

Emergency Planning Annual Report

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Executive Summary

Context

The Trust is required to take part in a self-assessment against the national EPRR (Emergency Preparedness, Resilience and Response) core-standards. This paper provides a summary of the current compliance (95%) with actions to rectify. It also provides detail of the wider progress made in Emergency Planning for the last 12 months.

Questions

1. Are the Board satisfied with progress over the past 12 months?
2. Are the Board willing to support improvements in training and exercising and support the development of emergency planning within the Trust?

Conclusion

1. Progress and compliance has improved dramatically in the past 12 months. July 2014 – 71.4% compared to 95% for July 2015.
2. Training and exercising will be the focus of the next 12 months to ensure that arrangements are fit for purpose and staff are familiar with what their response roles are.

Input Sought

We would welcome the Board's approval and sign off so that it can be submitted to NHS England for scrutiny.

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	Not applicable
Consistently meeting national access standards	Yes
Integrated care in partnership with others	Not applicable
Enhanced delivery in research, innovation & ed'	Yes
A caring, professional, engaged workforce	Yes
Clinically sustainable services with excellent facilities	Not applicable
Financially sustainable NHS organisation	No
Enabled by excellent IM&T	No

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: [not affected]

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 2015

**Aaron Vogel
Emergency Planning Officer**



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Executive Summary

This annual report highlights the significant improvements that have been made in relation to Emergency Preparedness within the Trust between July 2014 and July 2015. Most notable improvements have been made in;

1. Compliance against national standards and audit recommendations
2. Increased uptake in staff training
3. Increased numbers of exercises and staff involvement in exercises
4. Improved involvement and engagement with partner agencies
5. Development and sign off of incident response plans
6. Development of a new Major Incident Control Room

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 and preparing for extreme weather changes.

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 2013/14 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 2014/15.

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. This year has seen two challenging priorities; Trust Preparedness to the Ebola outbreak in West Africa and the planning and implementation of the safe shut down of the data centre. In addition the Trust's CBRN and Pandemic Flu Plans have been revised and updated and a new Internal Incident Plan has been developed. Staff training and exercising has continued to remain a high priority although delivery has not met trends established in previous years. The Team are working hard to resolve this.
- 2.2. 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 policies 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

2.3. One of the most notable changes this year has been the appointment of a Placement Student as an Assistant Emergency Planning Officer. This post is nearing completion and a permanent member of staff has been identified to join the team. The other main change is an allocation of a dedicated budget to support Emergency Planning within the Trust.

2.4. 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.

2.5. 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. In April 2013, NHS England produced a set of core standards for providers of NHS funded care 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 Pandemic Flu. The other Core Standards have remained unchanged.
- 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 2014-July 2015

	July 2014		July 2015		July 2015 (without Flu Deep Dive)	
	Total	%	Total	%	Total	%
GREEN	65	71.4	94	94.9	86	94.5
AMBER	20	22.0	3	3.0	3	3.3
RED	6	6.6	2	2.0	2	2.2
Total	91	100	95	100	91	100

- 3.3. Table 1 shows a dramatic improvement against the Trust’s compliance with the EPRR Core Standards. The majority of the improvements have been as a result of the new CBRN and Pandemic Influenza Plans. The remainder of the amber and red core standards are niche and very specific to stand alone elements that require development most notably arrangements regarding lock down, evacuation management of fatalities and CBRN training.

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 the likelihood of a given risk, 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.

Table 2 LLR LRF Community Risk Register Priority 1 Risks (September 2014)

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
12	Large scale public disorder in multiple sites/cities occurring simultaneously	High
13	Fire/explosion at fuel/industrial site	Medium

Table 3 UHL Emergency Planning Risks

Ref	Risk	Score
1	Flooding from fluvial and pluvial sources	16
2	Influenza Type Disease Pandemic causing disruption to services	16
3	Blocked drains causing leaks and localized flooding of sewage	16
4	No notice loss of telecommunications	12
5	National road fuel shortage	9
6	Release of hazardous chemical affecting the community resulting in contaminated self-presenters	6
7	There is the risk of a fire incident at a UHL site during the fire fighters strike resulting in a reduced fire service attendance	6

- 4.3. The Trust also undertakes risk assessments to ensure that risks that affect its services are appropriately managed. The Emergency Planning and Business Continuity Committee will ensure that appropriate risks are identified within the Trust relating to Emergency Planning and Business Continuity are escalated appropriately.

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.

5.2. **Pandemic Influenza Plan**

5.2.1. Pandemic Influenza is currently the top risk on the Community Risk Register for Leicester, Leicestershire and Rutland and continues to be the main focus of the NHS organisations to ensure that suitable multi agency and single agency plans are developed. With the emergence of new strains Influenza A (H7N9) virus and Novel Coronavirus, NHS England set requirements to review pandemic plans to ensure they are up to date and reflect current planning assumptions. A review in September identified considerable changes that were required. The current plan has been re-written and was tested and validated during Exercise Birdsong in June 2015 with a few minor amendments required. The plan will be signed off in July 2015.

5.3. **Internal Incident Plan**

5.3.1. During the review of the local and corporate business continuity plans it became apparent that content and quality of the plans differed across the different service areas. It was decided that to improve quality a centralised framework plan with action cards for key roles and procedure sheets designed to provide front line staff with clear instructions to provide a consistent response across the Trust. The procedure sheets cover;

- Power Failure
- Loss of Water and drainage
- Fuel Crisis
- Telephony Failure – total failure
- Loss of IM&T systems
- Staff Shortage
- Loss of medical gasses
- Heat wave
- Cold Weather

5.4. **CBRNE**

5.4.1. A Chemical, Biological, Radiological, Nuclear and Explosion (CBRNE) incident is likely to place extreme pressures on the Trust, as contaminated patients have the potential to pass contaminants onto staff, patients, visitors and hospital infrastructure. Although every effort is made to contain casualties at the scene and decontaminate them there, the Trust must be able to receive self-presenters and the

worried well. The national arrangements for dealing with contaminated casualties have changed in 2014. These arrangements are based on scientific evidence that support improvised dry decontamination prior to wet decontamination for all chemically contaminated casualties with some requiring wet decontamination. As a result the CBRN plan was reviewed and updated to support the new arrangements. The plan is due for sign off in July 2015 and training has already begun for staff on the processes.

5.5. **Major Incident Plan**

The Trust's Major Incident Plan continues to fit for purpose following a review and testing during Exercise Emergo in July 2014. 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.

5.5.1. 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

5.5.2. As part of the EMERGO exercise the plan is now being reviewed against the learning outcomes and may be subject to further revision.

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.

5.6.2. In January 2013 the Trust was audited by PWC which identified a number of improvements that were required. Many of these were already identified in the BCM work program and as a result the program was accelerated to ensure an appropriate level of assurance and compliance against national requirements. The Trust has undertaken extensive assessment of its critical services and the dependencies of them which has led to a review and update of the existing plans. Assessments and mitigation arrangements were put in place regarding the impact of supply chain

failure, IT disaster recovery testing and training & exercising. As a result the Trust and Auditors were able to close the outstanding actions by August 2014.

5.6.3. Plans that are currently being reviewed and updated corporately and locally include;

5.7. **Ebola VHF Patient Management Plan**

5.7.1. Due to the Ebola crisis in Western Africa, NHS Trust across the country were required to prepare for potential self-presenters who may have become ill from contracting the Ebola virus. A review of the current policy identified a number of improvements that were required most notably moving from a policy format to an operational response plan similar to the Major Incident Plan. During the course of the winter, planning assumptions and guidance changed as other countries dealt with Ebola cases in returning health care workers. The development of this plan has led to instrumental changes on IDU and has been supported by Infection Prevention Team who have delivered training to over 160 members of staff on the appropriate uses of PPE.

5.7.2. The plan was tested a number of times (see section 6) through both training and exercising events and dealing with 3 returning health care workers, of which one patient rated the service 5 stars and stated that; "I want to thank all the staff that dealt with my care and well being whilst there, they acted professionally and they were extremely proficient with their standard operating procedures whilst in PPE and I am very grateful for their care".

5.8. **Mass Fatalities**

5.8.1. The Trust has continued to work with the Local Authorities, Police and Coroner in the redevelopment of the LRF Mass Fatalities Plan to make better use of resources already available within county. The new plan has scalable series of options that include utilising normal public mortuary arrangements at the LRI and if necessary scaling up to use facilities at the LGH prior to the implementation of temporary structures at significant cost. UHL will have a significant role in determining what structure is most suitable and trained staff will be involved in the management of the chosen solution.

5.9. **Evacuation Plan**

5.9.1. One of the most challenging responses that a Hospital could be faced with is the evacuation of wards, buildings or the site. A review of current arrangements identified that whilst there are arrangements for the evacuation of local areas, there is not provision for the evacuation of buildings or the site. A plan is currently being developed based on the evacuation workshops that were held (see section 6) and new national guidance. It is anticipated that a plan will be ready for sign off in October 2015.

6. **Live Incidents, Exercises and Training during 2014/2015**

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.

Date	Incident	Description
1 st July 2015	Heat wave	National triggers for heat wave were met for 30 th June and 1 st July. Heat continues to cause problems for the infrastructure, patients and staff. The most notable impact was that two air handling units at the LRI failed and as result there was no air cooling in theatres. This resulted in temperatures of 28°C at 8am. The decision was made to cancel electives for the day as the temperature would only rise. Emergency and urgent lists were kept running and teams were double booked. In total 9 theatres we running and 30 patients were cancelled. Operations returned to normal for the 2 nd July.
13 th June 2015	Power Cut - Glenfield	Due to the road works taking place on ring road a digger cut the main power cable to the Glenfield Hospital. As expected the Generators came on line and essential power was provided. The main impacts were felt in Imaging and Cath labs where there is limited provision of essential power. A review is under way to identify extending essential power to Imaging and Cath Labs.
30 th May 2015	Data Centre Shut Down	To enable the decommission of the substation and generator to make way for the new emergency department. There was a requirement to safely shut down the one of the Trust's data centres. This provided data to run most of the clinical systems in the Trust.
22nd April 2015	ED Sewage Leak	The most significant sewage leak occurred in Resus at 14.30. As a result 5 patients had to be moved out of Resus and an Internal Incident was declared. This was stood up to a Major Incident with the closure of ED and a full divert, this was scaled back to a divert of emergency calls and Majors and Minors re-opened. This was reported as a serious incident. ED eventually re-opened fully at 23.05.
24 th April 2015	ED Water Loss	The water mains that supplied ED burst and leaked in the ED car park. Such was the extent of the leak that water pressure dropped across the site and areas of Sandringham and Balmoral were reporting loss of water. The leak was isolated resulting in a loss of supply to ED. Internal Incident was declared. Water conservation measures were put in place to extend the use of water currently in the tanks above ED. Severn Trent water came in and pumped water into the tanks to keep ED open. ED remained open for the whole incident and no patients were diverted. The pipe was eventually fixed at 01.00 on 25 th April.

12 th August 2014	Nitrous Oxide Leak – Theatres LRI	A number of staff in theatres became unwell and appeared to be under the influence of nitrous oxide. It was identified that there was a leak piped medical gasses in theatres. All staff were observed and subsequently discharged.
2015	Ebola	The trust responded to 3 returning health care workers who had elevated temperatures whilst being screen by PHE on their return from Sierra Leone.
2014/2015	Internal Incidents due to lack of capacity	9 incidents due to lack bed availability of across the trust.
2014/2015	Blocked Drains/ Sewage Leaks	Due to the aging infrastructure and misuse blockages of the drainage system at the LRI is causing significant issues where in some cases sewage has leaked into clinical areas. Some remedial work has reduced call outs to problematic areas but leaks still continue to disrupt patient care. On average Estates receive 536 calls a month in relation to blockages however these do not all involve leaks and disruption to patient care. The Emergency Planning Committee continues to monitor and seek assurance.
Autumn 2014	Staff strikes	NHS staff went on strike over pension and pay arrangements. The Emergency Planning Team worked with services to scale back provision whilst ensuring front line delivery. Overall the impact was minor. Most notable impact was in Imaging and Midwifery.

6.2. Training

- 6.2.1. A key part of any preparedness arrangements is to ensure that staff are appropriately trained to implement the required response. Training has been developed in line with new National Occupational Standards for staff involved in incident planning and response.
- 6.2.2. Since July 2014 1943 members of staff have been involved in training events. The number of staff specifically trained by the Emergency Planning Team has been lower than previous years but this was due to pressures of Ebola and the data centre shut down resulting in a reduction in the number of sessions run. However joined up training has ensured that a high level of training has still be provided, most notably supporting Infection Control in the Ebola Training and ED through their mandatory training. Additionally a number of the exercises have included training elements. To improve the uptake and spread of training across the Trust, the Emergency Planning Team are identifying training months for each CMG so to provide training to a wide range of staff.

Table 4 Total Staff involved in Training (calendar year)

Summary	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
2015	164	1294	65.7	95	-26.9	1389
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		253		5069

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

- Ebola VHF Training – 162 members of staff have attended this full day training session to become competent in the donning and doffing
- Therapies Major Incident Training – 5 members of staff received training about what to do during a Major Incident
- Medicine Major Incident Bleep Holder Training – 5 members of staff received training about what to do during a Major Incident
- ED Major Incident Awareness Training – 9 members of staff received training about their role in a Major Incident
- Corporate Induction – 1640 new members of staff have received basic briefing in what to do in the event of a Major Incident.
- Loggist Training – 4 members of staff were trained on how to undertake the role of the Loggist during a Major Incident.
- Multi Agency Operational Awareness Days – currently 8 members of staff have attended additional staff will attend as sessions become available.
- Decontamination Shower set up – Approximately 268 members of the Emergency Department Nursing staff have been trained in since July 2014. This occurs monthly as part of their annual mandatory training. The training has been redeveloped to include changes to the new decontamination tent and revised national procedures.
- SCG Training – 3 members of staff received training and exposure to command principles for multi-agency strategic coordinating group should they ever have to attend.

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

6.3. Exercises

6.3.1. All NHS trusts are required to take part in table top exercises at least every year. This year has seen a decrease from the previous year of the number of staff involved in exercises. In total for 2014/2015 (July-July) 199 members of staff have been involved (93 since Jan 2015). The most notable exercise was the Trust's three yearly Exercise EMERGO. This year there have been a number of workshops designed to challenge and discuss various themes including Evacuation and Loss of Utility supplies. These followed an exercise format and provided focus on the development of a number of plans. For the remainder of 2015 there are a number of exercises to be planned for the year including East Midlands Major Trauma Network Exercise, CMG local exercises and a CBRN exercise (live play).

Table 5 Total Staff Involved in Exercises

Summary	Exercise	Change % on previous year
2014 - To date (14th July 2014)	84	
2014 - planned	5	
2014 Total	89	242.3
2013	26	2500.0
2012	1	n/a
Total	116	

Exercises since July 2014 have included;

- Exercise Emergo 8th July – 55 members of staff undertook a Major Incident Exercise facilitated by PHE. The exercise highlighted that largely the way in which the Trust responded was positive. There were improvements to be made particularly around coordination. Some improvements were suggested in relation to overutilisation of hospital resources and to avoid increasing the risk of preventable deaths or complications. The majority of the improvements have been incorporated into the Major Incident Plan.
- Ebola Table Top Exercise – 26th September – 23 members of staff validated arrangements and identified improvements to the way in which the Trust manages VHF/Ebola patients in preparation for a self-presenting Ebola patient.
- Staff Strike Table Top – 29th September – 10 members of staff tested their responses and validated their service arrangements with the other services in response to the NHS staff strike.
- Exercise Filo (live play) – 22nd October – 8 members of staff tested the arrangements for receiving an high risk suspected Ebola patient for admission



directly onto IDU from EMAS and the transfer of a confirmed case from IDU to EMAS for transportation to London (see pictures below).

- SCG Exercise 12th November – 3 members of staff applied their SCG training into a scenario based exercise.
- Exercise Apollo 6th March – 7 members of staff and a number of volunteers worked with the Police to test documentation procedures during a Major Incident.
- LRF Resilience Telecoms Exercise 10th March – 2 members of staff attended to validate our arrangements in the event of a widespread loss of telecommunications.
- Evacuation Workshops – various dates – 48 members of staff were tasked with evacuating the each hospital site (individually) so as to provide some details for the new Evacuation Plan and validate local arrangements.
- Exercise Birdsong – 16th June – 13 members of staff along with multi agency health partners tested and validated the Trust's Pandemic Flu Plan.
- Estates/Interserve Continuity Workshop – 30th June – 9 members of staff from Interserve and EMFC assessed their response to utility failures and validate arrangements in the Internal Incident Plan.

6.3.2. In summary staff continue to receive training and exercising at a good rate however there are still improvements that can and must be made. As part of the training and exercising schedule for 2015/2016 each CMG will be offered a month to focus efforts.

6.4. **Communications Tests**

6.4.1. 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 three months. The latest tests to be conducted are listed as;

- UHL Major Incident Call out Test 8th July 2014
- UHL Major Incident Call out Test 19th February 2015
- UHL Major Incident Call out Test 20th May 2015

6.4.2. 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 are currently being considered with IM&T and Outpatients and it is hoped that a decision will be reached soon.

7. **Audits**

7.1. The Trust has participated in the following audits:

- NHS England EPRR Core Standards Review

7.2. Analysis of the results of these audits and associated action plans were presented to Emergency Planning and Business Continuity Committee to ensure that progress can be monitored. The Trust Board signed off the original audit and the Trust Executive continues to receive quarterly updates.

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 2015 / 2016**

9.1. There are a number of priority areas for 2015 / 2016. 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. Development of site wide evacuation plans
3. Continued development and regular review of existing arrangements ensuring that they are embedded within the Trust, including; Pandemic Influenza, CBRN, Major Incidents.
4. To further develop training and exercises to increase the number of staff involved beyond 2014/2015 figures.
5. 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.
6. Continue to engage with Service Area and CMG Emergency Planning leads
7. Continue to work with multi-agency responders in the development of plans and procedures
8. To work with Interserve and IBM to ensure appropriate resilience arrangements are developed, integrated and tested
9. Develop new arrangements and systems for alerting staff of a major incident.
10. Ensure interoperability between CMG, Trust and multi-agency response plans

- 11. Continue to raise the profile of emergency preparedness within the organisation
- 12. Continue engagement and involvement in the redevelopment of the Trust site and infrastructure
- 13. 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 2015/16

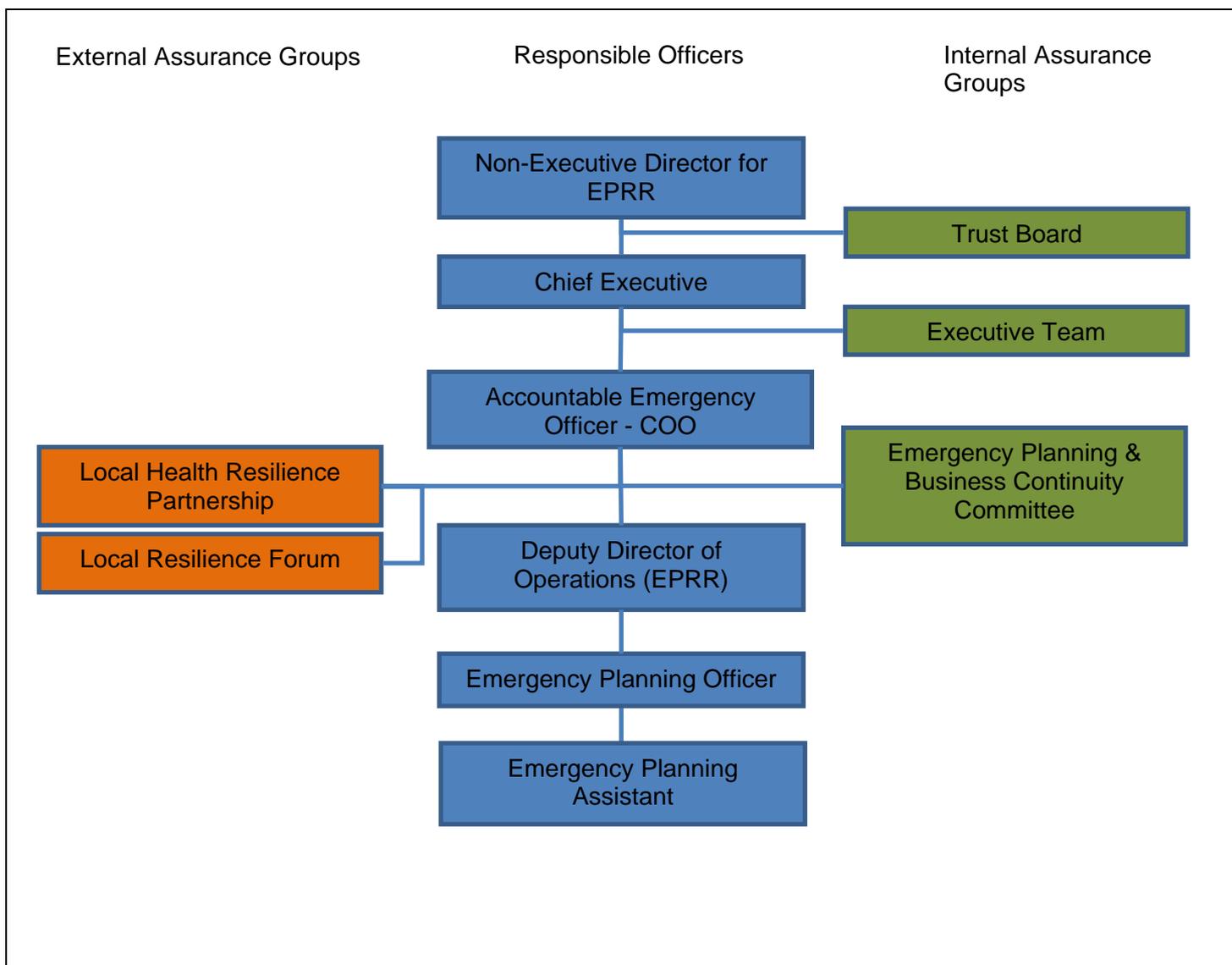


Figure 1 EPRR Reporting Structure

NHS England Core Standards for Emergency preparedness, resilience and response
v2.0

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.

Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.
 Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.
 Green = fully compliant with core standard.

	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)		<ul style="list-style-type: none"> Ensuring accountable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergency Preparedness Resilience and Response, and Business Continuity Management agendas Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible. Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles. Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. This budget and resource should be prop 	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.	<p>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:</p> <ul style="list-style-type: none"> 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 		GREEN			
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	<p>Arrangements are put in place for emergency preparedness, resilience and response which:</p> <ul style="list-style-type: none"> 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 		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.	<p>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.</p>		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 its functions.	<p>Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for:</p> <ul style="list-style-type: none"> 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; surges and escalation of activity; IT and communications; utilities failure; response a major incident / mass casualty event supply chain failure; and associated risks in the surrounding area (e.g. COMAH and iconic sites) <p>There is a process to consider if there are any internal risks that could threaten the performance of the organisation's functions in an emergency as well as external risks eg Flooding, COMAH sites etc</p>	<ul style="list-style-type: none"> Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments Version control Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans. Sharing appropriately once risk assessment(s) completed 	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.	<p>Other relevant parties could include COMAH site partners, PHE etc.</p>		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.			GREEN			
Duty to maintain plans – emergency plans and business continuity plans							
	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.	<p>Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))</p> <p>corporate and service level Business Continuity (aligned to current nationally recognised BC standards)</p>	<p>Relevant plans:</p> <ul style="list-style-type: none"> demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses identify locations which patients can be transferred to if there is an incident that requires an evacuation; outline how, when required (for mental health services), 	GREEN			
				GREEN			

	Core standard	Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
8	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):	HAZMAT/ CBRN - see separate checklist on tab overleaf	<ul style="list-style-type: none"> Ministry of Justice approval will be gained for an evacuation; take into account how vulnerable adults and children can be managed to avoid admissions, and include appropriate focus on providing healthcare to displaced populations in rest centres; include arrangements to co-ordinate and provide mental health support to patients and relatives, in collaboration with Social Care if necessary, during and after an incident as required; make sure the mental health needs of patients involved in a significant incident or emergency are met and that they are discharged home with suitable support ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or radiation incident are met. for each of the types of emergency listed evidence can be either 	GREEN			
		Severe Weather (heatwave, flooding, snow and cold weather)		GREEN			
		Pandemic Influenza		GREEN			
		Mass Countermeasures (eg mass prophylaxis, or mass vaccination)		GREEN			
		Mass Casualties		GREEN			
		Fuel Disruption		GREEN			
		Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)		GREEN			
		Infectious Disease Outbreak		GREEN			
		Evacuation		AMBER	Local plans exist currently reviewing Trust level/whole site plans	A.Vogel	Nov-15
		Lockdown		AMBER	Currently reviewing		Feb-16
	Utilities, IT and Telecommunications Failure	GREEN					
	Excess Deaths/ Mass Fatalities	GREEN					
9	Ensure that plans are prepared in line with current guidance and good practice which includes:	<ul style="list-style-type: none"> 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 Pla	<ul style="list-style-type: none"> Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions: Being able to provide evidence of an approval process for EPRR plans and documents Asking peers to review and comment on your plans via consultation Using identified good practice examples to develop emergency plans Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down Version control and change process controls List of contributors References and list of sources Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services). 	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 <ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Oncall Standards and expectations are set out Include 24-hour arrangements for alerting managers and other key staff. 	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: <ul style="list-style-type: none"> 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 		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		GREEN			
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		<ul style="list-style-type: none"> Specify who has been consulted on the relevant documents/ plans etc. 	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.		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	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	GREEN			
16	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards .	Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses	GREEN			

	Core standard	Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
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.	Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc.), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/co0ordination centre and manage any events required.	GREEN			
18	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.			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.			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		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		GREEN			
Duty to communicate with the public							
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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> • Have emergency communications response arrangements in place • Be able to demonstrate that you have considered which target audience you are aiming at or addressing in publishing materials (including staff, public and other agencies) • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders • Using lessons identified from previous information campaigns to inform the development of future campaigns • Setting up protocols with the media for warning and informing • Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'. • Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes. • Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work. 	GREEN			

	Core standard	Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		<ul style="list-style-type: none"> Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk. 	GREEN			
Information Sharing – mandatory requirements							
24	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and include 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.	<ul style="list-style-type: none"> Where possible channelling formal information requests through as small as possible a number of known routes. Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups. Collectively developing an information sharing protocol with 	GREEN			
Co-operation							
25	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		<ul style="list-style-type: none"> Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorate. 	GREEN			
26	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		<ul style="list-style-type: none"> Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups 	GREEN			
27	Arrangements include how mutual aid agreements will be requested, coordinated and maintained.	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	<ul style="list-style-type: none"> Taking lessons learned from all resilience activities 	GREEN			
30	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	<ul style="list-style-type: none"> Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives 	GREEN			
33	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		<ul style="list-style-type: none"> Establish mutual aid agreements Identifying useful lessons from your own practice and those learned from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience 	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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. 	GREEN			
35	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Developing and documenting a training and briefing programme for staff and key stakeholders Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) Communications exercise every 6 months, table top exercise annually and live exercise at least every three years 	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)	<p>Arrangements include:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving arrangements Version control 	GREEN			
39	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	<ul style="list-style-type: none"> Site inspection IT system screen dump 	GREEN			
40	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	<ul style="list-style-type: none"> Documented systems of work List of required competencies Impact assessment of CBRN decontamination on other key facilities Arrangements for the management of hazardous waste 	<ul style="list-style-type: none"> Appropriate HAZMAT/ CBRN risk assessments are incorporated into EPRR risk assessments (see core standards 5-7) 	GREEN			

	Core standard	Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		<ul style="list-style-type: none"> • Resource provision / % staff trained and available • Rota / rostering arrangements 	GREEN			
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.	<ul style="list-style-type: none"> • For example PHE, emergency services. 	<ul style="list-style-type: none"> • Provision documented in plan / procedures • Staff awareness 	GREEN			
Decontamination Equipment							

	Core standard	Clarifying information	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
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.	<ul style="list-style-type: none"> 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/ 	<ul style="list-style-type: none"> completed inventory list (see overleaf) or Response Box (see Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities (NHS London, 2011)) 	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		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		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)		GREEN			
Training							
48	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training			GREEN			
49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	<ul style="list-style-type: none"> 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/ 	<ul style="list-style-type: none"> Show evidence that achievement records are kept of staff trained and refresher training attended Incorporation of HAZMAT/ CBRN issues into exercising programme 	AMBER	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.			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.	<ul style="list-style-type: none"> 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) 		GREEN			
DD1	Organisation have updated their pandemic influenza arrangements to reflect changes to the NHS and partner organisations, as well as lessons identified from the 2009/10 pandemic including through local debriefing	<ul style="list-style-type: none"> changes since April 2013 are reflected in local plans including formation of NHS England, CCGs and PHE; as well as the move of the previous PCT public health function into local authorities key changes to the national pandemic influenza strategy (such as de-coupling from WHO, development of DATER phases, and removal of UK alert levels) as well as relevant local learning is reflected 	<ul style="list-style-type: none"> updated planning arrangements reflect changes and learning version control indicates changes made and timeliness 	GREEN			
DD2	Organisations have developed and reviewed their plans with LHRP and LRF partners	<ul style="list-style-type: none"> relevant local partners (particularly other NHS providers/ commissioners, PHE and local authority public health and social care teams where appropriate) have been engaged in the development of local plans - at a minimum through an opportunity to comment on draft versions 	<ul style="list-style-type: none"> indication of the process used to develop updated arrangements, including identification of organisations involved in contributing or commenting on drafts agendas/ minutes illustrating where the updated arrangements have been discussed 	GREEN			
DD3	Organisations have undertaken a pandemic influenza exercise or have one planned in the next six months	<ul style="list-style-type: none"> local organisations have held an internal exercise or participated in a multi-organisation exercise since updating their local arrangements to reflect changes and learning described in DD1 if this has not taken place, there is a clear plan to deliver an exercise in the next six months 	<ul style="list-style-type: none"> documentation related to exercise since the 2013 publication, including lessons identified OR invitation letters/ documentation related to exercise scheduled to take place in next six months, including an indication of how lessons identified will be addressed 	GREEN			
DD4	Organisations have taken their plans to Boards / Governing bodies for sign off	<ul style="list-style-type: none"> updated arrangements that reflect changes and learning described in DD1 have been taken to Boards or Governing Bodies, and even if they have not yet have been signed off by such bodies, the process towards this has been started 	<ul style="list-style-type: none"> Board/ Governing Body agenda or meeting papers indicating updated pandemic influenza arrangements have been discussed and/ or signed off 	GREEN			
				Totals	99	%	
				GREEN	94	94.9	
				AMBER	3	3.0	
				RED	2	2.0	

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 extensions	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).	24x In date operational suits	GREEN			
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 robe 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		RED	purchase	Aaron Vogel	Sep-15
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 Equipment Assessment Kits (ChEAKs) (via PHE) (replaced Toxboxes in 2010)		RED			
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 2
AMBER 0
GREEN 29