UHL liaison officer with EMAS worked well for this event and should be considered for future large events.

Figure 2 Victory Parade Route

Figure 3 Victoria Park from the air

Figure 1 Victoria Park from the field Hospital

6.4. Training and Exercise

6.4.1. A key part of any preparedness arrangements is to ensure that staff are appropriately trained to implement the required response and that the response arrangements are suitably validated.

6.4.2. Since July 2015 the Emergency Planning Team has facilitated in the delivery of training and exercises to 647 members of staff including 59 attendees from other organisations in a regional exercise, facilitated by the team on behalf of the East Midlands Trauma Network. This has been significantly lower, by approximately 50% of previous year. This has been most notably due operational pressures throughout December to May for the preparation for the Junior Doctor's Strike. Training and exercising remains a top priority for the team and processes have been streamlined

to ensure that events can be quickly rolled out. For the calendar year 2015 training provided by the Emergency Planning Team was up almost 70% than that of 2014.

Table 6 Total Staff involved in Training (calendar year)

	Training	Total Training Incl. Corporate Induction and Decon Tent	Change % on previous year (EP Led Training Only)	Exercise	Change % on previous year (EP Led Exercises Only)	Total
2016	**97**	**367**	-41.9	**32**	-72.4	399
2015	167	2191	68.7	116	-10.8	2307
2014	99	1895	-49.0	130	381.5	2025
2013	194	1609	977.8	27	2600.0	1636
2012	18	214	n/a	1	n/a	19
Total	311	3718		274		5987

6.4.3. Training and Exercises have been developed and delivered across a number of key areas, most notably Major Incident Response, and has included;

- Rugby World Cup Incident Response– 2 members of staff attended validation exercises in preparation for the Rugby World Cup which saw a number of games being played at Leicester King Power Stadium.

- Exercise Autumn Power – 10 members of UHL staff (59 in total) attended an exercise to test the regional mass casualty plan (for more details see section XX)

- Strategic Exercise – 11 members of the on call director rota attended training and table exercise to prepare for a fire and evacuation focusing on recovery and restoring disrupted services.

- BTEC Level 3 in Education and Training – 1 member of staff undertook training and achieved a BTEC level 3 to provide skills in delivering training events for members of staff.

- Loggist Instructors Course – 1 member of staff attended training to ensure that the training the team provides for loggists is based on best practice and ensures interoperability during an incident.

- Loggist Training – 9 members of staff have attended a refresher loggist course delivered by the Emergency Planning Team to refresh skills required for logging information during an incident. A further refresher course is planned for 29th June.

- Exercise Salus – 27 members of staff have undertaken exercise Salus within ITAPS and MSS. (for more details see below).

- ED Mandatory Training – 216 members of staff have been undertaken ED mandatory training which includes CBRN Decontamination and Major Incident familiarisation. The training has been redeveloped since April and 51 members have received this training delivered by the Emergency Planning Team, which

includes principles of Exercise Salus and a more detailed table top discussion of the Major Incident response in ED.

- MSS and RRCV Nurse Forum – 36 members of staff have taken part in table top exercises and familiarisation exercises focusing on business continuity incidents

Further Courses Currently Planned

- Exercise Alcazar – a command and control exercise that follows on from Exercise Autumn Power has been developed by PHE and NHS England to test the command and control arrangements during a mass casualty incident, including coordination with the Operational Delivery Networks.

- ED mandatory Training – a further 14 sessions are planned until March 2017.

- MSS Band 6 Away Day – a session with the MSS band 6 nursing staff is being planned to follow on from the MSS Nurses forum to provide training and familiarisation to more junior members of staff.

- Exercise Tiberius- a multi-agency flooding exercise that will test the response to a flood within Leicester City and the County.

- Magic Course – a member of the on call director rota will attend the nationally accredited Magic Course, designed to provide Gold Commanders with experience of managing an incident and attending a mock public inquiry.

- New Emergency Department Commissioning - This will include extensive training and exercising arrangements to ensure processes are prepared and staff are familiar of their actions for the operational 'go live' of the new department.

Further areas of training to be developed include, additional training for CMG staff for Internal and Major Incidents and loss of critical services.

6.5. **Exercises Autumn Power**

6.5.1. One of the most significant exercises that the team has developed was Exercise Autumn Power. The East Midlands Major Trauma Network requested help from the UHL Emergency Planning Team to run an exercise within the network to test the casualty regulation and management during a Mass Casualty incident. The exercise involved with over 59 participants and over 400 casualties representing 2 trauma centres, 5 trauma units and 1 ambulance service, national clinical leads for, trauma, emergency care, and emergency planning. The exercise took place in October and provided a number of recommendations (23 in total) of which a significant number were recommendations that required national input and review of NHS England's mass casualty planning assumptions. The attacks in Paris in November further validated the outcomes of Autumn Power and the need for national review. As a result the debrief report has been cited at a number of key Trauma Conferences and is being used as the basis for the revised national planning assumptions and exercise programmes for the NHS.

Figure 4 UHL Staff managing casualties - Exercise Autumn Power

6.6. Exercise Salus

6.6.1. Exercise Salus was developed in house, as a follow on from Exercise Autumn Power and follows a similar desktop format. It is designed to be applied either to small services within the Trust or rolled out to the Trust as a whole. So far staff from MSS and ITAPS have undertaken exercises to test their response. One of the main reasons for testing individual services like this, is that the patient journey can be long and protracted and arrangements cannot often be tested fully in a one day exercise running to "real time". Exercise Salus allows us to speed up the timeline or move it along so that services like Theatres, Critical Care and Trauma can test their responses accurately. The exercise is currently being reviewed and plans to roll out to other services within the Trust. It is anticipated that this will be included as part of the training and exercises for the commissioning of the new Emergency Department.

Figure 5 Exercise Salus - ITAPS 26th May 2016

6.7. Communications Tests

6.7.1. All NHS trusts are required to conduct a communications at least every six months. To improve familiarity from 2015 the Trust has decided to undertake these tests every four times a year. The latest tests to be conducted are listed as;

- UHL Major Incident Call out Test 18th August 2015
- UHL Major Incident Call out Test 22nd December 2015
- UHL Major Incident Call out Test 26th May 2016
- UHL Major Incident Call out Test August 2016 - Planned

6.7.2. A review of the internal communications call out procedure concluded that for two supervisors approximately 90 minutes to complete is not suitable and other means of notification should be implemented. A number of options have been explored to improve the call out process and currently a number of automated systems are being considered. It is hoped that a system will be in place by the end of September 2016.

6.7.3. As a member of the Local Resilience Forum the Trust has been involved in a number of call out tests throughout the year including;

- Media and Communications Call Out Test - 15th December 2015
- Call out test – Golden Holly 21st December 2015

7.   Audits

7.1. The Trust has participated in the following audits the Trust is due to undertake a review of Business Continuity Arrangements with the external auditors (PWC) in June 2016. The results of the audit will be reported to the Emergency Planning Committee with relevant recommendations as required.

8.   Co-operation and Information Sharing with other Responders

8.1. The Trust takes an active role in sharing information in relation to Emergency Planning and Business Continuity. The Deputy Director of Operations and the Emergency Planning Officer attend a number of meetings which bring together health partners and stakeholders to discuss common areas of planning, ensure integrated planning, training and exercising and share best practice. The Trust is represented on the following groups and forums:

- LLR Local Resilience Forum at Executive and Practitioner levels
- LLR Health Resilience Partnership at Executive and Practitioner levels
- LLR Surge and Resilience Planning Group

9.   Priorities for 2016 / 2017

9.1. There are a number of priority areas for 2016 / 2017. These are based on the requirements to maintain the capability to respond to an incident, regardless of scale, time or place.

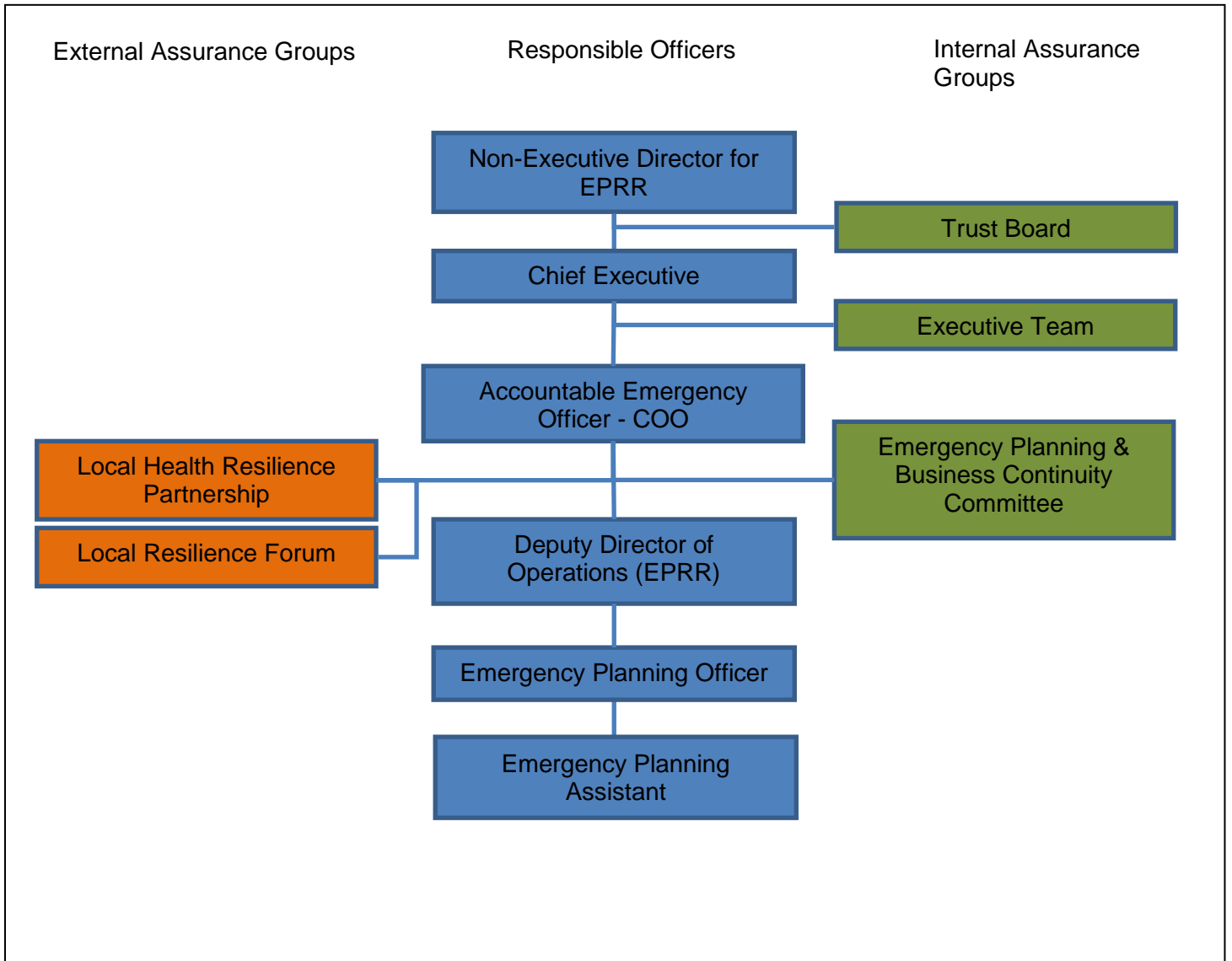9.2. The priorities for the coming year are to:

1. Ensure that plans for Internal Incident/Service Disruption are embedded within the Trust.

2. Delivery against CIP initiatives

3. Ensure resilience and service delivery is maintained throughout the transition into the new Emergency Department. This will include extensive training and exercising arrangements to ensure processes are prepared for the operational 'go live' of the department.

4. Continued development and regular review of existing arrangements ensuring that they are embedded within the Trust, including; Pandemic Influenza, CBRN, Major Incidents.

5. To further develop training and exercises to increase the number of staff involved beyond 2015/2016 figures.

6. Further develop and test business continuity plans across the organisation to ensure continued delivery of its most critical services in the event of a business continuity disruption.

7. Continue to engage with Service Area and CMG Emergency Planning leads

8. Continue to work with multi-agency responders in the development of plans and procedures

9. To work with IBM to ensure appropriate resilience arrangements are developed, integrated and tested

10. Develop new arrangements and systems for alerting staff of a major incident.

11. Ensure interoperability between CMG, Trust and multi-agency response plans

12. Continue to raise the profile of emergency preparedness within the organisation

13. Continue engagement and involvement in the redevelopment of the Trust site and infrastructure

14. Integrate all local health agencies emergency response procedures

10.   Recommendations

10.1.   The Committee is asked to:

- Receive this report as a statement of assurance of the preparedness of the Trust to provide an effective response to a range of incidents and emergencies

- Support the priorities for 2016/17

External Assurance Groups

Responsible Officers

Internal Assurance Groups

Non-Executive Director for EPRR

Trust Board

Chief Executive

Executive Team

Accountable Emergency Officer - COO

Emergency Planning & Business Continuity Committee

Local Health Resilience Partnership

Local Resilience Forum

Deputy Director of Operations (EPRR)

Emergency Planning Officer

Emergency Planning Assistant

Figure 6 EPRR Reporting Structure

The attached EPRR Core Standards spreadsheet has 3 tabs:

EPRR Core Standards tab - with core standards nos 1 - 37.

HAZMAT/ CBRN core standards tab: with core standards 38- 51. Please note this is designed as a stand alone tab.

HAZMAT/ CBRN equipment checklist: designed to support acute and ambulance service providers in core standard 43.

	Core standard	Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
Governance							
1	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)		Yes- Richard Mitchell - COO - included in the job description plus is referenced in the Business Continuity Policy	GREEN			
2	Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect: - the undertaking of risk assessments and any changes in that risk assessment(s) - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel - changes in guidance and policy	Yes - This is submitted as part of the annual report provided annually. It is signed off with the EPRR Core Standards review by the Trust board, having been ratified by the Trust Executive and sub committees.	GREEN			
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Arrangements are put in place for emergency preparedness, resilience and response which: • Have a change control process and version control • Take account of changing business objectives and processes • Take account of any changes in the organisations functions and/ or organisational and structural and staff changes • Take account of change in key suppliers and contractual arrangements • Take account of any updates to risk assessment(s) • Have a review schedule • Use consistent unambiguous terminology, • Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested; • Key staff must know where to find policies and plans on the intranet or shared drive. • Have an expectation that a lessons identified report should be produced following exercises, emergencies and /or business continuity incidents and share for each exercise or incident and a corrective action plan put in place. • Include references to other sources of information and supporting documentation	Yes - Business Continuity Policy - Delivering Resilient Healthcare Version 2 Feb 2016. This policy is due for review in February 2019.	GREEN			
4	The accountable emergency officer will ensure that the Board and/or Governing Body will receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group) . Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	Annual report is submitted in-conjuntion with the EPRR core standards review yearly and submitted to the Trust Board, via the Trust Executive. If there are any areas that require additional updates, further updates are provided throughout the year.	GREEN			
Duty to assess risk							
5	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver it's functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: • severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment (including denial of access); • fuel shortages;	Risk assessments include (bracketed references related to national risk assessment categories where applicable): Low Temperatures (H18), Heat Wave (H48), Chemical Release (H09, HL02, Hl12) Road Fuel Shortage (H31), Loss of Telecoms (H56 H40) Pandemic Influenza (H23), Denial of Access, Junior Doctor Industrial Action, Uncontrolled shut down of the Data Centre	GREEN			
6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	• surges and escalation of activity; • IT and communications; • utilities failure; • response a major incident / mass casualty event • supply chain failure; and	Risk assessments are reviewed against and referenced to the National and Local Community Risk Assessments annually. Risk assessments allign with the LRF top priority risks and workstreams where appropriate. They are reviewed and updated in accordance with Trust Policy.	GREEN			
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.	Other relevant parties could include COMAH site partners, PHE etc.	Where required input from other agencies is sought.	GREEN			
Duty to maintain plans – emergency plans and business continuity plans							
8	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity. Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))	Trust Major Incident Plan Version 5 Jan 2016 - review Jan 2017	GREEN			
		corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	Trust Internal Incident Plan Version 1.1 July 2015 review July 2018	GREEN			
		HAZMAT/ CBRN - see separate checklist on tab overleaf	Trust CBRN Plan Version 2 July 2015 - Currently under review	AMBER	Current plan out for consultation. No significant changes expected	A.Vogel	Jul-16
		Severe Weather (heatwave, flooding, snow and cold weather)	Trust Internal Incident Plan Version 1.1 July 2015 review July 2018 - specific annex's apply	GREEN			
		Pandemic Influenza	Trust Pandemic Influenza Plan Version 9 July 2015 - review August 2016	AMBER	Plan to be reviewed and updated	A.Vogel	Aug-16
		Mass Countermeasures (eg mass prophylaxis, or mass vaccination)	Trust CBRN Plan Version 2 July 2015 - Currently under review	AMBER	Current plan out for consultation. No significant changes expected	A.Vogel	Jul-16
		Mass Casualties	Trust Major Incident Plan Version 5 Jan 2016 - review Jan 2017	GREEN			
		Fuel Disruption	Trust Internal Incident Plan Version 1.1 July 2015 review July 2018 - specific annex's apply	GREEN			
		Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)	Trust Major Incident Plan Version 5 Jan 2016 - review Jan 2017	GREEN			
		Infectious Disease Outbreak	Trust VHF Patient Management Plan Version 6 Nov 2015 - review October 2016 Trust Notifying Suspected or Known Infectious Diseases Policy Jan 2016 - Review Jan 2019 Trust Infection Prevention UHL Policy Version 3 Aug 2015 - Review Date August 2018	GREEN			

	Core standard	Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
		Evacuation Draft UHL Evacuation Plan		AMBER	Draft document to be finalised and distributed for consultation	**A.Vogel**	Aug-16
		Lockdown UHL Lockdown plan Version 1 June 2016 - review June 2018		GREEN			
		Utilities, IT and Telecommunications Failure Trust Internal Incident Plan Version 1.1 July 2015 review July 2018 - specific annex's apply		GREEN			
		Excess Deaths/ Mass Fatalities LLR Prepard Mass Fatalities Plan Annex A Leicester General Hospital Version 2 - Review January 2017		GREEN			
9	Ensure that plans are prepared in line with current guidance and good practice which includes:	• Aim of the plan, including links with plans of other responders • Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions • Trigger for activation of the plan, including alert and standby procedures • Activation procedures • Identification, roles and actions (including action cards) of incident response team • Identification, roles and actions (including action cards) of support staff including communications • Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed • Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents • Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) • Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • Contact details of key personnel and relevant partner agencies • Plan maintenance procedures (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))	All plans are prepared based on current national guidance and best practice. • Plans are routinely updated (see response to core standard 8) based on lessons learnt from incidents and exercises. • Plans are consulted with relevant subcommittess and interested parties and stakeholders and are signed off by the Trust Execuitve and documented in the minutes of the meeting. • Consultation and development of plans includes relevant stakeholders and subcommittees and is managed by the Emergency Planning Officer. • All plans consider identified good practice and are internally evaluated against other agency plans to identify any further improvements or developments • All plans are based on an adoptable approach and apply a common command and control structure to respond to a variety of incidents, whislt providing sufficient detail and information to support the incident commanders. • Version control is documented within the documents as well being documented in covering papers to committees/executive for sign off. • A separate plan exisits for supporting relatives, patients and staff during and after an incident is available, as well as support services listed in the recovery section of the Major Incident Plan.	GREEN			
10	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Enable an identified person to determine whether an emergency has occurred - Specify the procedure that person should adopt in making the decision - Specify who should be consulted before making the decision - Specify who should be informed once the decision has been made (including clinical staff)	All incident plans identify the triggers and the appropriate escalation routes to determining whether an incident has taken place or not. This is supported by call out lists for staff that need to be involved in the determination/response of an incident are held by Switchboard 24/7. The Major Incident call out has been tested 3 times since the last core standard submission.	GREEN			
11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Decide: - Which activities and functions are critical - What is an acceptable level of service in the event of different types of emergency for all your services - Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities	Internal Incident plan identifies the critical services that are required to continue and in what priority order. Where there are plans to reduce certain activity (elective activity during a Major Incident) plans include further details of priority services. Plans also identify actions for commanders to review service provision to ensure that essential service delivery is being maintained	GREEN			
12	Arrangements explain how VIP and/or high profile patients will be managed.	This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management	Operation Consort Plan Further plans will be developed to support European Championship football matches.	AMBER	Current plan out for consultation. No significant changes expected	**A.Vogel**	Jul-16
13	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content		Plans do not document the consultation group, however audit trail of emails of those invovled is kept.	GREEN			
14	Arrangements include a debrief process so as to identify learning and inform future arrangements	Explain the de-briefing process (hot, local and multi-agency, cold)at the end of an incident.	All incident response plans have details of how a debrief should be undertaken and documented.	GREEN			
Command and Control (C2)							
15	Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Major Incident notification can be received in ED via the Red Phone link to EMAS. This is manned 24/7 They can trigger Major Incident call out from switchboard 24/7. Command and Control arrangements ensure that there is bronze, silver and gold cover available 24/7 365 days a year.	GREEN			
16	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England publised competencies are based upon National Occupation Standards .	Training is based on National Occupational Standards for Bronze, Silver and Gold. Inovlement in LRF multi-agency trainig and exercises are made available Attendance at MAGIC courses has also been provided.	GREEN			
17	Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the loggist .	This should be proportionate to the size and scope of the organisation.	Major Incident Plan identifies command and control rooms that can be established to respond to a variety of incidents and provides the detail of who will work within them, how they will work within them, information flow in and out and responsibilities of the command room.	GREEN			
18	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.		Loggists are included within the plan. There are 28 loggists that have received training.	GREEN			
19	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.		This is included in the director on call role within the Major Incident Plan with an adapted, partially completed SITREP template for them to complete.	GREEN			
20	Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.	Both acute and ambulance providers are expected to have in place arrangements for accessing specialist advice in the event of incidents chemical, biological, radiological, nuclear, explosive or hazardous materials	Access to specialist advisors are documented within the relevant plans most notably, Ebola, Pandemic and CBRN plans.	GREEN			
21	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements;	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incident	Access to radiation advice is documented within the CBRN plan and supported by an on call NAIR service.	GREEN			
Duty to communicate with the public							

	Core standard	Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
22	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about: - Any immediate actions to be taken by responders - Actions the public can take - How further information can be obtained - The end of an emergency and the return to normal arrangements Communications arrangements/ protocols: - have regard to managing the media (including both on and off site implications) - include the process of communication with internal staff - consider what should be published on intranet/internet sites - have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations.	• On call communications staff available 24/7 • Extensive experience of producing joined up media strategies with partner agencies. • Major Incident plan includes a communications response plan that identifies the relevant stakeholders to communicate with and how. • Strategies include reference to how the community can help themselves during an emergency. • Training is provided based on experience of other incidents for communications and commanders which includes accessing social media and the importance of providing information in a timely and appropriate manner. • Media requests are documented and logged routinely and this would continue during and incident. This is further backed up with dedicated tasks for logging information within the communications team during an incident	GREEN			
23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		The telephone system and IT network have a number of built in redundencies. The Trust also has a number of alternative solutions including, emergency phones, which operate on a separate system, bleeps, pagers, radios and mobile phones. The telecoms failure plan has been used during routine maintenance on the telephone system.	GREEN			
Information Sharing – mandatory requirements							
24	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and inclue DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supercedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	The Trust is signed up to the LRF and LHRP information sharing protocol.	GREEN			
Co-operation							
25	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		Emergency planning officer attends relevant practitioner level LRF meetings, supported by the Deputy Director of Operations at the LRF Executive.	GREEN			
26	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		Emergency Planning Officer attends relevant meetings and contributes to the development of response plans.	GREEN			
27	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.		LRF and LHRP mutual aid arrangements are in place and are referenced in relevant incident response plans	GREEN			
30	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties		Emergency Planning Officer contributes and cooperates with NHS England information requests and development of arrangements.	GREEN			
33	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Emergency planning officer attends relevant practitioner level LHRP meetings, supported by the Deputy Director of Operations at the LHRP Executive.	GREEN			
Training And Exercising							
34	Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	• Staff are clear about their roles in a plan • Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. • Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate • Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective • Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective	• A training needs analysis is developed and appropriate courses are arranged to ensure that the relevent staff receive appropriate training. • Training is based on the national occupational standards and incoporates lessons from incidents within the Trust and those experienced by other agencies. • Training and exercises involves, where required support from other Category 1 and 2 responders. • Actions are developed when lessons, alterations or developments are required for the future training, exercises or incident response.	GREEN			
35	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	• Exercises consider the need to validate plans and capabilities • Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. • Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years. • If possible, these exercises should involve relevant interested parties. • Lessons identified must be acted on as part of continuous improvement. • Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective.	Recent events include; Loggist Training Nurse Forums ED Mandatory Training - monthly Exercise Salus Exercise Autumn Power Call out tests - 3 in the last 12 months.	GREEN			
36	Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises			GREEN			
37	Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.			GREEN			
CBRN/HAZMAT							
	Preparedness							
38	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Arrangements include: • command and control interfaces • tried and tested process for activating the staff and equipment (inc. Step 1-2-3 Plus) • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • communications planning for public and other agencies • interoperability with other relevant agencies • access to national reserves / Pods • plan to maintain a cordon / access control • emergency / contingency arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies	Trust CBRN Plan Version 2 July 2015 - Currently under review. The CBRN plan includes; • Identification of a CBRN Incident - including STEP 1,2,3 • Dry decontamination vs wet decontamination • Access and set up of decontamination facilities, including cordon control, entry control and PPE requirements • Is aligned with national guidance and tried and tested approaches • Involved the consultation of other agencies and includes how and where other agencies will be involved. • Access to national stocks of prophylaxis and pods • Relevant contact details • Stand down arrangements, recovery and return to business as usual. • Cleaning and decontamination of CBRN equipment and management of waste.	AMBER	Current plan out for consultation. No significant changes expected	**A.Vogel**	Jul-16
39	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	Plans are available electronically and in the Major Incident box in ED available 24/7.	GREEN			
40	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	• Documented systems of work • List of required competencies • Impact assessment of CBRN decontamination on other key facilities • Arrangements for the management of hazardous waste	Risk assessment for self presenters has been completed. Including relevant training. ED mandatory training includes decontmination and major incident response.	GREEN			
41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		All ED nursing staff receive decontamination training. CBRN trained staff are available 24/7	GREEN			

	Core standard	Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
42	Staff on-duty know who to contact to obtain specialist advice in relation to a HAZMAT/ CBRN incident and this specialist advice is available 24/7.	• For example PHE, emergency services.	Details are provided in the CBRN plan see response to standards 20 and 21.	GREEN			
	Decontamination Equipment						
43	There is an accurate inventory of equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.	• Acute and Ambulance service providers - see Equipment checklist overleaf on separate tab • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Refer to HAZMAT CBRN Equipment Checklist for further information.	GREEN			
44	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required (NHS England published guidance (May 2014) or subsequent later guidance when applicable)	There is a plan and finance in place to revalidate (extend) or replace suits that are reaching the end of shelf life until full capability of the current model is reached in 2017	Refer to HAZMAT CBRN Equipment Checklist for further information.	GREEN			
45	There are routine checks carried out on the decontamination equipment including: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other decontamination equipment	There is a named role responsible for ensuring these checks take place	All equipment is serviced and inspected within established guidelines. The suits and tent are serviced by the manufatureers annually The RAMGENE monitors are included in our medical physics equipment check and servicing programme.	GREEN			
46	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date Decontamination equipment for: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other equipment			GREEN			
47	There are effective disposal arrangements in place for PPE no longer required.	(NHS England published guidance (May 2014) or subsequent later guidance when applicable)	Disposal arrangements are in place.	GREEN			
	Training						
48	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training		Trainers and CBRN lead have attended and continue to attend CBRN CPD courses to ensure that suitable training is provided.	GREEN			
49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	• Documented training programme • Primary Care HAZMAT/ CBRN guidance • Lead identified for training • Established system for refresher training so that staff that are HAZMAT/ CBRN decontamination trained receive refresher training within a reasonable time frame (annually). • A range of staff roles are trained in decontamination techniques • Include HAZMAT/ CBRN command and control training • Include ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability when caring for patients with a suspected or confirmed infectious respiratory virus • Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	ED mandatory training includes CBRN and is provided by the CBRN lead. Each member of staff receives training annually and includes; • Roles and responsibilties • Scene control • Use of PPE • Wet Decon vs Dry Decon • Idnetification of exposure to CBRN agents.	GREEN	Review training and update once new plan is signed off	**A.Vogel**	Sep-15
50	The organisation has sufficient number of trained decontamination trainers to fully support it's staff HAZMAT/ CBRN training programme.		ED training team are all trained by the CBRN lead to deliver training.	GREEN			
51	Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	• Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf)	Receptionists have their own training which includes the identification of CBRN exposure.	GREEN			
DD1	Organisation has undertaken a Business Impact Assesment	• The organisation has undertaken a risk based Business Impact Assessment of services it delivers, taking into account the resouces required against staffing, premises, information and information systems, supplies and suppliers • The organisation has identified interdependencies within its own services and with other NHS organisations and 3rd party providers • Risks identified thought the Business Impact Assessment are present on the organisations Corporate Risk Register	• Business impact assessments are in place for all clinical services and are updated as required. Business impact assessments include; •Identification of critical services •The level of impact to patients if service is not provided •Key interdependecies, including other clinical services, exertnal providers or essential equipment. Relevnat risk assessments support business continuity risks. BIAs are due for review.	AMBER	BIAs to be updated	**A.Vogel**	Oct-16
DD2	Organisation has explicitly identified its Critical Functions and set Minimum Tolerable Peroiods of disruption for these	• The organisaiton has identified their Critical Functions through the Business Impact Assesment. • Maximum Tolerable Periods of Disruption have been set for all organisaional functions - including the Critical Functions	Plans currently do not contain that information but the BIAs are currently being reviewed and updated. Once confirmed these will be updated and included within the plan	AMBER	BIAs to be updated and relevant details included in the plans	**A.Vogel**	Dec-16
DD3	There is a plan in place for the organisation to follow to maintain critical functions and restore other functions following a disruptive event.	• The organisation has an up to date plan which has been approved by its Board/Governing Body that will support staff to maintain critical functions and restore lost functions • The plan outlines roles and responsibilities for key staff and includes how a disrutive event will be communicated both internally and externally	Trust Internal Incident Plan Version 1.1 July 2015 review July 2018 The critical services list was further validated for each period of Junior Doctor industrial action. The plans for each strike period were signed off by the Trust Executive.	GREEN			
DD4	Within the plan there are arrangements in place to manage a shortage of road fuel and heating fuel	• The plan details arrangements in place to maintain critical functions during disruption to fuel. These arrangements include both road fuel and were applicable heating fuel.	Trust Internal Incident Plan Version 1.1 July 2015 review July 2018 - specific annex's apply	GREEN			
DD5	The Accountable Emergency Officers has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this .	EPRR Framework 2015 requirement, page 17	Inlcuded in Trust standard contract and specification when external providers are sourced for products and services	GREEN			

	Totals	95	%
	GREEN	87	91.6
	AMBER	8	8.4
	RED	0	0.0

		Core standard	Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
				EPRR CORE STANDARDS	46	%		
				GREEN	41	89.1		
				AMBER	5	10.9		
				RED	0	0.0		
				HAZMAT STANDARDS	14	%		
				GREEN	13	92.9		
				AMBER	1	7.1		
				RED	0	0.0		
				HAZMAT EQUIPMENT - Separate Spreadsheet	30	%		
				GREEN	30	100.0		
				AMBER	0	0.0		
				RED	0	0.0		
				Deep Dive - Business Continuity	5	%		
				GREEN	3	60.0		
				AMBER	2	40.0		
				RED	0	0.0		

HAZMAT CBRN equipment list - for use by Acute and Ambulance service providers in relation to Core Standard 43.

No	Equipment	Equipment model/ generation/ details etc.	Self assessment RAG Red = Not in place and not in the EPRR work plan to be in place within the next 12 months. Amber = Not in place and in the EPRR work plan to be in place within the next 12 months. Green = In place.	Action to be taken	Lead	Timescale
	EITHER: Inflatable mobile structure					
E1	Inflatable frame					
E1.1	Liner					
E1.2	Air inflator pump					
E1.3	Repair kit					
E1.2	Tethering equipment					
	OR: Rigid/ cantilever structure					
E2	Tent shell	PPS Radpid Pro 2 Line 7	GREEN			
	OR: Built structure					
E3	Decontamination unit or room					
	AND:					
E4	Lights (or way of illuminating decontamination area if dark)	Slam Tube Lighting - provided with decon tent	GREEN			
E5	Shower heads	2x Showers 2x brushes - provided with decon tent	GREEN			
E6	Hose connectors and shower heads	standard equipment provided with decon tent and additional extentions	GREEN			
E7	Flooring appropriate to tent in use (with decontamination basin if needed)	floor tiles as provided with the decon tent	GREEN			
E8	Waste water pump and pipe	Compact water pump	GREEN			
E9	Waste water bladder	oil drums x4	GREEN			
	PPE for chemical, and biological incidents					
E10	The organisation (acute and ambulance providers only) has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required. (NHS England published guidance (May 2014) or subsequent later guidance when applicable).	21 x Live operational suits 3x suits out of date	GREEN	Suits will be recertified in November when a number of other suits will require recertification. The 3 out of date suits are still suitable for use and this has been confirmed by the supplier and documented.	A.Vogel	Nov-16
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme	x18	GREEN			
	Ancillary					
E12	A facility to provide privacy and dignity to patients	Derobe and rerobe areas built into the decon tent	GREEN			
E13	Buckets, sponges, cloths and blue roll	x7 buckets, x6 sponges	GREEN			
E14	Decontamination liquid (COSHH compliant)		GREEN			
E15	Entry control board (including clock)		GREEN			
E16	A means to prevent contamination of the water supply		GREEN			
E17	Poly boom (if required by local Fire and Rescue Service)	Arrangements in place with the Fire Service none held locally	GREEN			
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)	14x (Flying Squad Room), 1x baby, 3x junior, 9x adult (Decon shed)	GREEN			
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)	x5 (flying Squad Room), 1x infant, 5x junior, 16x adult (Decon Shed)	GREEN			
E20	Waste bins	Department	GREEN			
	Disposable gloves	x300 pairs (Decon Shed)	GREEN			
E21	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe	Available in the Emergency Department	GREEN			
E22	FFP3 masks	x25 (Decon Shed)	GREEN			
E23	Cordon tape		GREEN			
E24	Loud Hailer		GREEN			
E25	Signage	Directions signage available in Decon Shed	GREEN			
E26	Tabbards identifying members of the decontamination team	x4 Orange, x6 Blue, x10 Yellow, x10 Green	GREEN			
E27	Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the					
	Radiation					
E28	RAM GENE monitors (x 2 per Emergency Department and/or HART team)	x2 (Flying Squad Room)	GREEN			
E29	Hooded paper suits		GREEN			
E30	Goggles	x3 (Decon Shed)	GREEN			
E31	FFP3 Masks - for HART personnel only	x25 (Decon Shed)	GREEN			
E32	Overshoes & Gloves		GREEN			

Totals
RED 0
AMBER 0
GREEN 30

Fuel Demand Summary

When providing information on the fuel requirements for both business as usual and to operate a critical service please ensure the supply and demand balances whereby:

Total Daily fuel use (F1) = own bunkered fuel use (F5) + any 3rd party bunkered fuel use (F6) + any forecourt fuel use (F9)

	Section 1: Business as Usual Demand	Petrol	Diesel	Other (inc LPG, Kerosene, Gas O
F1	How much fuel do you use daily when providing a business as usual service? (litres)	1,000	600	84

	Section 2: Bunkered Fuel		Petrol	Diesel	Other (inc LPG, Kerosene, Gas O
F2	Do you hold bunkered fuel (Yes/No) If no go to F6	**1) What happens if I have mutual aid agreements with another Critical Service provider to utilise their bunkered stock, do I need to record the bunkered stock or will they?** DECC is requesting that the supplier records the bunkered stock holdings and the user records the demand. As the user of these bunkered fuels in this instance, please record the use of these stocks under the section referring to access to third party bunkered stock.	N	N	Y
F3	What is the total bunkered fuel capacity? (litres)		0	0	550,000
F4	On average, what volume of bunkered fuel do you hold? (litres)	**2) Should we assume that in the build up to an emergency our bunkered stocks would be full, as we would be prioritising deliveries and therefore the days' stock held calculations should be based on full capacity and not average daily stock holdings?**	0	0	300,000
F5	Do you use <u>your own</u> bunkered fuel when providing a business as usual service? If "Yes", how much bunkered fuel do you use daily? (litres) If no go to F6	The prioritisation of supply will be dependent on the facts of any fuel shortage scenario, and will be a decision taken at the time. Data provided in the template should provide DECC with a sufficient evidence base to make decisions based on capacity and BAU bunkered stocks. Therefore please fill out the template as requested, providing notes where you think that estimates are required, or where you have had to average data in order to fit the template. **3) Our choice of bunkered fuel supplier varies depending on supply cost or availability. Who do I record as the primary supplier?** Please provide the supplier you get most of your fuel from, but also note that this varies and provide details of the other suppliers and average quantities. **4) The terminal our bunkered fuel is supplied from varies depending on who our supplier is. What should we report?** Please report your largest supplier based on average BAU, but also provide notes on any secondary service providers and average quantities obtained from those providers.	N	N	84 - - IF THERE WAS A POWER CUT WITHIN LEICESTER AFFECTING ALL THREE SITES THIS WOULD BE 8,000 L PER
F6	Do you access a <u>3rd party or another service's</u> bunkered fuel when providing a business as usual service? If "Yes", how much bunkered fuel do you use daily? (litres) If no go to F8		N	N	N
F7	<u>If you have answered "Yes" to F6</u> or have bilateral supply agreements to operate a business as usual service, please provide a description of any agreement(s), amount of supply and companies / organisations involved.	N/A		

	Section 3: Petrol Stations / Forecourts	Petrol	Diesel	Other (inc LPG, Kerosene, Gas O
F8	Do you use forecourts to operate a business as usual service? (Yes/No) If no go to F10	Y	Y	N
F9	What is the average daily forecourt fuel use to operate a business as usual service? (litres)	1,000	600	0

Critical Service Operation Only

Please refer to question 4 of the guidance notes for further information on how to identify the fuel requirements of a critical service.
During an emergency it is expected that organisations will not be operating as normal and will only be delivering those essential services that are Critical.
Low fuel consumption alternatives should also be explored as part of the Critical Service identification process. For example, if there is the possibility that a Critical Service activity can be carried out remotely, and therefore does not require the use of fuel, this
The below section refers to the fuel requirements to deliver a <u>Critical Service only.</u>

	Section 4: Critical Service Demand	Petrol	Diesel	Other (inc LPG, Kerosene, Gas Oil)
F10	How much fuel would you use daily if you were providing a critical service? (litres)	800	500	0 - IF THERE WAS A POWER CUT WITHIN LEICESTER AFFECTING ALL THREE SITES THIS WOULD BE 8,000 L PER DAY

	Petrol	Diesel	Other (inc LPG, Kerosene, Gas Oil)

F11 Do you have access to either your own or 3rd party bunkered fuel if you were providing a critical service (either from general access or mutual supply agreements)? (Yes/No)
If no go to F14

Petrol	Diesel	Other
N	N	N

F12 What volume of your own bunkered fuel would you use daily if you were providing a critical service? (litres)

Petrol	Diesel	Other
N	N	0 - IF THERE WAS A POWER CUT WITHIN LEICESTER AFFECTING ALL THREE SITES THIS WOULD BE 8,000 L PER DAY

F13 What volume of 3rd party or another service bunkered fuel (either from general access or mutual supply agreements) would you use daily if you were providing a critical service? (litres)

Petrol	Diesel	Other
0	0	0

F14 If you have answered "Yes" to F13 or have bilateral supply agreements to operate a critical service, please provide a description of any agreement(s), amount of supply and companies / organisations involved.
If no go to F15

	Petrol	Diesel	Other (inc LPG, Kerosene, Gas Oil)

F15 Will you need access to Designated Filling Stations (DFS) if you were providing a critical service? (Yes/No)
If no go to F17

Petrol	Diesel	Other
Y	Y	N

F16 What volume of fuel would you use daily from Designated Filling Stations (DFS) if you were providing a critical service? (litres)

Petrol	Diesel	Other
800	500	0

Critical Service Operation Only

F17 To ensure that there are adequate Designated Filling Stations* (DFS) to meet the demands of all critical users , please detail in the table below the number of vehicles required to operate a critical service
A Designated Filling Station (DFS) is a retail filling station with the purpose of only supplying road fuel for critical use only. The DFS list will be compiled to provide sites giving a good geographic coverage of the UK to meet the predicted regional demand for fuel for

Vehicles	Number of Vehicles required to operate a critical service		
	Petrol	Diesel	Other (inc LPG)
With NHS Logo	0	10	0
Without NHS Logo	0	0	0
Private vehicles	80	45	0
Total	80	55	0

F18 If you have answered "Yes" to question 2 (Do you hold bunkered fuel?) please detail which company primarily supplies your bunkered fuel and where known which local or regional supply depot or terminal does the fuel gets delivered from. Please select from drop down list

Who primarily supplies your bunkered fuel? Please Select from drop down list:	If other or multiple suppliers please state:	Which Terminal is your bunkered fuel supplied from? Please Select from drop down list:	If other please state:	Average Number of Deliveries per Month
CERTAS ENERGY UK LTD	DATA UNAVAILABLE	DATA UNAVAILABLE		QUARTERLY