

**REPORT TO THE TRUST BOARD: PUBLIC**  
**3 OCTOBER 2019**

<b>Title</b>	Annual Report 2018/19 - Emergency Planning, Resilience and Response (EPRR) and Business Continuity
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**Purpose of the Report:**

The purpose of this report is to provide an account of ELFT's Emergency Planning, Resilience and Response (EPRR) and business continuity arrangements for 2018/19 and to review how the Trust meets its statutory and mandatory obligations in relation to EPRR and business continuity.

The progress against the EPRR Work Plan of 2018/19 will also be reviewed and any outstanding actions will be considered and potentially incorporated in the work plan for 2019/20.

**Summary of Key Issues:**

- The Trust's arrangements for Emergency Planning, Resilience and Response (EPRR) and business continuity continued to be strengthened during 2018/19. This was primarily through creating a framework of plans that address the highest risks and carrying out exercises to test plans.
- Based on the 2018/19 annual assurance submission to NHS England (London), the Trust received a score of SUBSTANTIAL for its compliance of assurance against NHS England Core standards for Emergency Preparedness, Resilience and Response (2015). Only two standards were rated as amber – delivery of command post exercise and identification of staff to attend refresher loggist training. – both standards have since been met.
- NHS England (East of England) have now rated ELFT as PARTIALLY compliant as a community provider and SUBSTANTIALLY Compliant as a Mental Health provider, within the region. NHS England & NHS Improvement acknowledged the hard work undertaken to achieve the additional standards and have now confirmed the Trust's overall rating as SUBSTANTIALLY COMPLIANT.
- The Trust Brexit Contingency Planning Committee was established in December 2018, chaired by the Chief Operating Officer with representation from Human Resources, Estates, Pharmacy, IT, Health and Safety, and Communications. This has now been re-convened in preparation for Brexit on 31<sup>st</sup> October 2019.

### Strategic priorities this paper supports

Improved patient experience	<input checked="" type="checkbox"/>	Through identifying risk and providing the control measure to remove or reduce them to ensure service user safety.
Improved population health outcome	<input checked="" type="checkbox"/>	Ensuring business continuity throughout any emergency or major incident.
Improved staff experience	<input checked="" type="checkbox"/>	Empowering and supporting staff in providing them with the tools, correct policies and procedures and training to carry out their roles safely.
Improved value	<input checked="" type="checkbox"/>	Ensuring the Trust meets its statutory obligations of The Civil contingencies Act 2004 and is compliant with NHS England EPRR Core Standards 2015.

### Committees / Meetings where this item has been considered:

Date	Committee / Meeting

### Implications:

Equality Analysis	This report has no direct impact on equalities.
Risk and Assurance	The Trust has a statutory duty to comply with the Civil Contingencies Act 2004 and may be subject to penalties if found not to be compliant. Mitigating actions are in place in relation to the risks identified within the report.
Service User / Carer / Staff	Implications for service users, carers and staff. Consider implications of the paper across all directorates and service groups in the Trust, and explain if any directorates/services are excluded from the scope of the paper.
Financial	There are no financial implications relating to the EPRR activity of 2017/18. In general terms, poorly controlled emergencies or lack of business continuity planning may have financial implications for the Trust in the event of emergencies.
Quality	There are no implications for Quality Improvement raised in this report.

### Supporting Documents and Research material

a. NHS England - EPRR North East North Central London Assurance Report 2018/19
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### Glossary

Abbreviation	In full
EPRR	Emergency Preparedness, Resilience and Response
LHRP	Local Health Resilience Partnership
IRP	Incident Response Plan
NENC	North East North Central London
IOR	Initial Operational Response
HazMat	Hazardous materials
MTPAS	Mobile Telecommunication Privileged Access

## **1.0 Background/Introduction**

1.1 The Trust under the Civil Contingency Act 2004 as a Category 1 Responder and Department of Health 'Emergency Planning' Regulations, has the following responsibilities:

- Carry out a risk assessment
- Have in place plans to respond to emergencies
- Have in place business continuity plans
- Collaboration and co-operation with other agencies
- Warn and inform the public and other agencies
- Training and exercising.

1.2 The Trust has a statutory obligation to train and exercise with a live exercise every three years, and annual table top exercise and a six monthly test of the communication cascade.

1.3 The NHS England Core Standards for EPRR 2015 set out how NHS organisations are to meet their responsibilities and the NHS England EPRR Framework (2015) states that NHS provider organisations are required to have appropriate systems in place.

1.4 With the implementation of the Health and Social Care Act 2012, the responsibility for overseeing EPRR arrangements passed from Primary Care Trusts to NHS England. Local Health Resilience Partnership Groups (LHRP) were established.

1.5 The Trust's EPRR responsibilities are managed and overseen by:

- Accountable Emergency Officer – part of the role of the Chief Operating Officer
- Health, Safety, Security and Emergency Planning Manager
- Emergency planning and business resilience for Luton and Bedfordshire (Mental Health and Community Services) is currently managed by the Governance Manager for L&B.
- Associate Director of Governance & Risk Management – overseeing the work of the Emergency Planning Manager.

## **2.0 Trustwide EPRR Plans**

2.1 Incident Response Plan (IRP) is modelled against the NHS England Core Standards for EPRR and was evaluated as part of the NHS England annual assurance process. The following minor amendments were suggested as part of the annual NHS England Assurance process:

- Update executive summary section of IRP.
- Review and update version control of IRP.
- Consider dividing sections of the IRP into appendices to streamline the plan.

These will form part of the forthcoming work plan for 2019-20.

In addition, NHS England identified the following areas of good practice as regards the IRP: 'Handover to next Duty Director' checklist and 'Meeting the needs of patients of religious faith'.

2.2 The Trust Business Continuity Plan has been created and reviewed, with focus on infrastructure.

2.3 The following plans were reviewed as part of the annual review cycle:

- Heatwave Plan
- Business Continuity Policy
- Community Health Newham Accelerated Discharge Plan
- Surge Plan
- Severe Weather Plan
- Fuel shortage Plan
- Identifying Vulnerable People Plan
- Pandemic Flu Plan
- Emergency contacts List
- Communication during Major Incident Strategy and Plan

2.4 Business continuity plans have been refreshed by all Directorates in preparation for Brexit and will again be reviewed prior to the new proposed Brexit date of 31<sup>st</sup> October 2019.

### **3.0 Annual EPRR Assurance**

#### **3.1 London**

The Trust participated in the Assurance exercise carried out by NHS England (London) EPRR Team in November 2018. This annual assurance process marks compliance against the NHS England Core Standards for EPRR. In respect of ELFT, there were two (2) Amber rated standards, therefore SUBSTANTIAL compliance score was recorded for the Trust.

Only two standards were rated as amber – delivery of command post exercise and identification of staff to attend refresher loggist training. – both standards have since been met.

NHS England (London) concluded in the Assurance Report that ELFT remains in a positive position and continues to maintain robust EPRR processes and is actively engaging in the wider EPRR community. The Trust clearly demonstrated its commitment to EPRR, the assurance submission was timely and included all the relevant evidence, some of which contained considerable detail and of a very good standard.

### 3.2 Luton and Bedfordshire

The Trust participated in the Assurance exercise carried out by NHS England (East of England) EPRR Team in October 2018. The Trust made two submissions against the NHS England Core Standards for EPRR, for Luton & Bedfordshire Mental Health Services and Bedfordshire Community Health Services (BCHS). In respect of Mental Health Services, there were eight (8) Amber rated standards, therefore PARTIAL compliance was recorded for the Trust. In respect of BCHS, there were 18 Amber rated standards, therefore NON compliance was recorded for the Trust.

There has been a significant amount of work against all amber rated standards, particularly in BCHS for which there are currently only four (4) standards recording Amber. Mental Health Services currently have only two (2) Amber ratings outstanding. There are plans in place to address the common area of partial compliance across both services, namely CBRN training and supplies.

NHS England (East of England) & NHS Improvement wrote to the Chief Operating Officer in June 2019, and confirmed that due to the significant amount of progress made in Luton & Bedfordshire against the Core Standards, ELFT was rated as PARTIALLY Compliant as a Community Provider and SUBSTANTIALLY Compliant as a Mental Health Provider, within the region. NHS England & NHS Improvement acknowledged the hard work undertaken to achieve the additional standards and confirmed the Trust's overall rating as SUBSTANTIALLY COMPLIANT.

## 4.0 Training

4.1 Training was delivered against the 2018/19 training plan.

4.2 An audit of current trained loggists has been carried out and those requiring refresher training have been booked on the online blended course by Public Health England. Two current loggists have also booked on the loggist 'train the trainer' course to enable us to further extend the number of available loggists at the Trust

4.3 Director-on-Call (Strategic/Gold) training was carried out in July 2018 with refresher training to take place in the forthcoming year.

- 4.4 Senior manager on-call (Tactical/Silver) training delivered to all directorates including Bedfordshire community Services.
- 4.5 Training provided to London community teams for Initial Operational Response (IOR) HAZMAT response, as required by NHS England. Cascading of this training to all receptionists has been overseen by the administrative leads in the Directorates.

## **5.0 Testing and Exercising**

- 5.1 Exercise Wannacry took place at Trust HQ, 9 Alie Street, London, on Monday 11<sup>th</sup> March 2019.
- 5.2 The exercise allowed a significant number of participants across the Trust to come together to test how effectively the Trust responds to a major incident. Participants included representation from the Strategic (Gold) and Tactical (Silver) on call rotas, information governance, and the trust ICT department.
- 5.3 The aim of the exercise was to evaluate how the Trust responds in the event of an ICT major incident, requiring the implementation of a strategic, tactical, and operational command structure, together with the activation of the trust IT Disaster Recovery and Trust Business Continuity Plans.
- 5.4 The opening scenario involved severe disruption to the Trust IT system caused by a virus which in turn affect trust services, access to internet and RiO, leading to appointments being cancelled or delayed.
- 5.5 This table-top exercise provided a realistic and very worthwhile exercise with each participant playing a pivotal role in the exercise. Exercise Wannacry was received well.
- 5.6 The exercise was received well and its objectives (ensuring the ICT Disaster Recovery and departmental Business Continuity Plans were fit for purpose) were both achieved. In addition, further opportunities have been identified to increase and augment effective information communication, command and control in the Trust's emergency response and preparedness.
- 5.7 Taking into account the exercise feedback received, the following lessons and actions were identified and have been incorporated into the work plan.
  - Establish a Strategic (Gold) conferencing/communication tool (such as Whatsapp or similar technology)
  - Establish a Tactical (Silver) conferencing/communication tool (such as Whatsapp or similar technology)

- Within ICT further delineate the call out and response hierarchies and formally record these in both the Disaster Recovery Plan and the departmental Business Continuity Plan
- To review and augment the decision recording mechanisms within ICT, to establish the capability to withstand retrospective audit of decisions and accompanying rationale
- Carry out an annual exercise to involve all levels of staff and outside agencies affected by ICT outage, as mandated by The DSP (Data Security and Protection) Toolkit

5.8 With effect from July 2013, NHS England (London) EPRR has been conducting communication exercises whereby the Director on call is contacted for a response to a pager message within ten minutes or as soon as is practicable. For the year 2018/19, the Trust responded on one occasion outside of the ten minutes and on one occasion failed to respond which was due to a faulty pager. The pager was immediately replaced and instructions have been provided to on-call directors as to the process to be followed when receiving a message as part of the communications exercise.

## **6.0 Major Incidents and Activation of Emergency or Business Continuity Plans**

6.1 There were no major incidents that required activation of emergency plans, however there were three (3) critical incidents in Luton & Bedfordshire which required the activation of business continuity plans

6.2 On 3<sup>rd</sup> January 2019, there was large fire to unoccupied building on Bedford Health Village at the rear of the estate, close to Archer Unit (BCHS) and Cedar House (Mental Health Services). Though Bedford Health Village is a multi-agency estate shared with several partner organisations, none declared a major incident. The affected building was owed by NHS Property Services.

6.2.1 The Director On-Call, Senior Managers On-Call for both BCHS and Mental and the Estates and Facilities Manager responded to the incident and business continuity plans were activated for both services. There was no damage to any ELFT properties and staff and service users remained safe while Bedfordshire Fire & Rescue Service (BFRS) responded to the fire.

6.2.2 A multi-service debrief was held by the Governance Manager in the weeks following the incident and also with partners on the site. The affected services have made significant progress against recommendations. A Learning Lessons Workshop was postponed due to Brexit, however will be held later in the year.

- 6.3 On 11<sup>th</sup> January 2019, there was a fire in a flat above a shop in Luton forced the evacuation and closure of Charter House, Luton. Several businesses in Luton Town Centre were also affected.
- 6.3.1 The evacuation of the building was instigated by BFRS and managers within the building responded and facilitated the evacuation. Business continuity plans were activated by the Luton Adult CMHTs, Luton CAMHS and various corporate support teams.
- 6.3.2 Manchester Street and Alma Street remained closed until 17:00 and the Governance Manager worked in liaison with BFRS and Estates & Facilities to reopen the building after working hours.
- 6.3.3 A debrief was held by the Governance Manager in the weeks following the incident with all managers. A learning lessons workshop with the managers and other staff was held and recommendations were made and are being taken forward.
- 6.4 On 6<sup>th</sup> February 2019, there was a burst water main in Leighton Buzzard affecting Leighton Buzzard Health Centre and South Bedfordshire CMHT at Crombie House.
- 6.4.1 Senior Managers for both services responded to the incident and business continuity plans were activated for Crombie House, Podiatry and Community Nursing Teams based at Leighton Buzzard Health Centre.
- 6.4.2 Crombie House was able to remain open for limited appointments, however Leighton Buzzard Health Centre was closed. The Communications Team issued external messages via the Trust Internet and local radio.
- 6.4.3 Water supply was restored at 1800 by Anglia Water and Leighton Buzzard Health Centre reopened the following day.
- 6.4.4 A debrief was held by the Governance Manager in the weeks following the incident. There were no recommendations as the incident was managed exceptionally well.

## **7.0 Multi-agency Working**

### **7.1 Emergency Planning Network Forums**

The Emergency Planning Manager is a member of the following meetings and attends regularly, contributing accordingly.



- Tower Hamlets, Newham, Hackney and Bedfordshire Local Resilience Forums
- NHS England (London) NENC Network Meetings

7.2 The Governance facilitator leads operationally for L&B Mental Health and Community Services with full participation in their Local Health Resilience Partnership Forum

7.3 The AEO attends the London wide Local Health Resilience partnership meetings whilst four strategic leads share the responsibility of attendance at the Bedfordshire Local Health Resilience Partnership.

## **8.0 Brexit**

8.1 Trust Brexit Contingency Planning Committee was established in December 2018 and met on a fortnightly basis. They are chaired by the Chief Operating Officer and report to the Trust Board. It currently has representation from HR, Estates, Pharmacy, IT, Health and Safety, and Communications to anticipate and identify issues that could have an impact on the Trust on account of Brexit. The Committee has been considering staffing, supply chains, equipment sources and stock control.

8.2 A dedicated Brexit Information page has been set up on the intranet which includes a Q&A section for staff and information around applying for settled status. There were also three information sessions which took place in both London and L&B.

8.3 We have assurances from all our suppliers that they will be able to fulfil our orders and suppliers of medical devices/clinical equipment have shared their contingency plans. As well as these, medication has also been stock-piled centrally.

8.4 In February 2019, the Trust held a table-top exercise which was attended by service directors, clinical directors, service leads and corporate teams in order to test our business continuity plans against a range of Brexit scenarios.

8.5 The Trust took part in Bedfordshire, Luton and Milton Keynes (BLMK) STP EU Exit table-top exercise on 21<sup>st</sup> March 2019, at NHS Luton CCG. Partners across health and social care come together to participate in a collaborative exercise, looking at 3 pertinent scenarios which could affect the system under a hard Brexit. Care was taken to ensure that the learning could and would be applicable to multiple scenarios. Learning from the STP Exercises was shared with the Trust Brexit Contingency Planning Committee.

- 8.6 From the beginning of April daily situation reports were required by EU Exit team at NHS England and to meet this requirement, the Trust convened a daily conference call which included representation from each service to provide an update of services and the Trust's ability to provide safe and effective care.
- 8.7 The Committee was stood down in April 2019 when an extension to Article 50 was granted but it has now re-convened in preparation for Brexit on 31<sup>st</sup> October 2019 and the Trust are planning a further table-top exercise in September 2019 to again test our business continuity plans.

## **9.0 EPRR Arrangements at ELFT**

- 9.1 EPRR arrangements for communication during an emergency were reviewed and refreshed as part of the annual work plan.
- 9.2 Mobile Telecommunication Privileged Access Scheme (MTPAS) – the mobile phones of directors and key managers are registered with the MTPAS so that calls can be made or received during mobile network restrictions.
- 9.3 All plans and guidance are shown both on the intranet and on the external Trust website.
- 9.4 A generic email address has been established to be used in the event of a major incident or emergency.

## **10.0 External Events Affecting Service Delivery**

- 10.1 The London Marathon and Prudential RideLondon 2018 passed through Newham and Tower Hamlets with minimal impact on service delivery.

## 11.0 ELFT EPRR progress against work plan 2018/19

KEY ACTION	STATUS AT 31/03/2018
Review all plans relating to emergencies and business continuity to ensure they reflect current guidance and legislation.	Completed
Update emergency contact list to ensure it is up to date.	Completed
Continue multi-agency working (LHRPs, Luton and Bedfordshire patch LHRP, Borough Resilience Forums, NHS England (London) NENC Network Meetings)	Completed
Audit of all Trust Incident Control Centres and their emergency boxes.	Completed
Review and updating of all service business continuity plans	Completed
Silver (tactical) and bronze (operational) training to be delivered to on-call staff in line with Trust Policy.	Completed
Gold (strategic) training to be provided to directors-on-call	Completed
Undertake Immediate Operational response training (Hazmat) to community health centres.	Completed
Conduct six monthly communication exercise – trust wide and directorate level	Carried forward
Deliver a command post exercise	Completed
Carry out live mock-up annual exercise to involve all levels of staff and outside agencies e.g. police	Carried forward
Quarterly reports to Quality Committee	Completed

## 12.0 Work plan for 2019/20

12.1 The work plan is designed to ensure compliance with the EPRR Core Standards for EPRR (2015).

12.2 Emergency Planning and Business Continuity Action Plan

**Table 1 - Key actions to be taken forward during 2019-20**

Key Action	Outcome measure	TCD	Lead
Review all Trustwide plans relating to emergencies and business continuity to ensure they reflect current guidance and legislation.	Approved Trustwide policies and plans in place.	January 2020	Emergency Planning Manager
Continue to review and develop local business continuity plans.	Local plans in place.	September 2019	Service Directors / Senior Managers
Review emergency contact list to ensure it is up to date.	Maintained contact list in place and available to key staff.	Bi-Monthly	Emergency Planning Manager
Continue multi-agency working (LHRPs, Luton and Bedfordshire patch LHRP, Borough Resilience Forums, NHS England (London) NENC Network Meetings)	Partnership relationships effective.	Quarterly	Emergency Planning Manager
Annual audit of all Trust Incident Control Centres and their emergency boxes.	All boxes complete.	March 2020	Emergency Planning Manager with senior managers
Identify staff to attend PHE loggist training.	Staff complete the training.	September 2019	Emergency Planning Manager with senior managers
Identify staff to attend the PHE 'loggist train the trainer ' course	Staff complete the training.	September 2019	Emergency Planning Manager with senior manager

Update director-on-call pack with a view to making it paperless utilising microsoft teams App.	Launch of microsoft EPRR teams	November 2019	Emergency Planning manager and IT.
Establish a Strategic (Gold) and Tactical (Silver) conferencing/communication tool (such as Whatsapp or similar technology)	Launch of communication tool (e.g. Whatsapp) for on-call staff	January 2020	Emergency Planning manager and IT.
To review and augment the decision recording mechanisms within ICT, to establish the capability to withstand retrospective audit of decisions and accompanying rationale	Recording mechanisms in place.	December 2019	Emergency Planning manager and IT.
Carry out an annual exercise to involve all levels of staff and outside agencies affected by ICT outage, as mandated by The DSP (Data Security and Protection) Toolkit	Completed exercise and lessons learnt	March 2020	Emergency Planning manager and IT

### 12.3 Reporting

Regular reporting takes place and key updates are presented to the following committees;

- Quarterly reports to the Quality Committee
- Annual Report to The Board

### 13.0 Action being requested

13.1 The Board is asked to RECEIVE and APPROVE report and the associated work plan for 2019/20 set out in section 11.2.