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Halton Hospitals**  
NHS Foundation Trust

**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/18/09/92</b>
<b>SUBJECT:</b>	<b>Emergency Preparedness Resilience and Response (EPRR) Annual Report 2017/18</b>
<b>DATE OF MEETING:</b>	26 September 2018
<b>ACTION REQUIRED</b>	<b>For information</b>
<b>AUTHOR(S):</b>	Keith Preston Interim Emergency Planning Co-ordinator
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Chris Evans- Chief Operating Officer
<b>LINK TO STRATEGIC OBJECTIVES:</b>	SO1: To ensure that all care is rated amongst the top quartile in the North West of England for patient safety, clinical outcomes and patient experience
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF1.3: National & Local Mandatory, Operational Targets
<b>STRATEGIC CONTEXT</b>	<p>The purpose of the annual report is to:-</p> <ul style="list-style-type: none"> <li>▪ Provide an overview of the emergency preparedness arrangements within Warrington and Halton Hospitals NHS Foundation Trust.</li> <li>▪ Outline the work that has been undertaken in the area during the past 12 months.</li> <li>▪ Describe our response to incidents which have occurred during 2017-2018.</li> <li>▪ Summarise our planned work streams and priorities for the year ahead.</li> </ul>
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	<p>NHS Acute Hospital Trusts are defined as 'Category 1 Responders' by the 2004 Civil Contingencies Act. This carries legal duties to have up to date plans and procedures to underpin the response to a wide range of Major Incidents and Business Continuity challenges.</p> <p>Under the Act, Acute Trusts must show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients. This work is referred to as Emergency Preparedness, Resilience and Response (EPRR).</p> <p>The range of scenarios is extremely wide and includes</p>



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	<p>mass casualty incidents, infectious disease outbreaks, severe weather, criminal/terrorist events, loss of power/ utilities and staff absence.</p> <p>The NHS England EPRR Core Standards are the minimum standards which NHS organisations and providers of NHS funded care must meet.</p> <p>This report reviews incidents and work that has been undertaken in the past twelve months.</p> <p>In recent months the importance of robust emergency planning, preparedness and exercising has been highlighted with the terror attacks in London and Manchester, The Grenfell Tower Fire.</p>
<b>RECOMMENDATION:</b>	<p>The Board is asked to note the work undertaken during 2017-2018 and the planned work programme for 2018-9 in support of the Trust's objectives.</p>
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	<p>Release Document in Full</p>
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	



## BOARD OF DIRECTOR

### 1. BACKGROUND/CONTEXT

All NHS organisations are required to deliver their legal duties and responsibilities for Emergency Preparedness, Resilience and Response (EPRR) set out in The Civil Contingencies Act 2004. As a Category 1 responder under the Act, we have a duty to develop robust plans to prepare and respond effectively to emergencies, to assess risks and develop plans in order to maintain the continuity of our services in the event of a disruption.

This report reviews EPRR work and incidents that have been undertaken in the year. However in recent months the importance of robust emergency planning, preparedness and exercising has been highlighted with the terror attacks in London and a few miles away at Manchester Arena. In addition the tragic Grenfell Tower Fire and Salisbury Novichok poisoning have highlighted the need for sound plans, trained staff and a practiced response.

### 2. KEY ELEMENTS

#### PURPOSE

The purpose of the annual report is to:-

- Provide an overview of the emergency preparedness arrangements within Warrington and Halton Hospitals NHS Foundation Trust.
- Outline the work that has been undertaken in the area during the past 12 months.
- Describe our response to incidents which have occurred during 2018-19.
- Summarise our planned work streams and priorities for the year ahead.

### 3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

#### EMERGENCY PREPAREDNESS STRUCTURE

The Trust has a Major Incident Plan in place which is built on the principles of risk assessment, multi-agency co-operation, emergency planning, sharing information and communicating with public. This plan is underpinned by a number of associated business



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continuity plans which outline how our critical services will continue to be provided in the event of a disruptive incident.

### **Lead Officers**

- Chris Evans- Chief Operating Officer, is the designated Lead Executive Director with responsibility for Trust Emergency Planning
- Terry Atherton is the Non-Executive Director nominated to support the Acting Chief Operating Officer in this role.
- The Lead Director is supported by Emma Blackwell, Resilience Manager. N.B. Since August 2017 this post has been covered by a part time Interim Emergency Planning Co-ordinator.

### **Committee Structure**

In order to discharge our responsibilities effectively under the Civil Contingencies Act (2004), emergency preparedness arrangements have been embedded into the trust's Committee structure.

The Event Planning Group (EPG), chaired by the Chief Operating Officer is charged with the responsibility of overseeing the development of emergency preparedness arrangements within the Trust. The group meets on a monthly basis and its' membership includes senior managers from all Clinical Business Units and corporate services.

In addition to Emergency Preparedness matters the role of the EPG is to anticipate and plan for forthcoming events which are likely to present a challenge to our services and resources and to develop co-ordinated plans in advance. Minutes of the Group's meetings are produced and high level briefing reports are provided to the Quality Committee. Corporate plans, approved at the EPG, are formally ratified at the Quality Committee meetings.

### **EPRR External Structure:**

NHS England Area Team have the lead responsibility for co-ordinating a local health response to an emergency. A Cheshire, Halton and Warrington Local Health Resilience Partnerships (LHRP) exists to deliver National EPRR strategy in the context of local risks. The LHRP brings together the health sector organisations involved in emergency preparedness and strengthen cross-agency working.

The quarterly Strategic LHRP meetings are attended by The Chief Operating Officer or Deputy. The Trust EPRR Co-ordinator attends the Practitioner and task group meetings.

### **Out of Hours Arrangements:**

The Trust operates a Senior Manager On Call | 24/7, 365 day on-call rota and ensures that Senior Managers and Executive Directors are contactable at all times and are able to



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respond quickly to a major or serious incident at any time. This structure is supported by specific clinical and departmental on-call rotas which are designed to underpin a response to local service-related operational issues.

## 4. IMPACT ON QPS

### EXERCISES AND TRAINING

The Trust has an ongoing programme of exercises and training events to test and validate emergency plans. Details of all of these events are reported in Appendix 1.

### ASSURANCE PROCESS

The Trust is required to undertake an annual self-assessment against the 59 NHS England Core Standards for EPRR. This was last undertaken in September 2017. This included a 'deep dive' into business continuity planning.

The Trust was able to evidence full compliance with 57 of the 59 Core Standards which gave an overall rating of 'Green- Substantial Compliance level. The two areas identified requiring action were:

- a. Attendance of the Accountable Emergency Officer at quarterly Strategic LHRP meetings
- b. Enhancements required to the Trust Silver tactical Control room

Both have now been addressed to full compliance standard

The outcomes were presented to the Board in September 2017.

The 2018 EPRR Core Standards Audit has recently been announced and work has been commenced for completion by September 2018.

## 5. MEASUREMENTS/EVALUATIONS

### INCIDENTS & EXERCISES

During 2017-18 the following significant incidents and exercises are of note:

#### **24 Aug 2017 - 'Cream fields' Music and Dance festival at Daresbury , Warrington**

Numerous patients brought into Emergency Department in Police Custody, suspected of internal concealment illegal drugs.



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### **6 Nov 2017 Warrington Site Electrical Power/Bleep outage**

Some short term disruption to internal systems , managed on site with support of Business Continuity Plans

### **17th Dec 2017 Trust Major Incident Communications Exercise -' Exercise Checker'**

A test of effectiveness and efficiency of Trust notification plans. Identified potential for significant low cost improvements utilising an information technology solution

### **21st Dec 2017 Trust Major Incident- Mass Casualty 'Exercise Concourse'**

A test of Emergency Dept. Major Incident Plans and development of a template for further staff training

### **January 2018 Winter Pressures Capacity Challenge co-ordination**

An extended two week period requiring an Executive Led Incident Co-ordination Team working in the Trust Tactical -Silver Control Room . Identified a number of improvements to be made in the Silver Control Room including computers, telephony, recording methods and support equipment

### **23rd March 2018 Building Fire in the Roof of Kendrick Building**

A fire in the roof of the Kendrick building caused smoke and water damage to the Ophthalmology Day case Unit. Staff and patients were safely evacuated with no injuries. The incident was managed on site, Business Continuity Plans were implemented and affected staff and services relocated.

### **5th June 2018 Trust staff participated in a major incident mass casualty exercise,- Exercise Golden Eagle**

Exercise Golden Eagle was an NHSE sponsored Cheshire and Merseyside Major Incident Mass Casualty Exercise, with the aim of testing the NHS England Concept of Operations for Managing Mass Casualties. All Acute Trusts with Trauma Units, and the Aintree Trauma Centre were requested to participate.

The exercise format was the national 'EMERGO' casualty simulation format, using simulated scene attendance, assessment, casualty clearing, initial triage of patients and transport to designated hospitals, in real time. The Trust fully committed to the exercise and the opportunity to brief and train staff, and exercise multiple elements of our Trust Major Incident Plans.



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The approach was to work with the actual demands staff and space availability on the day, using real time information from the Lorenzo system, Bed Managers, ED, Theatres and Critical Care . In addition to absorb and treat the simulated patients arriving at the hospital from the exercise scenario. In total there were 40 active Trust participants and 10 'visitor/observers' including The Chief Executive and Deputy.

A total 36 Exercise patients were nominally admitted and treated on the day. Each patient was tracked from arrival in ED through radiology, Surgery, Critical Care and to the wards or discharge . See patient classification table below :

Patient Triage Classification	Number of Casualties
Priority 1 - Immediate life saving care needed	22
Priority 2- Urgent care needed	3
Priority 3- Delayed care needed	11

The exercise was a major undertaking and tested multiple, elements of our Emergency Preparedness. It also served as an excellent staff training opportunity. NHS England have declared that full commitment and participation in the exercise has satisfied the EPRR Core Standard for Acute Trusts to carry out a Live Major Incident Exercise every 3 years.

Debrief reports, comments and actions have been reported to the Events Planning Group for action and opportunities are now being explored to use the exercise format for future Trust training and exercising. Key elements of our Exercise Golden Eagle experience are currently being briefed to all On Call Executives and Senior Managers as part of a rolling programme of Major Incident Management briefings

## 6. TRAJECTORIES/OBJECTIVES AGREED

### WORK UNDERTAKEN IN 2017-18

The following work streams were completed during the year under review:

- Chris Evans has taken over as the Trust Executive Accountable Emergency Officer
- The Trust has participated and contributed fully in all Local Health Resilience Partnership meetings and work streams
- Close liaison has been maintained with partner agencies in planning for local major events i.e. Warrington Neighbourhood Event June 2018 and the annual Creamfields festival
- Membership and terms of reference of the EPG have been reviewed and updated and meeting frequency increased
- Training has been delivered to Key staff in Emergency Preparedness and Incident Management



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- The Trust Tactical/Silver Incident Control Room equipment has been significantly enhanced
- Assurance has been provided to NHS England on Trust compliance with the EPRR core standards.

### **WORK PROGRAMME FOR 2018-19**

In 2017-18 the focus was on ensuring the Trust has robust resilience plans in place in the event of any major incident or business continuity incident. To date in 2018-19 the emphasis has been on raising staff awareness, testing plans and identifying and to action areas for improvement.

EPRR is an ongoing cycle of Planning, Training, Testing and Improving. In 2018-19 the emphasis will once again be on reviewing and updating our key Emergency /Major Incident and Business Continuity Plans, acknowledging the experience gained and feedback from testing and exercising.

This will coincide with the return to post of the Trust Resilience Manager, following an extended period of leave .

In addition to this, we will continue to ensure the following work plans are undertaken:-

- Continue as a full and active member of the Local Health Resilience Planning Group
- Update plans and procedures in line with any new National guidance
- Monitor the lessons learned from other incidents in the UK and the evolving security status.
- Review the winter planning arrangements for 2017-18 to identify lessons learnt. Develop a plan for the winter of 2018-19 in conjunction with health partners.
- Participate in multi-agency exercises and training with partner organisations in accordance with priorities identified by the Local Health Resilience Partnership (LHRP).
- Develop specific plans for all bank holiday weekends, the 2018 Cream fields Music Festival, and Christmas and New Year, in order to anticipate and meet potential demand management pressures in the health care system.

## **7. MONITORING/REPORTING ROUTES**

The NHS England led LHRP meets monthly externally and is attended by the Trust Emergency planning lead, the outcomes are fed into the Trust Events Planning Group meeting.



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The 2018 NHS EPRR Core Standards Audit will commence in August 2018 for submission to NHS England in September 2018

EPG Minutes are referred to the Trust Operations Board

## 8. TIMELINES

This report is presented annually to the board in September

## 9. ASSURANCE COMMITTEE

The Events Planning Group escalates issues to the Trust Operations Board

## 10. RECOMMENDATIONS

The Board is asked to note the significant EPRR work and achievements undertaken during 2017-18 and the planned work programme for 2018-19 in support of the Trust's objectives.