

TITLE OF MEETING
29 January 2016

Agenda item number	8	
Title of paper	NHS Preparedness for a Major Incident	
Confidential		
Suitable for public access	Yes	
Papers which this particular paper relates to?	NHS EPRR Planning & Response for Incident Management. NHS England Assurance Framework 2015. CCA 2004	
<u>Strategic objective(s):</u>		
Best outcomes	Yes	Ensuring effective response to maintain patient safety and Trust reputation
Excellent experience		
Skilled & motivated teams	Yes	To ensure a coordinated (partnership) response
Top productivity		
<u>ASPH value(s):</u>		
Patients first	Yes	as above
Personal responsibility	Yes	All staff to ensure they understand their roles and responsibilities in the event of an incident to facilitate an effective response
Passion for excellence		
Pride in our team		
Executive summary	<p>In light of the recent tragic events in Paris, NHS England together with the DH (and other national agencies) are requiring all Category 1 & 2 responders to give assurance that they have effective Emergency Preparedness Resilience and Response (EPRR) plans & procedures in place. ASPH have been asked to give assurance that they are in a position to respond appropriately to any threat.</p> <p>The threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.</p> <p>(See attached ASPH summary of preparedness)</p>	
Recommendation:	<p>The recommendation that the board is being asked to consider</p> <p>Agreement that ASPH are in a 'Statement of Readiness' (as per letter received from NHS England (Dame Barbara Hakin) 9th Dec 2015) – to be able to</p>	

	effectively respond to an incident at any time	
Specific issues checklist:		
Quality and safety issues	Yes	Yes effective response = patient safety
Patient impact issues?	Yes	Yes – effective response to ensure patient and staff safety
Employee issues?	Yes	Yes on-going training for new Drs/Staff/ Locums
Other stakeholder issues?	Yes	Yes partnership exercising & training to ensure effective coordinated response
Equality & diversity issues?		
Finance issues?		
Legal issues?	Yes	CCA 2004 Health & Social Care Act
Risk issues? Link to relevant BAF item number if so		
Author name/role	Claire O'Brien (Head of Emergency Planning & Resilience)	
Presented by director name/role	Robert Peet, Chief Operating Officer	
Date	26 January 2016	
Board action	Receive	

Ashford & St. Peters Hospitals NHS Foundation Trust

Major Incident Response

State of Readiness - briefing paper

Introduction

In light of the recent tragic events in Paris, NHS England together with the DH (and other national agencies) are seeking additional assurance (from all Category 1 & 2 responders), have effective Emergency Preparedness Resilience and Response (EPRR) plans and procedures in place to respond to any threat.

Threat Level

The threat assessment to the UK from international terrorism in the UK remains SEVERE.

(SEVERE means an attack is highly likely).

Communications

ASPH have recently reviewed and tested their cascade systems to ensure they can activate support from all staff groups (in & OOHs) In the event of a loss the primary communications system, (in the first instance) the Trust would utilise on site personnel (including those in Trust accommodation). The secondary telecoms resilience would be via the satellite phone?

Accessing the site

ASPH have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency. The Trust has access to emergency accommodation if there is a need to retain staff on site. The Trust also has access to a number of mini buses and a 4 wheel drive vehicle so that in the event of severe adverse weather conditions priority staff access to site can be maintained

Critical Care Capacity

Increase in critical care capacity and capability (over a protracted period of time) would initially be via the Critical Care Network protocols. The Trust would instigate the Flu Plan protocol for enhancing critical care capacity. This increase includes use of theatres (as most non –urgent elective activity would be cancelled) and use of the Urology Day Unit. Anaesthetists and ODPs would be used to support escalation however nursing would be a challenge for the Trust; particularly over a protracted period. During end of Dec – Jan 16 4 level 2 critical care beds will be closed due to significant staffing shortages within Critical Care. Displaced level 2 patients will be supported via our critical outreach team during this period

Management of Trauma patients

ASPH is a designated Trauma Unit (MTU). In the event of a significant number of patients with traumatic blast and ballistic injuries the Trust recognises that it would have no option but to manage initial and longer term care needs for such casualties; recognising that there would be significantly reduced capacity within the Major Trauma Units. The Trust would also look to repatriate appropriate patients from the MTUs in order to release essential capacity

**Publications Gateway Reference
No.04494**

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To:
NHS Trust Chief Executives
NHS Trust Medical Directors
Accountable Emergency Officers

9 December 2015

Dear Colleague

RE: NHS preparedness for a major incident

In light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in our established Emergency Preparedness Resilience and Response procedures. We have already undertaken significant work on the clinical implications and expect to communicate with you on this shortly. In the meantime, I am writing to request your support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.

We appreciate that you will currently be in the process of undertaking the annual EPRR assurance process, in line with the recently refreshed NHS England Assurance Framework, available at: <https://www.england.nhs.uk/ourwork/epr/gf/>. In addition, it will be important that all trusts review the following immediately and that you are able to provide assurance that:

- You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;
- You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and
- You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

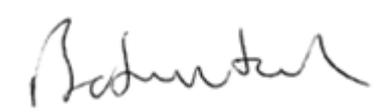
Ambulance trusts should also assure themselves that they:

- Ensure that the Marauding Terrorism and Firearms, Hazardous Area Response Team, Chemical, Biological, Radiological and Nuclear capacity and capability is declared live in Proclus and updated a minimum of every 12 hours.

Please could you ensure that your responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process.

Both my team and I appreciate your continuing support in ensuring that the NHS is in a position to respond to a range of threats and hazards at any time.

Yours faithfully



Dame Barbara Hakin
National Director: Commissioning Operations

Cc.

Prof. Sir Bruce Keogh – National Medical Director – NHS England
 Prof. Keith Willett – NHS England – Director for Acute Care
 Dr Bob Winter – NHS England – National Clinical Director EPRR
 Richard Barker – NHS England - North
 Paul Watson – NHS England – Midlands & East
 Anne Rainsberry – NHS England – London
 Andrew Ridley – NHS England – South
 Hugo Mascie-Taylor - Monitor
 Helen Buckingham – Monitor
 Dr K McLean – NHS Trust Development Authority
 Peter Blythin – NHS Trust Development Authority
 National on Call Duty Officers NHS England
 NHS England Heads of EPRR
 NHS England Medical Directors

High quality care for all, now and for future generations