REPORT SUMMARY SHEET

Meeting: Trust Board
Date: 26th October 2017
Title: Medical Directors Report: Emergency Planning & Business Continuity
Lead Director: Dr Richard Wright – Medical Director
Corporate Objective: Safe, high quality care
Purpose: For assurance

Summary of key issues and risks for Trust Board: Emergency Planning and Business Continuity

Key issues:
- Embedding Emergency Planning & Business Continuity within the culture of the Trust
- Development, review and testing of emergency response & business continuity plans at all levels within the Trust (Departmental, Directorate, Corporate).
- Ensuring the necessary actions are taken to implement learning arising from incidents or exercises, locally and globally.

Key risks for discussion:
- Ensuring all levels within the Trust are prepared to deal with a major incident or emergency situation.
- Ensuring emergency planning and business continuity – particularly regular training and testing of staff by Directorates – is embedded within the Trust and part of everyday activity
- Ensuring the Trust is ready for the emerging threat of a Mass Casualty event

Summary of SMT challenge/discussion:

Has Trust preparedness for dealing with major incidents and emergency situations improved over the past year through:
- Better engagement with staff
- Completion, review and testing of emergency response and business continuity plans
- Facilitation of staff training
1. Progress on plan Development/Review

1.1 Corporate Plans

Work is ongoing in relation to completion of the Trust's Chemical, Biological, Radiological and Nuclear Plan.

1.2 Planning for Mass Casualties

A review of the Acute Hospital Major Incident Plan was underway however in June all Trusts were asked to review their major incident plans to ensure they have the capacity and capability to deal with mass casualty incidents, similar to those we have seen in London and Manchester.

Work in relation to this has required the Trust to estimate the capacity it could create in acute and non-acute hospitals (for the transfer of acute inpatients) to accommodate high numbers of casualties. For this purpose, casualty capability charts have been completed and submitted to the Health & Social Care Board. On 19th October an exercise will be carried out across the acute and non-acute hospitals to test the assumptions made in the casualty capability charts and to refine them. Meetings have taken place with relevant Assistant Directors and Heads of Service in preparation for the exercise.

Learning arising from the exercise, and the casualty capability charts will be incorporated into the review of the acute hospital major incident plan.

The information from the casualty capability charts will inform the development of a Regional Mass Casualty Plan.

1.3 Lockdown/Controlled Access

Lockdown is the process of controlling the movement and access – both entry and exit – of people (SHSCT staff, patients and visitors) around a Trust site or other specific Trust building/area in response to an identified risk, threat or hazard that might impact upon the security of patients, staff and assets or, indeed, the capacity of that facility to continue to operate. A lockdown is achieved through a combination of physical security measures and the deployment of security personnel.

The working group for lockdown/controlled access reconvened with the aim of completing the plan for the acute hospitals within six months. There have been ongoing meetings and a significant amount of work has been completed however the timeframes for completion of the plan have slipped and it is anticipated the plan will now be completed by the end of December.
1.4 Directorate and Department Level Plans

Key learning arising from the incidents in CAH last year was the need for department/service level plans to ensure preparedness to respond to incidents and emergencies at any level, i.e., minor, serious or major. In the past year, therefore, many of the Trust's services and departments have developed Emergency Response plans in addition to the Business Continuity and/or Pandemic Response plans they have in place. The review and testing of these plans is being monitored and issues identified to SMT where necessary.

2. Progress on Staff training

2.1 Training at corporate level

The need for training for all levels of staff was identified during the debrief into the incidents in CAH last year.

2.2 Training at Directorate and departmental level

Operational Directors are responsible for ensuring that the training needs of their staff are identified and met. Staff need to be familiar with emergency response and business continuity plans pertinent to their area of work. Emergency response plans should be discussed at departmental/service meetings and new staff should be informed of the existence of plans and the implications for them. Staff who have specific roles to play in an emergency need to be appropriately trained to fulfill them.

This has been reiterated at meetings between the Emergency Planner and Directors and Assistant Directors.

Major Incident Training for Patient Flow Managers

In May and June, the Patient Flow Managers from the two acute hospitals were provided with training in relation to their role in the Acute Hospitals Major Incident Plan and tested at the end of the session via a desktop exercise. The training was welcomed by staff and feedback was very positive.

Cyber security awareness sessions for staff

In August and September, the Assistant Director for Informatics and the Assistant Director from the Medical Directors Office provided cyber awareness training to staff. Four sessions were held covering staff from all operational directorates, with staff tasked with reviewing their contingency plans to ensure that services could be maintained for 5-10 days in the event of Informatic systems failures.

2.3 Specialist training

Nominations continue to be made for Hospital Major Incident Medical Management and Support courses which are run by the NI Ambulance Service. The course equips hospital staff with the knowledge to plan and train for responding to major incidents and comprises of lectures, workshops, and table top exercises. The next sessions are planned for November and February 2018 and 4 members of staff have been nominated to attend each session.
E-learning for A&E staff for the Initial Operational Response (IOR) is available on the Trust’s e-learning platform. IOR is now the default process for the decontamination of casualties contaminated with non-caustic chemical agents. As there has been a high turnover of ED staff, figures are not currently available re the percentage of staff trained.

2.4 Business Continuity Training

In November the Trust’s Emergency Planner will be attending a Business Continuity course run by the Business Continuity Institute. The course is part funded by the PHA. The course offers a description of the methods, techniques and approaches used by business continuity professionals worldwide, to develop, implement and maintain an effective Business Continuity Management programme. It is based on the BCI Good Practice Guidelines 2013, the independent body of knowledge for good business continuity practices.

CBRN (Chemical, Biological, Radiological & Nuclear)

The decontamination tents in both acute hospitals were serviced in August. Estates staff on both sites were present when the tents were erected, to enhance their familiarity with the process.

Medical Services Training Day

Trust staff have been notified about an Army Reserve Medical Services Training Day which is taking place on Saturday 4th November 2017. This continuing professional development study day will look at team dynamics and tough environments and presentations including a session from Dr Yourdi Yordanov, Emergency Department, St Antoine Hospital Paris.

Learning arising from the Manchester Arena Attack

A number of staff have been nominated to attend a workshop on 26 October re learning from the Manchester Arena attack. In the aftermath of the attack on 23 May 2017, emergency service teams involved sought to learn from the tragedy. This learning event includes a number of high profile speakers from Manchester who were directly involved in managing the events that ensued. Speakers include - Dr Martin Smith (Trauma Lead, Salford NHS Trust), Detective Supt Jon Chadwick (Greater Manchester Police), Joanne Kearsley (Her Majesty’s Coroner), Nigel Meadows (Her Majesty’s Senior Coroner), Fiona Murphy MBE (Assistant Director of Nursing, Salford NHS Trust) and Jennifer Leeming (Her Majesty’s Coroner).
Learning from Grenfell Tower Incident

Three Emergency support Centre Managers attended a regional Health Emergency Planning meeting when the British Red Cross shared learning from the Grenfell Tower disaster. Relevant learning identified by the speakers will be incorporated into existing Emergency Support Centre protocols and action cards.

3 Cross Border Work

The Trust’s Emergency Planning & Business Continuity Manager is engaged in a cross border working group. The group comprises representatives from blue light services, councils and health Trusts on both sides of the border and the mandate of the group is to:

1. Promote good practice in Civil Protection on a cross border basis in the areas of risk management, preparedness and response;
2. Develop and maintain procedures for cross border notification, activation and ongoing communications during a major emergency event on either side of the border.
3. Develop ongoing cross border joint training and exercise programmes.
4. Participate in cross border projects as appropriate with a view to improving sustainable cross border emergency management.
5. Report back to their own respective organisations and to other regional structures on the work of the Group.
6. Prepare an annual report to submit to the relevant national bodies or government department with responsibility for emergency management in each jurisdiction.

The work of the group includes, carrying out a joint risk assessment for border areas, developing a cross border multi-agency exercising and training schedule, mapping key facilities along the border areas and cross border communications during a major incident.

Mass Casualties

As part of the work on mass casualties, Trust representatives will engage with colleagues in the HSE in relation to mutual aid for mass casualty incidents.
4 Progress on Testing and Exercising of plans

4.1 Testing at Directorate and departmental level

Individual Directorates and departments are responsible for testing their own plans and should run at least one desktop annually. Exercising and testing is monitored and reports provided to SMT on progress.

4.2 Exercises

On 11 October, Health Records carried out a desktop exercise to test the tracking of patients during a major incident response and the information flows. As a result of the exercise, amendments have been made to the casualty spreadsheet.

Many services are currently testing their call out cascades for major incident response, as part of the preparations for major incident/mass casualty response.

DHH Emergency Department is planning to carry out a desktop exercise before the end of this year.

On 6 December, a regional desktop exercise will be carried out to test the local and regional mass casualty plans.

5 Incidents

On 2nd August, the NIAS declared a major incident when 63 Army cadets aged between 12 and 17, and 10 leaders got into difficulties in atrocious weather conditions while training in the Mourne mountains.

The alarm was raised at 11:13 and Coastguard, ambulance and helicopter crews were called to the scene. The Trust went on standby but did not declare a major incident. Seven children were brought to the ED at approximately 5.00, there were no serious injuries. DHH Care Assistant staff were able to quickly access new dry clothes and provide warm drinks and food for the children and their companions from the canteen.

Staff have identified learning from the incident response which will be incorporated into the review of the Acute Hospitals Major Incident Plan.

Ex-Hurricane Ophelia

Staff throughout the Trust were on standby on 16 October for the impacts of storm Ophelia. Business continuity plans were implemented for some community and contingency arrangements were established to ensure continuity of services in the event of electrical failure. Overall, there was little impact on services and staff responded well to the challenges posed by the storm.