Wirral Community Health and Care NHS Foundation Trust

The National Staff Influenza Programme 2021/22

Meeting	Board of Directors		
Date	06/10/2021	**Agenda item**	**17**
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Claire Wedge, Deputy Chief Nurse Fiona Fleming, Head of Communications and Marketing Rachel Sanders, Communications and Marketing Manager Janice Evans, Service Lead		

Action required (please tick the appropriate box)

To Approve ☑	**To Discuss** ☐	**To Assure** ☑

Purpose

The purpose of this paper is

- to provide assurance to Trust Board that a robust plan is in place for the effective delivery of the staff Influenza programme 2021/22 and
- to request approval for the proposed incentive scheme.

Executive Summary

Last year saw the roll out of the biggest NHS influenza vaccination programme ever, with the aim of offering protection to as many eligible people as possible during the Covid-19 pandemic. The actual circulation of influenza was very limited in the UK in the 2020/21 season due to the use of non-pharmaceutical interventions.

Winter 2021/22 will therefore be the first winter in the UK where the seasonal influenza virus will co-circulate alongside Covid-19.

On 17 July 2021, a national Influenza vaccination update letter was published which outlines the influenza vaccination proposal for the NHS and wider community.

The letter includes a Healthcare worker Influenza vaccination best practice management checklist which is to be presented for public assurance, via the Board of Directors at the start of the flu season (Appendix 1).

In accordance with the healthcare worker Influenza vaccination best practice management checklist, the Board of Directors is asked to approve the proposed 2021/22 incentive scheme detailed within the report.

Risks and opportunities:
No high-level risks have been identified.

Quality/inclusion considerations:
Quality Impact Assessment completed and attached No
Equality Impact Assessment completed and attached No

Financial/resource implications:
No areas identified to report to the Board of Directors.

Trust Strategic Objectives
Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

Our Populations - outstanding, safe care every time	Our People - advancing staff wellbeing	Our People - improving staff engagement

Board of Directors is asked to consider the following action
The Board is asked to be assured that the staff Influenza programme 21/22 is in line with the Healthcare worker Influenza vaccination best practice management checklist, and to approve the proposed 2021/22 incentive scheme.

Report history		
Submitted to	**Date**	**Brief summary of outcome**

Wirral Community Health and Care NHS Foundation Trust

The National Staff Influenza Programme 2021/22

Purpose

1. The purpose of this paper is:

    - to provide assurance to Trust Board that a robust plan is in place for the effective delivery of the staff Influenza programme 2021/22 and
    - to request approval for the proposed incentive scheme.

Background and rationale

2. Last year saw the roll out of the biggest NHS influenza vaccination programme ever, with the aim of offering protection to as many eligible people as possible during the Covid-19 pandemic.

3. The actual circulation of influenza was very limited in the UK in the 2020/21 season due to the use of non-pharmaceutical interventions.

4. Winter 2021/22 will therefore be the first winter in the UK where the seasonal influenza virus will co-circulate alongside Covid-19.

5. Collectively, these viruses have the potential to add substantially to NHS winter pressures. Mathematical modelling indicates that this year's UK influenza season could be up to 50% larger than typically seen.

6. During last year's programme, 91% of reportable Trust staff were vaccinated against influenza, resulting in recognition of being a high performing community Trust for the 2020/21 flu programme by NHS England and NHS Improvement – North West.

2021/22 Staff influenza programme

7. With the aim of replicating the success of last year's programme, a staff influenza group was established in July 2021 to support the delivery of the 2021/22 programme.

8. For the 2021/22 staff influenza programme the following minimum ambition has been set nationally: Frontline health and social care workers: 100% offer with an 85% ambition.

9. The Trust has therefore set a minimum internal ambition of a 90% uptake with a 100% offer for all frontline staff for this year's programme.

10. All providers are required to have planned their influenza vaccine ordering to at least equal the high levels of uptake achieved in the 2020/21 programme.

11. Vaccine ordering for Wirral, Cheshire East and St Helen's based staff has been confirmed as supporting this vaccination ambition.

12. On 17 July 2021, a national Influenza vaccination update letter was published which outlines the influenza vaccination proposal for the NHS and wider community.

13. The letter includes a Healthcare worker Influenza vaccination best practice management checklist which is to be presented, for public assurance, via the Board of Directors at the start of the flu season.

14. The checklist is presented for public assurance in **Appendix 1**, evidencing full compliance across all areas.

15. A centralised model of delivery will initially commence in Wirral and Cheshire East during the week commencing the 4 October 2021. Following engagement across Trust services, staff based within the Wirral Urgent Care Service and 0-19+ Service at St Helens, will receive vaccinations via a peer delivery model.

16. Effectiveness of these delivery models will be closely monitored by the staff influenza group throughout the programme, with adjustments being implemented as required, to maximise uptake.

17. The Trust is aiming to have a minimum of 90% of staff immunised by the end of December 2021, to ensure maximum protection to Trust staff.

18. A concurrent staff Covid-19 booster vaccination programme will be available to staff across all geographical locations, via system mutual aid. This replicates the successful approach provided to Trust staff for first and second doses of Covid-19 vaccinations.

Staff Influenza Vaccine Plan

19. Replicating the vaccine delivery model implemented in 2020, the Trust will again receive vaccines incrementally throughout the programme.

20. The table below outlines expected delivery dates for the influenza vaccines.

Influenza Vaccine	Quantity Ordered	Expected Delivery Date
SANOFI Quadrivalent Influenza Vaccine	**1650 (staged delivery)**	
	940	delivered 17 September 2021
	240	week commencing 12 November 2021
	240	week commencing 19 November 2021
	230	week commencing 26 November 2021
SEQUIRUS Flucelvax Tetra Influenza Vaccines	250	delivered 20 September 2021
Total Vaccines Ordered	**1900**	
Target for 90%	**1710**	

21. The campaign will commence on Monday 4 October 2021 with both the SANOFI and SEQUIRUS Flucelvax Tetra Influenza (vaccine for egg anaphylaxis and 65+) available to support high risk staff.

Communications Strategy

22. It is recognised that the communication strategy implemented during the 2020/21 programme, was key to supporting the high uptake amongst Trust staff. The 2021/22 programme will therefore build on this foundation of knowledge and experience, to maximise the outcome of the programme.

23. The communications strategy will use the **EAST** framework - Easy, Attractive, Social, Timely, replicating last year's successful approach.

    - Making it **easy** - it is important we keep messages as simple as possible and make it as easy as possible for people to know about the vaccination and how/where to get it.
    - Making it **attractive** - by developing our own campaign style, based on the success of last year's, we will ensure the visuals are engaging and in line with the overarching *'vaccinations save lives'* messaging.
    - Making it **social** - we will demonstrate that getting the flu vaccination is the 'norm' and the right thing to do this winter. We will do this through social networks, including the staff Facebook group, and our other digital channels to encourage behaviours and ensure the message can be easily shared between colleagues.
    - Making it **timely** - give our staff the 'heads up' that the flu campaign is coming, and then from the point of vaccine delivery communicate with staff regularly and when they are most likely to be receptive e.g. target teams in relation to the clinic timetable, of-the-minute Trust-wide messages via email, StaffZone takeover banner and WhatsApp broadcast list when there is ad hoc clinic availability.

24. Whilst the campaign will continue with behavioural messages that provoke an emotional response as in previous years e.g. 'vaccinations save lives' and 'Every vaccine makes a difference', the primary focus will be on practical messages that inform staff how to get their vaccine, how to book, where to go and safety messages.

25. All campaign messages will be underpinned by the *'vaccinations save lives'* message, to tie in with winter health messages and the Covid-19 booster programme.

26. A message from the Chief Executive will launch the campaign, this will be supported by the Chief Nurse.

27. An integrated mix of internal communications channels will be used to ensure the flu messages are received by all staff on a regular basis.

28. As in previous years, Influenza vaccine uptake statistics will be published in the form of a leadership board, provided by the IPC Team/Business Intelligence Services.

The Incentive

29. It is recognised that incentives are an effective mechanism to engage staff in the influenza programme.

30. For the 2021/22 staff influenza campaign, the staff flu group have developed a charitable incentive, in recognition of the work local charities have undertaken to support local communities during the pandemic.

31. The proposal has been approved in principle by the Executive Leadership Team and is presented to Trust Board for final approval.

32. The benefits of this year's incentive scheme are anticipated to include:

- Supporting local charities resulting in a positive impact within communities
- Staff feeling connected to their local area
- Providing an opportunity to support local charities across Wirral, Cheshire East and St Helens

33. The Communications Team will disseminate 'Thank you' messages at key milestones throughout the campaign demonstrating appreciation to staff and providing updates regarding charitable donations resulting from the campaign.

Board action

34. The Board is asked to be assured that the staff Influenza programme 2021/22 is in line with the Healthcare worker Influenza vaccination best practice management checklist, and to approve the proposed 2021/22 incentive scheme.

Paula Simpson, Chief Nurse

Contributors:
Fiona Fleming, Head of Communications and Marketing
Rachel Sanders, Communications and Marketing Manager
Janice Evans, Service Lead
Claire Wedge, Deputy Chief Nurse

30 September 2021

Wirral Community Health and Care NHS Foundation Trust

Appendix 1: Healthcare worker Influenza vaccination best practice management checklist - for public assurance

A	Committed leadership	Evidence	Trust self-assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	All board members committed to achieving 100% uptake of Influenza campaign for front line health care workers.	
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	The Trust has ordered and will be providing quadrivalent (QIV) flu vaccines for Trust staff.	
A3	Board receive an evaluation of the flu programme 2020 to 2021, including data, successes, challenges and lessons learnt	Trust Board received an evaluation of the 2020/2021 flu programme via the Director of Infection Prevention and Control (DIPC) annual report in August 2021.	
A4	Agree on a board champion for flu campaign	Paula Simpson, Chief Nurse has been identified as the board champion for the flu campaign.	
A5	All board members receive flu vaccination and publicise this	Board members have committed to receive flu vaccinations and to publicise this in accordance with the flu communications plan. This will replicate the approach taken in 2020/21.	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	The Influenza team includes representation from all Divisions across the Trust. Staff side colleagues have been invited to attend the group and have been offered a meeting with the Chair of the staff flu group to ensure full involvement. In addition, staff vaccination programmes are included within the Joint Forum meeting agenda.	
A7	Flu team to meet regularly from September 2021	Planning by the flu team commenced during July 2021, with regular meetings be held throughout September 2021.	

B	**Communications plan**		
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	The staff flu vaccination programme will be fully publicised via the electronic staff bulletin 'The Update', published Trust-wide three times a week: Monday, Wednesday, Friday. The communications plan is supported by the Trust's Executive and Senior Leadership Team.	
B2	Drop-in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Action incorporated into the flu communications plan, ensuring accessibility of the programme.	
B3	Board and senior managers having their vaccinations to be publicised	Action incorporated into the Communications plan.	
B4	Flu vaccination programme and access to vaccination on induction programmes	Flu campaign is discussed during induction and publicised on StaffZone.	
B5	Programme to be publicised on screensavers, posters and social media	Full communications campaign will be rolled out across the Trust using multiple internal communication channels including screen savers, posters, social media, team meetings, and the Get Together.	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Weekly feedback on percentage uptake has been incorporated into the Trust's communications plan, this will also be reported to the Operational Oversight Group weekly.	
C	**Flexible accessibility**		
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Peer vaccinators have been identified and trained to the National Minimum Standards to administer the influenza vaccine to staff via Patient Group Directions.	
C2	Schedule for easy access drop-in clinics agreed	A plan for drop-in clinics has been developed and will be incorporated into the delivery model as required.	

C3	Schedule for 24-hour mobile vaccinations to be agreed	Due to the nature of Trust Services, 24-hour vaccination will only be available for urgent care services, via the agreed peer vaccination approach.	
D	**Incentives**		
D1	Board to agree on incentives and how to publicise this	Incentive scheme has been agreed by the Executive Leadership Team and is presented to Board of Directors: 06 October 2021 for approval.	
D2	Success to be celebrated weekly	Success will be reported via a variety of mechanisms Trust wide on a minimum weekly basis.	

Wirral Community Health and Care NHS Foundation Trust

Annual Emergency Preparedness, Resilience & Response (EPRR) Report 2020/21

Meeting	Board of Directors		
Date	06/10/2021	**Agenda item**	**18**
Lead Director	Mark Greatrex, Deputy Chief Executive & Chief Finance Officer		
Author(s)	Mick Blease, Emergency Planning Lead and LSMS		

Action required (please tick the appropriate box)

To Approve ☑	**To Discuss** ☐	**To Assure** ☑

Purpose

- Through the EPRR annual report, provide assurance to the Board of Directors on the Trust's state of readiness to respond to threats and hazards and major disruptive events that may impact on the delivery of its services.
- Provide assurance to NHS England and Improvements for the following points:
- Assurance that all the relevant commissioners and providers of NHS-funded care have undertaken a thorough and systematic review of their response to the first wave of the COVID-19 pandemic, and a plan is in place to embed learning into practice
- Confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for our system
- Provide the reviewed Major Incident Plan for approval.

Executive Summary

The attached EPRR report identifies work undertaken to ensure that the Trust is compliant with statutory requirements placed upon it as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004.

To comply with the national requirements the Trust is required by the Local Health Resilience Partnership (LHRP).

- Complete a self-assessment against 37 EPRR standards that are applicable to community providers (Appendix 1). This has been completed with 35 of the 37 standards assessed as fully compliant. The remaining two have been marked as partially compliant providing an overall assessment of 'Substantially Compliant'.
- That a statement of assurance should be agreed by the Trust Board and signed by the Accountable Emergency Officer.
- The agreed and signed statement should be submitted to NHSE & I no later than the 1 October 2021.
- This process has been completed on time.

Risks and opportunities:
None identified.

Quality/inclusion considerations:
Quality Impact Assessment completed and attached No
Equality Impact Assessment completed and attached No
Emergency planning affects all aspects of the organisation and therefor no impact on equality.

Financial/resource implications:
There are no financial or resource implications.

Trust Strategic Objectives

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

Our Populations - outstanding, safe care every time	Our People - advancing staff wellbeing	Our Performance - growing community services across Wirral, Cheshire & Merseyside

Board of Directors is asked to consider the following action

To be assured that the Trust is compliant with statutory requirements placed upon it as a Category 1 Responder under the Civil Contingencies Act (CCA) 2004.

To approve the reviewed Major Incident Plan.

Report history

Submitted to	Date	Brief summary of outcome
Quality & Safety Committee	23/09/2020	Report noted by committee statement of compliance completed and forwarded as required.

Wirral Community Health and Care NHS Foundation Trust

Annual Emergency Preparedness, Resilience and Response (EPRR) Report for 2020/21

Introduction

This is the Annual Report relating to Emergency Preparedness, Resilience and Response (EPRR) for the year 2020/21

The report identifies the work undertaken to ensure that Wirral Community Health & Care NHS Foundation Trust is compliant with the statutory requirements placed upon it by:

- The Civil Contingencies Act (CCA) 2004
- Terms and conditions of the NHS Standard Contract for Emergency Planning
- NHS England core standards for Emergency Preparedness Resilience and Response (EPRR)

The purpose of the annual report is to provide an overview of:

- The Trust's state of readiness to respond to the challenges, threats, hazards and major disruptive events that may impact on the delivery of its services or require a wider community response.
- Describe our response to recent incidents
- Outline the work that has been undertaken in the last 12 months

The report is sectioned as follows:

1. Planning
2. Training and Exercising
3. Response
4. Partnership Working
5. Assurance
6. Priorities for 2021/22

1.0 Planning

1.1 Accountable Emergency Officer /Emergency Preparedness Officer

Under the EPRR framework, the Trust is required to be represented at the Local Health Resilience Partnership (LHRP) for Merseyside by the Accountable Emergency Officer (AEO).

The role of AEO has been held by Mark Greatrex the Chief Financial Officer/Deputy Chief Executive.

Mick Blease is the Trust Emergency Preparedness officer and represents the Trust at the regional LHRP practitioner meetings. The Trust is also compliant with attendance rates at this meeting.

1.2 Major Incident Plan

In line with the requirements of the Civil Contingencies Act 2004, the EPRR framework and Standard NHS contract, as a Category 1 Responder, the Trust must have emergency plans that make explicit how the organisation will respond in the event of an emergency or major incident.

The Major Incident Plan has been subject to a regular annual review with the following changes made

- Reference to Integrated Care Systems included.
- New Communication links added

The plan is attached as separate document for approval as part of this EPRR annual submission. (Appendix C)

1.3 Business Continuity Planning

WCHC has a legal and contractual duty to develop robust Business Continuity arrangements which set out how the Trust will maintain critical functions if there is a major emergency or disruption.

Business Continuity plans are in place at both the service and directorate level. To provide a consistent methodology and format across the Trust, a Business Continuity Policy aligned to ISO22301 (International standard for Business Continuity Management) has been developed.

Business Continuity plans have been subject to an annual review during the current year. Business continuity plans were subject of an annual Audit in July 2020 the results of which were included in the Annual report for 2020. Lessons have been learned from that audit with the creation of hard copies of plans being made accessible to teams.

A number of Business Continuity plans have been activated during the year. These activations have predominantly been as a result of staffing issues in particular with the ability to resource Walk-In Centres. Other activations include the loss of power and IT associated with essential work carried out relating to the generator at the SCHC site.

As part of the winter planning for 2021 teams will be asked to conduct a further review of business continuity plans in order to address any potential staffing issues during a Covid winter.

1.4 Health Safety Security Resilience Group (HSSR)

The HSSR Group has met on a quarterly basis throughout 2020/21. It is chaired by the EPRR lead. The group includes representation from corporate services, clinical directorates and Adult Social Care. Administration support is provided by the Estates administration support.

Meetings continue to be conducted via Teams which has assisted in ensuring high attendance levels.

Additional agenda items were added toward the end of 2020/21 to take into account the new role of the Community Integrated Care Centre (CICC).

The Terms of Reference have also been reviewed during the year and agreed at the April meeting. Notable changes included Estates providing the administration report.

1.5 On Call Manager Process

WCHC operates a two-tier rota system. The Trust utilises an operational level consisting of senior operational managers and deputy directors, which currently has 9 named individuals and is the first point of contact.

The operational rota consists of managers performing the role on a daily basis. This was introduced at the commencement of the COVID-19 pandemic and has worked well. This system requires the transfer of the on call phone to the individual’s phone and is managed by the Centralised Booking Service who operate seven days a week.

Directors and Associate Directors form the second “escalation” level which has 8 named individuals. The escalation level operates on a weekly basis with the handover taking place on a Monday.

The rota is available on StaffZone and issued to WUTH switchboard as a back-up. It is also included within the “On Call” pack available to all on call managers.

The process is continually subject to review by the Emergency Planning Lead and members of the rota.

On Call incident logs are completed on Datix, allowing for more effective management of incidents. Reporting and analysis of On Call incidents takes place at the Resilience Group and within On Call Manager training.

1.6 Counter Terrorism

There are five levels of threat:

- low - an attack is highly unlikely
- moderate - an attack is possible but not likely
- substantial - an attack is likely
- severe - an attack is highly likely
- critical - an attack is highly likely in the near future

The current threat level in relation to international terrorism in the UK is “Substantial” an attack is likely and was last changed on the 4 February 2021 (having previously been at level severe). Nationally, there were 185 arrests for terrorism-related activity in the year ending 31 December 2020, 97 fewer than in the previous 12-month period (a fall of 34%).

Close liaison continues to take place with the LHRP and Counter Terrorist Police. The trust is also signed up to the periodical of the counter terrorism circulation UK Protect. Key messages to staff concerning preparedness and security are communicated in Staff Bulletin, StaffZone and training sessions. The Government produced ‘Run Hide Tell’ video continues to be included within the Conflict Resolution training programme.

In addition to the quarterly circulars by UK protect, the LSMS participates in a monthly 20-minute bridge call which outlines the current threat level, relevant intelligence and any significant incidents.

The LSMS also represents the Trust in the monthly Wirral Channel Panel who collectively assess the risk to an individual and decide whether an intervention is necessary. If a Channel intervention is required, the panel works with local partners to develop an appropriate tailored support package.

1.7 Plan Development

The following plans have been reviewed and updated in the past 12 months:

- Major Incident Plan
- Business Continuity Plan
- Heatwave
- Cold Weather Plan

2.0 Training and Exercising

2.1 Training

The Trust has actively invested in the knowledge and skills of its Emergency Planning Lead and ongoing training of other key staff.

2.1.1 On Call Manager training

On call manager training has been delivered to individuals who have ben recruited on to the respective on call rotas. The training has been delivered by the EPRR lead.

The ongoing pressures of the COVID-19 pandemic has affected the ability of any additional bespoke on call training to be delivered during the year, however the response to the pandemic has provided a real time event that has developed those performing the role of on call manager in a number of areas.

2.1.2 Fit Test Training

Staff performing certain functions such as “Aerosol Generated Procedures” are required to wear an FFP3 face mask to enhance the safety of themselves and the patient with regards to passing on of infections. Once a member of staff has been identified as being required to wear such a mask they should be “Fit Tested” for each mask type. The person performing the Fit Test should be trained in the procedure.

During the COVID-19 pandemic the Trust has continued to enhance its ability to provide Fit Testing to staff across the organisation.

The trust continues to review the number of Fit Testing staff and has provided training in March 2020 and March 2021 in the Qualitative fit testing method (use of taste as a measure). This training has ensured that all relevant services have access to a "Fit Fester".

In addition to this the trust has also acquired a portacount device that provides a Quantitative testing method which negates the requirement for the subject to taste as a test of secure fitting. An additional six staff were trained in this method in June 2020.

FFP3 stock is assessed weekly by procurement and all services can acquire masks from this stock utilising the PPE ordering process. Staff can access staffZone to identify the specific masks they have been fit tested for and review dates.

2.2 Tests and Exercises

The trust is required to ensure response plans have been appropriately tested, conducting:

- A live exercise/Incident every 3 years
- A tabletop exercise annually
- Communications test every 6 months

Training and exercising have been severely affected by the pressures of the COVID-19 Pandemic and the ability of individuals to meet during the constraints of the same including social distancing etc.

The tables below advise on the exercises and training that have taken place involving the Trust during the past three years.

Date	Type	Topic	Attendees
Internal Exercises			
30/08/2019	Live Exercise	Operation Lockdown at SCHC	All staff at SCHC. Led by LSMS.
30/09/2019	Live Exercise	Early stages of a major incident and the setting up of an Incident Control Centre.	All On call Managers.
12/11/2019	Trust Tabletop	Cyber Attack Exercise	Representation from across the organisation. Delivered by the EPRR Lead in conjunction with the IT department
21/08/2021	Live Exercise	Operation Lockdown at SCHC.	All staff at SCHC Led by LSMS
External Exercises/Debriefs (previous 3 Years)			
03/12/2018	LRF Tabletop Exercise Exercise Ferranti	Power loss/outage exercise	Emergency Planning Lead
19/12/2018	Incident debrief	Presented by security and Emergency planners involved in Novochock incident in Salisbury	Emergency Planning Lead and Communications Manager.
25/10/2019	Tabletop	Brexit Response – Wirral wide Co-ordinating group. Led by the Local Authority.	Emergency Planning Lead.
16-20/03/2020	Discussion based Exercise Novus Coronet	A Public Health England exercise on the response to Coronavirus by providers.	Emergency Planning Leads for CCG, WUTH and WCHC
12/11/2019	Tabletop	Counter Terrorism Exercise – Delivered by the North West Counter Terrorism Unit	Emergency Planning Lead.
Internal Training			
19/03/2021	Core Standard requirement	Fit Test training	12 Individuals trained in the delivery of the Qualitative fit testing method.
16/06/2020	Core Standard requirement	Fit Test Training	6 Individuals trained in the delivery of the Quantitative (Portacount) fit testing method.
Various dates	E Learning	Action Counters Terrorism input.	Accessed by relevant staff Receptions etc)
Various dates	Face to Face	On call Manager training	Delivered to new recruits of the On call Manager rotas.
External Training In past 3 Years			
25.09.2019	Table Top	Cyber Exercise	Delivered by Mersey Care
13.12.2019	Workshop	Complete Electrical Power Failure	Delivered by NHSE EPPR regional lead.
21.01.2020	Workshop	Community Outbreak	Delivered by NHSE EPRR Regional

			Lead.
23.06.2020 26.06.2020 30.06.2020	Workshop	Response and recovery to COVID-19	Delivered by The emergency Planning College – Virtual meeting rooms.
17/08/2020 – 07/09/2020	E-learning	COVID-19 Psychological first aid.	Delivered by Public Health England.

2.2.1 Training and Exercise programme

The trust is required to complete a live exercise within a three-year period that can test elements of the emergency planning measures in place. The occurrence of an incident that has tested the effectiveness of elements of the plans in that period may also show compliance in this area.

Listed below are the Incidents and exercises that have occurred during the past three years and evidence compliance with this standard. These are in addition to the training/exercises that have already been documented above.

Date	Exercise/Incident	Details
13/01/2019	Incident	Power outage at WUTH resulting in a loss of power affecting the delivery of WCHC services at this location. Business continuity plans were activated, and staff responded in line with WUTH Major Incident Planning.
16/01/2019	Incident	Major Power Loss at SCHC affecting all services delivered from this location and other services across the organisation. The incident resulted from maintenance work being carried out on the generator at this location. An internal major incident was declared, and a response initiated. Ancillary issues included persons trapped in the elevator. Power was resumed approx. 4 hours later. A full investigation followed the incident. Responses were sought from across the organisation and affected partners. An action plan was compiled. Mitigation has now been put in place to ensure that any repetition of the incident is limited and the effectiveness of the response is enhanced. The Major Incident Plan and Business Continuity plans were tested together with the lockdown procedure for SCHC.
23/01/2019	Incident	Heavy Snowfall – Snow clearing and gritting policies were tested together with Business Continuity Plans for services in the Cheshire East area following heavy snowfall.
12/06/19	Incident	Loss of IT – Staff reported the loss of certain systems including the Cisco telephony system. Further reports indicated that users of laptops on wards at WUTH had lost connectivity. The issue was identified as being related to works being carried out on the servers located at VCHC. Business continuity plans for the Walk-in Centres and certain wards at WUTH were tested.
09/08/2019	Incident	Loss of power. A national issue following the loss of two power stations almost simultaneously, led to the loss of power at the VCHC site and clinics at Water Street and Field Road. Business continuity plans were tested at all locations.
27/01/2020 to Date	Major Incident	COVID-19 Please see summary below under Response 3.1.
28/02/2020	Incident	A further Power Failure SCHC. The power loss affected

		services being delivered from SCHC and other locations across the organisation. An internal Major Incident was declared. Further information is available under the response section below 3.2.
09/07/2020	Incident	Maggot Infestation at Eastham Clinic. This appears to be an annual reoccurrence at this location where the source is being attributed to other commercial premises at the location. This event was smaller than previous incidents and Business continuity Plans were implemented for a short period of time in order to have the affected areas treated.

2.2.2 Incident Control Centre (Major Incident Room)

The Trust is required to maintain appropriate incident control centre facilities to control and co-ordinate the response to an emergency. Incident Control Centres are established at St Catherine's Health Centre and a backup facility at the Albert Lodge training wing located at VCHC. Major Incident Plan updated with the new room layout and contact phone numbers.

3.0 Response

3.1 COVID-19

The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome. The disease was first identified in December 2019 in Wuhan, China. The World Health Organization declared the outbreak a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March.

Local planning for elements of the disease commenced on the 27th of January 2020 in order to plan for the reception of UK citizens being repatriated to the UK from the city of Wuhan. Those initial guests were received on the 31st of January with further expatriates arriving a week later.

As the disease quickly escalated measures were put in place as part of phase 1 of the response to COVID-19 in the UK. Those efforts were designed to quickly identify potential infected individuals and act swiftly to quell any reinfection.

National guidelines began to be published and as more knowledge of the disease became known. The following priorities for Community Services were outlined in initial guidance.

- Teams should support home discharge of patients from acute and community beds, as mandated in the new guidance for Hospital Discharge Service Requirements, and ensure patients cared for at home receive urgent care when they need it
- By default, use digital technology to provide advice and support to patients wherever possible
- Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks
- Apply the principle of mutual aid with health and social care partners, as decided through your local resilience forum.

In addition to this guidance we also received information on what services should be stood down, reduced or continue as normal. All this information formed the basis for the response of WCHC to the pandemic.

A command structure was established by WCHC in response to the pandemic which is summarised below.

As Services began to return to some sense of normality, the structure was initially maintained but the frequency of the meetings was reduced. In July 2021 the Tactical meeting was replaced by an "Operational Oversight Group" but is scalable should the situation dictate.

The COVID-19 vaccination programme commenced in December 2020 and has continued to date. In all 91 percent of WCHC staff have received at least one vaccination with 96 % of this total having received two doses. A phase 3 roll out of vaccines is due to commence on the 6 September 2021. The full details of this rollout are yet to be finalised by the JCVI.

From November 2021 it will be mandatory for anyone, including NHS staff, entering a care home to be vaccinated. A consultation with regards to the mandating of all front line NHS staff to be vaccinated was commenced on the 9 September. The consultation is expected to take several weeks.

The trust has been tasked with administering vaccines to the 12–15-year-old cohort. This will be in the form one dose of the Pfizer vaccine and will be delivered by the School Nursing teams in Wirral and Cheshire East. The first vaccines in this programme were delivered on the 30 September to consenting students at South Wirral High School in Eastham. The programme is due to continue through to the end of November.

On the 25 March 2021 the decision was made that the national incident level for the NHS COVID-19 response will now be reduced from level 4 to level 3. The incident remains live and the Trust is still operating at the Level 3 response. There are further references to the response to COVID at section 6 of the report below "Core standards assessment 2020/21"

3.2 Major Incident – Loss of power (28/02/2020)

On Friday 28th February 2020 a routine test of the HV/LV switches again resulted in loss of power to the SCHC site. A similar incident occurred on the 16 January 2019.

A business case was approved to Replacement of LV 1250 Switch room Panel, replace and upgrade existing UPS, and commission 800kVa Generator – This generator would also meet new Tier 5 emission standards, which would be a requirement for any income generation with the National Grid. A larger capacity generator would future proof the organisation by enabling expansion within the SCHC site in the form of building extensions or commissioning of additional technology. This would increase the resilience as additional power requirements in the future could be more easily accommodated. In addition, the larger generator set would facilitate a

revenue steam by enabling the Trust to effectively export power back to the National Grid during times of peak demand as part of a Demand Side Reduction (DSR) agreement.

A tender process was completed, and a preferred bidder identified.

To install the new systems and generator it would be necessary to cut the mains supply into the buildings on the SCHC site for a period of 72 hours. Planning was commenced and the bank holiday weekend of 29 - 31 May was identified as the most suitable period for the works to occur. Several mobile generators were utilised to provide a continued supply for essential areas of the site including the Pharmacy, IT Server rooms, and vaccine storage areas. All the required installations were completed with in the allotted time and mains power was restored.

Works continued to ensure the generator was fully proficient and on the 23 August 2021 the generator was fully commissioned removing any of the vulnerabilities identified following the power losses.

3.3 EU Exit

There has been limited disruption to services because of EU exit.

We have been asked to continue to keep appropriate EU exit contingency measures in place as part of our incident response capability at least until controls outlined take effect.

Professor Keith Willett indicated in a letter dated the 30 December 2020 that EU Exit mitigation will continue to apply with NHS organisations seeking to resolve supply disruption issues through business-as-usual procedures in the first instance.

It is recognised that the longer it takes to implement the above then the likelihood of a negative impact of EU exit issues subside as businesses and services adapt to the regulations and requirements in place.

Data

The European Commission has published its draft data adequacy decisions. These recognise the UK's high data protection standards and set out that the UK should be found 'adequate'. This is welcome news because it paves the way for continued free flow of personal data between the UK and the EU.

EU Settlement Scheme.

The deadline for applying for the EU settlement scheme was the 30 June 2021.Applicants must have started living in the UK by 31 December 2020.

All Trust staff who meet this categorisation have been supported through this process.

3.4 Critical Incident WUTH

On the 22 July 2021 WUTH lost its ability to access the Cerner patient record systems. This followed a planned upgrade on the system. The loss of the Cerner affected the wider health system including services delivered by WCHC such as the Urgent Treatment Centre. The system did not fully recover for several days and a system wide response was required. WCHC was involved in the response to the incident and its recovery.

4.0 Partnership Working

The trust actively participates in the following multi-agency groups to ensure a proactive and co-ordinated approach to informing and sharing best practice:

- Local Health Resilience Partnership (LHRP) - Executive Groups for both Merseyside and Cheshire, attended by accountable emergency officers
- LHRP Practitioners Group – Working group for both Merseyside and Cheshire attended by emergency planning leads
- Wirral Emergency Planning Group – Multi-agency working group attended by both industry, category 1 and 2 responders to review resilience arrangements and public events across Wirral
- WUTH Emergency Planning Team Meeting
- CWP Emergency Planning Team
- Local Resilience Forum (Merseyside)
- System wide collaboration (PPE)

Partnership working is evidenced throughout numerous aspects of the COVID-19 planning processes both locally and regionally. The COVID-19 Vaccination programme evidences this collaboration. Trust staff supported the vaccination programme delivered by WUTH at its Clatterbridge Hospital site. Despite initially volunteering to become a “Hospital Hub” to assist in the delivery of the vaccination programme it was agreed with WUTH and other vaccine providers that Trust staff could receive vaccinations from an array of other Vaccine Providers including WUTH, CCC, and PCN’s.

5.0 Assurance

Under the CCA 2004, the trust has legal responsibilities in six specific areas:

- Co-operating with other responder organisations
- Risk assessment
- Emergency planning
- Communicating with the public
- Sharing information with local responder organisations
- Business continuity plans to ensure that services can continue to deliver their functions in the event of an emergency so far as its reasonably practicable

Compliance against the EPRR requirements of the CCA 2004 is monitored via an annual self-assessment exercise the results of which are required to be submitted to trust board for approval before submission to NHS England.

Organisations are expected to state an overall assurance rating as to whether they are fully, substantially, partially or non-compliant with the NHS EPRR Core Standards.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-compliant*	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

* Should an organisation be non-compliant the LHRP will regularly monitor progress throughout the year until it is has attained an agreed level of compliance.

5.1 Self-assessment and action plan, 2020/2021

It was recognised at National level that the events of 2020 have tested all NHS organisation plans beyond that routinely achievable through exercises or assurance processes. However, there is still a statutory requirement to assure of EPRR readiness.

It is also recognised that the detailed granular process of previous years assurance processes would be excessive against a backdrop of planning for a further wave of COVID-19 and the preparations for increased demand during the winter period.

As a result of the above the assurance process for 2020/21 focused on three areas:-

1. progress made by organisations that were reported as partially or non-compliant in the 2019/20 process
2. the process of capturing and embedding the learning from the first wave of the COVID-19 pandemic
3. inclusion of progress and learning in winter planning preparations.

The Trust provided assurance to National level that WCHC had captured these requirements.

5.2 Core standards assessment 2021/22

The EPRR lead has completed the required self-assessment of the new EPRR core standards for 2021/22. There are 37 standards attributable to a community service provider, 35 have been assessed as Green and 2 as Amber. This represents **Substantial Compliance**.

The full assessment and embedded action plan can be found at **Appendix A.**

The Accountable Emergency Officer has signed the “Statement of Compliance” (**Appendix B**) which has been forwarded to the NHS England & Improvements

5.3 Deep Dive

Annual Assurance processes are always accompanied by a section dedicated to a specific topic that falls outside of the normal standards. 2021/22 is no different. This year Trusts are required to evidence compliance in the area of piped medical gasses. WCHC does not control any piped medical gasses and therefore the Deep dive element of this year's assurance process is not applicable.

6.0 Priorities for 2021/22

Once again, the overriding priority for 2021/22 is to continue to address the ongoing issues faced by WCHC resulting from the impact of COVID-19 and the impact of other winter pressures such as seasonal flu.

In addition to the ongoing response to COVID-19 there will also be a focus on new services such as the CICC and the evacuation planning of this area should this be required.

Once allowed to do so, face to face training will be reintroduced with a focus on On call Manager training and a table top exercise, the subject of which is yet to be identified.

Mick Blease
Emergency Planning Lead

30 September 2021

Ref	Domain	Standard	Detail	Community Service Providers	Evidence - examples listed below	Organisational Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
Domain 1 - Governance											
1	Governance	Senior Leadership	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role.	Y	• Name and role of appointed individual	Mark Greatrex as deputy Deputy Chief Executive and Chief Finance Officer is the Board level Accountable Emergency Officer. NED responsible for EPRR is Beverley Jordan	Fully compliant				
2	Governance	EPRR Policy Statement	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation.	Y	Evidence of an up to date EPRR policy statement that includes: • Resourcing commitment • Access to funds • Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.	The EPRR Policy GP52 was reviewed in May 2019 and approved by the Quality and Safety Committee. The policy is available on the Trust intranet site "StaffZone". The policy is due to be reviewed in April 2022.	Fully compliant				
3	Governance	EPRR board reports	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process.	Y	• Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board	An annual report is completed by the Emergency Planning Lead which is submitted to the Quality and Safety Committee prior to onward transmission to Board and is presented by the AEO. The plan is included in the public Board minutes	Fully compliant				
5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	• EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources • Role description of EPRR Staff • Organisation structure chart • Internal Governance process chart including EPRR group	The EPPR Policy GP52 identifies resources and roles and responsibilities of key individuals (p5-9).	Fully compliant				
6	Governance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	Y	• Process explicitly described within the EPRR policy statement	The EPPR Policy GP52 addresses the area of Continuous Improvement through training, exercising and monitoring effective implementation (p11-12)	Fully compliant				
Domain 2 - Duty to risk assess											
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	• Evidence that EPRR risks are regularly considered and recorded • Evidence that EPRR risks are represented and recorded on the organisations corporate risk register	The trust utilises the Datix Incident Reporting system to record and manage all risks including EPRR Risks. EPRR has its own section within the Risk Register. An example of an EPRR risk can be found at Risk 2649 which relates to staffing shortages at UTC/WIC. Included in the risk is the Action Plan that has been developed in order to mitigate the risk. EPRR Risk is a standing agenda item on the Trust Resilience Group meeting	Fully compliant				

8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	• EPRR risks are considered in the organisation's risk management policy • Reference to EPRR risk management in the organisation's EPRR policy document	The role of Risk Manager is referenced within the EPRR Policy. Risk Assessment and Hazard mapping is referenced at section 8.1 of the EPRR Policy. GP45 Risk Management Policy addresses Risk Identification and Management and notes business continuity.	Fully compliant				
Domain 3 - Duty to maintain plans											
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Critical Incidents and Major Incidents are addressed by the Major Incident Plan. The plan is current as is reviewed annually and will reference any changes in threat/risk/regulations. The plan adheres to national guidance making reference to the NHS England Incident levels and EPRR structures. Section 6.2 of the MIP makes reference to Hazard and Risk Assessment and the Community Risk Register. The plan is produced and made available on StaffZone and is available on internet and extranet with hard copies available in both ICC rooms. Training Schedule is referenced at 1.4.1 of the plan. The plan was last tested in January 2020 in the response to the loss of power at the St Catherine's site.	Fully compliant				
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Please see above. Major Incident Plan is in place and is reviewed annually as part of the Annual Self-Assessment process. Board review the plan annually for assurance	Fully compliant				
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Heatwave Plan is reviewed annually. The plan is reproduced in the staff area of the intranet for reference. The EPRR lead is signed up to all weather alerts. The trust is also signed up to Resilience Direct which includes alerts and sharing of information between responders. Communications provide regular updates to staff regarding specific weather concerns. A Heatwave Exercise was conducted during the year as part of the EPRR annual training programme. Additional plans are produced by Public Health England and can be accessed via Resilience Direct.	Fully compliant				
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Cold Weather Plan is reviewed annually. The plan is reproduced in the staff area of the intranet for reference. The EPRR lead is signed up to all weather alerts. The trust is also signed up to Resilience Direct which includes alerts and sharing of information between responders. Communications provide regular updates to staff regarding specific weather concerns. A Winter Surge Plan is also in existence and is developed with the cooperation of other health care providers with the CCG taking the lead. Additional plans are produced by Public Health England and can be accessed via Resilience Direct	Fully compliant				

18	**Duty to maintain plans**	**Mass Casualty**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Trust supports the Mersey Cheshire Area Mass Casualty Plan with the provision of assistance to deal with P3 casualties. The trust formed part of working group that has devised a plan to deal with the distribution of P3 (Walking Casualties) following a major incident. This group was developed by the LHRP and the plan supports the Casualty Distribution Plan and the North West Ambulance Service and provides details of centres across the area the number of casualties they can receive, what facilities the premises have and what transport arrangements are in place.	Fully compliant				
20	**Duty to maintain plans**	**Shelter and evacuation**	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The trust employs the services of a Fire Safety Officer. Fire evacuation plans are in existence for all trust premises and tested annually. The fire evacuation procedures form part of induction training and all staff are required to complete fire safety training every two years. In April 2021 the Trust was commissioned to provide an "in patient" service that addressed the "Transfer to Assess" element of care. Staff in this service have received evacuation of patient training utilising specific equipment. A video was also produced.	Partially compliant	Full evacuation plan to be drawn up for the CICC located at Clatterbridge Hospital following consultation with building owners and other providers located in same building.	Joe Clark Health and Safety Advisor	01.11.21	
21	**Duty to maintain plans**	**Lockdown**	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Lock down plans are in place and form part of the Security Management Strategy. The lockdown procedures are tested regularly. The latest lockdown exercise was conducted on Friday 20th 2021 at SCHC and involved Estates, the Trust Security provider and nominated sentries. A full debrief took place with no additions required to the plan. The lockdown plans are shared with those required to perform the roles described.	Fully compliant				
22	**Duty to maintain plans**	**Protected individuals**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond and manage 'protected individuals'; Very Important Persons (VIPs), high profile patients and visitors to the site.	Y	Arrangements should be: • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Media Policy GP16 Section 8, outlines the guidelines when planning for visitors and celebrities wanting access to Services Sites and Patients. The communication department will plan the visits. A recent example was the planning concerning the NHS 70 birthday party celebrations which involved attendance from local dignitaries. The policy is included in StaffZone and accessible to all via intranet and internet	Fully compliant				
Domain 4 - Command and control											
24	**Command and control**	**On-call mechanism**	A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond to or escalate notifications to an executive level.	Y	• Process explicitly described within the EPRR policy statement • On call Standards and expectations are set out • Include 24 hour arrangements for alerting managers and other key staff.	The on call mechanism is included in the EPRR Strategy and the Major Incident Plan. On call arrangements are also included within a Team drive accessible to all required to perform the role. Key On Call information is also included within pages of the StaffZone which can be accessed without the requirement of Trust IT systems.	Fully compliant				
Domain 5 - Training and exercising											
Domain 6 - Response											

30	**Response**	**Incident Co-ordination Centre (ICC)**	The organisation has Incident Co-ordination Centre (ICC) arrangements	Y		The Major Incident Plan provides full details on how to establish the ICC which includes maps and diagrams etc. There are two ICC locations (SCHC and VCHC) and provides the necessary resilience should one be unavailable. The ICC at SCHC was last ustilised following the declaration of a major incident in February 2020 when there was a loss of power at St Catherines Health Centre.	Fully compliant				
32	**Response**	**Management of business continuity incidents**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Y	• Business Continuity Response plans	Business Continuity Plans are in place for all services. Plans have been reviewed by each service during the past 12 months. Copies of plans are included in the On Call folder. The latest BCP's make reference to specific issues relating to COVID-19	Fully compliant				
34	**Response**	**Situation Reports**	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	• Documented processes for completing, signing off and submitting SitReps	Daily operational meetings and service meetings take place throughout the trust that facilitates the use of situation reports. During COVID-19 daily tactical meetings were initiated with representation from across all services and support functions. This structure has been replaced with formation of an Operational Oversight Group. The battle rythm for this meeting is dictated by the pressures being sustained at the time. The District Nursing teams utilise a RAG rating addressing the workloads of the teams across a number of indicators. Situation reports are also utilised to provide information across the health region during winter pressures	Fully compliant				
Domain 7 - Warning and informing											
37	**Warning and informing**	**Communication with partners and stakeholders**	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	• Have emergency communications response arrangements in place • Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response • Using lessons identified from previous major incidents to inform the development of future incident response communications • 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	The Communications and Marketing Strategy is managed by the communications department. The strategy refers to the importance of communicating with partners and stakeholders. The trust utilises a programme called Hoot suite in order to monitor Social Media outlets that quickly enables to identify any issues that affect the trust. Training is provided to the trust regarding the use of this facility to the On Call Managers who monitor the sites outside of office hours. The trust utilises the social media platforms of Twitter and facebook in order to enhance its community engagement . Evidence of partnership working is plentiful as a result of the Covid-19 pandemic and include discharge of patients from an acute setting and staff vaccination programmes.	Fully compliant				
38	**Warning and informing**	**Warning and informing**	The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.	Y	• Have emergency communications response arrangements in place • Be able to demonstrate consideration of target audience when 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 major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing	The trust makes use of an "All User" email account to provide key information across the organisation in an emergency. Other warning mechanisms include the inclusion of "banners" onto the home screens of computers. At the commencement of the Covid-19 Pandemic the trust introduced a daily bulletin that advised staff on a miriad of topics including Covid legislation and Infection Prevention Control methods. The trust also utilises an internet site to assist in getting important information to the public. Staff have signed up to a "Whats App" account which allows key information to be cascaded to staff.	Fully compliant				

39	Warning and informing	Media strategy	The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a media spokespeople able to represent the organisation to the media at all times.	Y	• Have emergency communications response arrangements in place • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing • Having an agreed media strategy	A Media Strategy is in place. Media training has been provided to members of the Escalation On Call rota. The training delivered has focused on previous incidents that have affected the trust. The Media Strategy includes what response arrangements are in place.	Fully compliant				
Domain 8 - Cooperation											
42	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Y	• Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Signed mutual aid agreements where appropriate	If during a major incident Mutual Aid is required this will be requested through NHS England at the Tactical Co-ordinating Group (TCG) In the event of no TCG being established the request will go to NHS England first "On Call" manager.	Fully compliant				
	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Y	• Documented and signed information sharing protocol • Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'.	Data Protection Impact Assessments are completed for all new projects and system and special category data. The assessments identify risks and introduces actions to mitigate same. Information Sharing Agreements forms part of this process. There is a Freedom Of Information Policy in place (IG09) GDPR Compliance is evidenced through Staff and Service User privacy notices and forms part of the policy IG05	Fully compliant				
46	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement	The statement of intent is included in the introduction of the EPRR Policy GP52 and also the Trust BC Plan	Fully compliant				
Domain	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	Y	BCMS should detail: • Scope e.g. key products and services within the scope and exclusions from the scope • Objectives of the system • The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties • Specific roles within the BCMS including responsibilities, competencies and authorities. • The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process • Resource requirements • Communications strategy with all staff to ensure they are aware of their roles • Stakeholders	The BC Plan evidences the Trust Business Continuity Management System. The policy was developed in line with the Business Continuity Institute, Good Practice Guidelines 2013. Section 6 outlines the roles and responsibilities of various individual roles and groups. Section 7 identifies the critical functions of the organisation. Standard 9 above outlines the risk management process of the BCMS	Fully compliant				
47	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance	The Trust produces an annual Data Security and Protection Toolkit - Previously known as the IG Toolkit. Following the MIAA Audit in May 21, the Trust received significant assurance in the accuracy of evidence provided however one standard was not fully met as backups are not stored outside the main Trust system and the cloud based solution is not yet developed. The non-compliant assertion downgraded the overall rating to moderate. There is an action plan in place for the non-compliance assertion to be delivered by 30th December and progress is monitored by the Information Governance and Data Security Group.	Partially compliant	IT identify a source who can provide off site storage capability to ensure full compliance with this requirem,ent.	Dave Murphy / Phil Laing	01.12.21	

48	**Business Continuity**	**Business Continuity Plans**	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure	Y	• Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation	An overarching Business Continuity Plan provides guidance and instructions in relation to the completion of BCP's and the requirments to complete. BC Plans is a standing agenda item The Health Safety Security Resilience group Meetings. The BC Plan is included in the emergency planning pages of StaffZone. The BC requirements are also covered in the the EPRR Policy GP52. All services have completed reviews of Business Continuity Plans for 2021 and in addition to addressing the standard disruptions references are also made to Covid disruptions.	Fully compliant				
50	**Business Continuity**	**BC audit**	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Audit reports	Section 12 of the Business Continuity Policy outlines testing and exercising of the BC Plan. After action reviews are completed after incidents and exercises. An audit of service BCPs took place in July 2020. Several standards were included in the audit. Two areas of concern were raised which concerned the supply of a hard copy of the BCP and staff knowledge as to where the hard copy could be located. These issues have been addressed. The challenges presented by Covid have required further additional assessments of service BCP's.	Fully compliant				
51	**Business Continuity**	**BCMS continuous improvement process**	There is a process in place to assess the effectivness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Action plans	A review of the BCMS was conducted as part of the workplan for 2018/19. That review identified that the BC templates adopted fpr services were cumbersome. Research took place in order to identify best practice in similar organisations. Following that a new template was itentified and adopted in all services throughout the organisation. The template is included in the BC policy. The Covid pandemic required a further review of the BC process and sections were added to the BC template that related to the additional challenges presented by Covid.	Fully compliant				
53	**Business Continuity**	**Assurance of commissioned providers / suppliers BCPs**	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.	Y	• EPRR policy document or stand alone Business continuity policy • Provider/supplier assurance framework • Provider/supplier business continuity arrangements	Procurement policy is in place to ensure that contractors provide evidence of Business Continuity Plans as part of any tender process. NHS Conditions of Contract also include BP requirements. Evidence of this can be seen in the contracts that the trust have with Essity who are contracted to provide the home continence equipment provisions and also Amcare who service the community nursing dressins provision. These BCP's were reviewed and assuarances provided at the commencement of the Covid Pandemic.	Fully compliant				
54											
55	**CBRN**	**Telephony advice for CBRN exposure**	Key clinical staff have access to telephone advice for managing patients involved in CBRN incidents.	Y	Staff are aware of the number / process to gain access to advice through appropriate planning arrangements	CBRN Plan Action Cards include telephone numbers of specialist services via Public Health England and reference to the emergency services	Fully compliant				
Domain	**CBRN**	**HAZMAT / CBRN planning arrangement**	There are documented organisation specific HAZMAT/ CBRN response arrangements.	Y	Evidence of: • command and control structures • procedures for activating staff and equipment • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • interoperability with other relevant agencies • plan to maintain a cordon / access control • 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 • contact details of key personnel and relevant partner agencies	CBRN Plan highlights the role of the Urgent Care facilities with regards to the dealing of a CBRN incident. The plan addresses the safety of Staff, Patients and Premises and advises on the cordoning off of sections of the premises to protect no contaminated persons. The latest guidance relates to the Dry Decontamination Process and utilising the 123+ assessment process when identifying CBRN type incidents. The plan also includes a section on the recovery process (7) Action Cards for first responders are included together with equipment lists.	Fully compliant				

56	CBRN	HAZMAT / CBRN risk assessments	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation. This includes: • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste.	Y	• Impact assessment of CBRN decontamination on other key facilities	CBRN Plan Action Cards include telephone numbers of specialist services via Public Health England and reference to the emergency services	Fully compliant				
57											
58	CBRN	Equipment and supplies	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients. • Acute providers - see Equipment checklist: https://www.england.nhs.uk/wp-content/uploads/2018/07/eprr-decontamination-equipment-check-list.xlsx • Community, Mental Health and Specialist service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/eprr-chemical-incidents.pdf • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	• Completed equipment inventories; including completion date	CBRN Plan makes reference to the equipment required to deal with a CBRN incident. The contents of Grab Bags were checked correct in March 2021.	Fully compliant				
	CBRN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Y	• Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • All service providers - see Guidance for the initial management of self presenters from incidents involving hazardous materials - https://www.england.nhs.uk/publication/eprr-guidance-for-the-initial-management-of-self-presenters-from-incidents-involving-hazardous-materials/ • All service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/eprr-chemical-incidents.pdf • A range of staff roles are trained in decontamination technique	CBRN Plan Makes specific reference to the Initial Operating Response to a CBRN Incident. This training is included in a training video outlining the Dry Decontamination Process. Records are kept within urgent care of those staff that have completed the training and the requirement is also included in the EPRR training Matrix	Fully compliant				
60	CBRN	FFP3 access	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to, and are trained to use, FFP3 mask protection (or equivalent) 24/7.	Y		The trust continues to review the number of Fit Testing staff and has provided training in March 2020 and March 2021 in the Qualititative fit testing method which provides access to a "Fit Tester" across all services. In addition to this the trust has also aquired a portacount device that provides a Quantitative testing method which negates the requirement for the subject to taste. A number of staff were trained in this method in June 2020. FFP3 stock is assessed weekly by procurment and all services can acquire masks from this stock utilising the PPE ordering process. Staff can access StaffZone in order to identify masks fit tested for and review dates.	Fully compliant				

Cheshire and Merseyside Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2021-2022

STATEMENT OF COMPLIANCE

Wirral Community Health and Care NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Wirral Community Health and Care NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

Number of applicable standards	Standards rated as **Red**	Standards rated as **Amber**	Standards rated as **Green**
37	0	2	35
Acute providers: **46** Specialist providers: **38** Community providers: **37** Mental health providers:**37** CCGs: **29**			

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

M Greatrex

Signed by the organisation's Accountable Emergency Officer

29/09/2021

Date signed

16/09/2021	06/10/2021	01/11/2021
Date of Board/governing body meeting **(Virtual Board approval)**	Date presented at Public Board	Date published in organisations Annual Report

MAJOR INCIDENT PLAN

Document Title	Wirral Community NHS Foundation Trust Major Incident Plan
Authorising Manager	Mark Greatrex
Job Title	Chief Finance Officer & Deputy Chief Executive
Plan Author	Mick Blease
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Version Control:

Version History:		
V1	Development of Major Incident Plan to reflect organisational change	April 2011
V2	Amendments to update information	April 2012
V3	Amendments to include update in line with NHS commission Board Structures and Emergency Preparedness, Resilience and Response (EPRR) arrangements	April 2013
V4	Amendments to update information	October 2014
V5	Review of information and addition of escalation pathways	October 2015
V6	Update of ICC details Update of phone contact details	September 2016
V7	Amendments to Authorising Manager and Plan Author Rest Centre process	September 2017
V8	Amendments made to the trust On Call arrangements section 4.3	August 2018
V9	Amendments made in relation to the Trust name. Executive pack included which provides summary of the MIP for On Call managers.	August 2019
V10	Amendments to Action cards to include requirement to Tenants of WCHC controlled buildings, Amendments to Authorising Manager	September 2020
V11	Reference to Integrated Care systems and updates relating to communication links	September 2021

Further information about this document:

Document Name	Major Incident Plan
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Published by	Wirral Community Health and Care NHS Foundation Trust St Catherines Health centre Derby Road Birkenhead CH43 0LQ
This document can be made available in a range of alternative formats including various languages, large print, Braille and audiocassette	
Copies of this document are available from	Emergency Planning Lead

Distribution

The plan will be made available to all staff via the StaffZone

Hard copies are also available in both ICC rooms

The plan is included in the On Call Managers pack

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Major Incident Plan Overview

SECTION 1: LEGISLATION AND GUIDANCE

1.1 Aim of the Plan

This Major Incident Plan (MIP) outlines how the Wirral Community Health and Care NHS Foundation Trust (WCHC) will:

- Respond in the event of an major emergency
- Meet our statutory duties as an operational responder under the *Civil Contingencies Act (2004)*
- Meet our responsibilities as detailed in the NHS Commissioning Board planning framework ('Everyone Counts: Planning for Patients'), the NHS standard contract and through this the NHS Commissioning Board Emergency Planning Framework (2013).These responsibilities are detailed in the '*NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR*)

The Major Incident Plan is a generic plan and can be applied to all major incidents and significant internal incidents.

Who is the Plan for?

All staff within the organisation should be aware of the existence and purpose of the MIP and their individual contributions to the success of the Plan.

All such staff should know and understand their specific role in the overall plan. Divisional Managers, Heads of Service and Service Leads have a duty to ensure their Business Continuity Plans are in place to support the MIP.

Staff likely to be involved in a major incident response should ensure they have the appropriate training, equipment and knowledge to be able to respond safely and effectively to an emergency. In the event of a major incident, it is likely that several organisations will respond.

1.2 Consultation and Distribution of the Major Incident Plan

A copy of the MIP plan will be sent to both internal and external stakeholders for consultation.

The plan is made available as follows:

- Electronically on StaffZone
- A hard copy in the major Incident rooms.
- External partner agencies will receive a copy electronically

When a revised plan is issued recipients will be expected to destroy previous versions.

1.3 Major Incident Types and Levels

1.3.1 Definition of a Major Incident

A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements. Each requires the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or a local authority (LA). A significant incident or emergency may include:

a. Times of severe pressure - a sustained increase in demand for services such as surge or an infectious disease outbreak

b. Any occurrence where the NHS funded organisations are required to implement special arrangements to ensure the effectiveness of the organisation's internal response

c. An event or situation that threatens serious damage to human welfare in a place in the United Kingdom (UK) or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK

The term ''major incident'' is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.

1.3.2 Incident Types

A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements. Each require the implementation of special procedures and may involve one or more of the emergency services, the wider National Health Service (NHS) or a LA.

Big Bang – a serious transport accident, explosion, or series of smaller incidents;

Rising Tide – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action

Cloud on the Horizon – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action

Headline news – public or media alarm about an impending situation

Significant Internal incidents – fire, breakdown of utilities, significant equipment failure, hospital acquired infections and violent crime

CBRN – deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device

HAZMAT – incident involving hazardous materials

Mass Casualties – a disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS Organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response

The above list is not exhaustive.

1.3.3 Levels of Incidents

As an incident evolves it may be described, in terms of its level, as identified in the table below.

Alert	Activity	Action	NHS England Incident Levels	
Alert	Dynamic Risk Assessment	Declaration of Incident level	1	A health related incident that can be responded to and managed by local health provider organisations that requires co-ordination by the local Clinical Commissioning Group (CCG)
			2	A health related incident that requires the response of a number of health provider organisations across an NHS England area team boundary and will require an NHS England Area Team to co-ordinate the NHS local support
			3	A health related incident, that requires the response of a number of health provider organisations and NHS England area teams across an NHS England regional co-ordination to meet the demands of the incident
			4	A health related incident that requires NHS England national co-ordination to support the NHS and NHS England response

1.4 Review and Audit

The MIP will be reviewed and updated (where necessary) at least annually and, where required, following exercises or after an incident has occurred.

Audit

The MIP will be subject to annual review and as a minimum tested through an annual desktop exercise. Lessons learnt will be captured, incorporated into the MIP where relevant and shared with the wider NHS.

The Foundation Trust's approach to emergency preparedness will be assessed every twelve months either by means of external audit or via self-assessment and assurance provided to the Local Health Resilience partnerships

1.4.1 Training Schedule

Regular training will be provided for Wirral Community Health and Care NHS Foundation Trust (WCHC) staff to ensure they fully understand their role in the event of a major incident. In addition, the Foundation Trust will undertake the following:

- A communications cascade test every six months
- A table top exercise every year
- A live exercise every three years
- Refresher and awareness training for individuals undertaking information handling roles
- Familiarisation of Major Incident Room awareness sessions

1.4.2 Other Related Plans

The following plans have been developed to response to specific hazard and threats

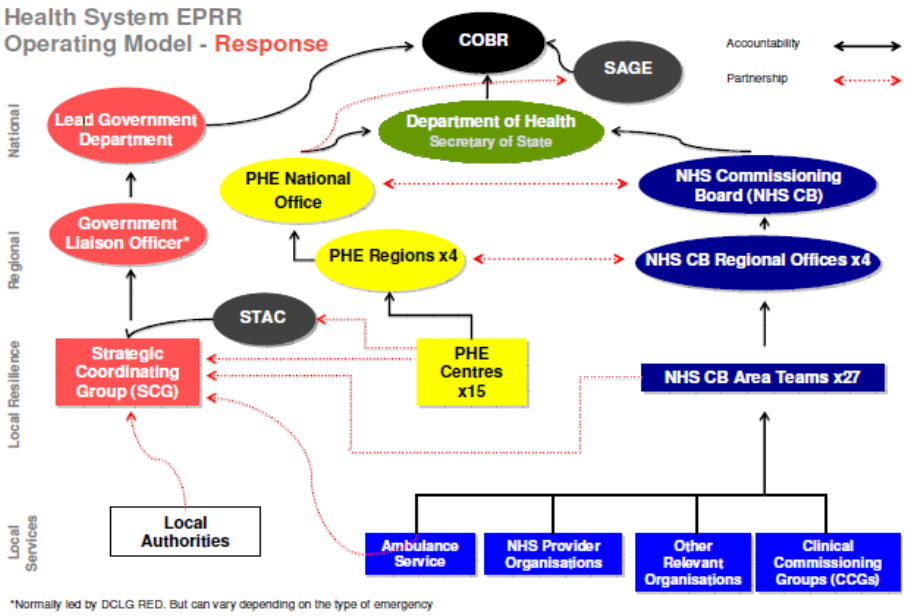
- Business Continuity Plans
- Chemical, biological, radiological and nuclear (CBRN) Plan
- Pandemic Flu Plan
- Community Outbreak Plan
- Fuel Plan
- Escalation and Surge Plan
- Heat Wave
- Cold Weather Plan
- Bomb Threat Pathway

SECTION 2: COMMAND AND CONTROL

2.1 Command, Control and Co-ordination

In order for the NHS to be able to respond to a wide range of incidents and emergencies that could affect health or patient care, the appropriate alerting processes need to be in place to inform those responsible for co-ordinating the applicable response.

The diagram below shows NHS England EPRR response structure and its interaction with key partner organisations.



Alerting mechanism to be used in the event of a significant incident or emergency.

Under the framework, the management of the response to major incidents will normally be undertaken at one or more of three levels – Strategic (Gold), Tactical (Silver) and Operational (Bronze). The degree of management and co-ordination required will depend on the nature and scale of the emergency.

2.2 Multi-Agency Command

If a significant incident or emergency is large or widespread, it may be necessary to co-ordinate the response of several organisations. This may be at tactical level or at both tactical and strategic level.

2.3 Multi-Strategic Co-Ordinating Group (SCG)

Most emergencies are dealt with by local responders at a local level through SCG. A Multi-SCG Co-ordinating Group may be convened where the local response has

been or may be overwhelmed and wider support is required, or where an emergency affects a number of neighbouring organisations.

2.4 Strategic Co-ordinating Group

Multi-agency strategic co-ordination is undertaken through an SCG. Any agency that feels a strategic multi-agency approach is necessary can request that an SCG is convened (e.g. pandemic influenza).

The geographical responsibility of an SCG follows that of the Local Resilience Forum (LRF) and in turn with the local Police service boundary. The NHS is usually represented at the SCG by an NHS England area team and Ambulance Service senior manager.

The SCG is a fast moving, information sharing and strategic decision making group. Its role is to allow organisations responding to the incident to share information and co-ordinate their response options.

2.5 Tactical Co-ordinating Group (TCG)

A multi-agency TCG may be called to deal with local emergencies that do not warrant the activation of an SCG. A TCG may also be established to support an SCG, dependent upon the scale/severity of the incident. In these circumstances, the NHS Tactical (Silver) Commander may deploy to the TCG if required.

2.6 Roles and Responsibilities

2.6.1 NHS Strategic (Gold) Commander

Role: The role of the NHS Strategic (Gold) Commander is to direct and command the response of all NHS resources.

Responsibilities: The NHS Strategic (Gold) Commander attends the multi-agency SCG on behalf of NHS organisations locally and is responsible for:

- Declaring a local emergency or major incident
- Representing the NHS at SCG meetings
- Advising the Police Gold Commander
- Co-ordinating the local NHS response to a local emergency (major incident)
- Implementing public health advise as directed by SCG
- Liaising directly with NHS England Merseyside Area Team Tactical (Silver) Commander, CCGs, Public Health England and Foundation Trusts' incident management rooms
- Mobilising primary (including CCGs) and community care resources to support acute and non-acute Foundation Trust
- Acting as the health focal point with other agencies and organisations and fulfil the requirements as a Category 1 Responder as detailed within the CCA 2004

The initial activation of the Merseyside NHS Strategic (Gold) Commander (Merseyside Area Team 2nd on call) is via the North West Ambulance Service Health Control Desk (01772 867640) who holds a copy of the on call rota.

2.6.2 NHS Tactical (Silver) Commander

Role: The role of the NHS Tactical (Silver) Commander is to initially assess the information received upon initial activation, co-ordinate the response of local NHS resources, or escalating to the NHS Strategic (Gold) Commander whilst focusing upon the tactical management of NHS resources

Responsibilities:

- Declare a local emergency (major incident)
- Work closely with any location suffering a business continuity interruption
- Work closely with Clinical Commissioning Groups during a business interruption/local emergency
- Work closely with the NHS Staff Officer during a business interruption/local emergency out of hours
- Co-ordinate the local NHS response to a local emergency (major incident)
- Mobilise primary and community care resources to support the response
- Manage demands on resources
- Communicate regularly and systematically with the NHS Strategic (Gold) Commander
- Compile situation reports for the NHS Strategic (Gold) Commander
- Contact the NHS Strategic (Gold) Commander when resources are required
- Represent the NHS at the multi-agency TCG
- Act as the health focal point for other agencies and organisations, e.g. Public Health
- Work closely with the North West Ambulance Service Silver Commander
- Inform the NHS North of England Director on call via the Health Control Desk (if appropriate)
- Ensure communication networks are set up, including Clinical Commissioning Groups (CCGs)
- Support the distribution of the public and media communications messages agreed by multi-agency partners; and
- Fulfil the responsibilities of a Category 1 Responder as detailed within the Civil Contingencies Act 2004.

2.6.3 WCHC On call Manager/ Incident Controller

Role: NHS Foundation Trusts or key partners responding to a multi-agency incident would become Operational (Bronze level) command and will be required to co-operate with the NHS Tactical (Silver) Commander and NHS Strategic (Gold) Commander requests.

Individual organisations remain in command of their own resources and staff but each one must liaise and co-ordinate with all the other agencies.

The role of the WCHC On-call Manager/Operational Incident Controller is to respond to the local emergency (significant incident), either in isolation or as part of a wider NHS response.

Responsibilities:

- Implement internal command and control structures to manage and support the wider response
- Provide regular information to NHS Tactical (Silver) Command/NHS Strategic (Gold) Commander using recognised methods and established report formats as required within specified timescales; and
- Contribute to the debrief process and recovery phase.

2.7 Clinical Commissioning Group (CCG)

CCGs will support NHS England, Merseyside Area Team in discharging its EPRR functions and duties locally.

The CCG will be represented at the Local Health Resilience Partnership (LHRP) forum. The CCG will provide a 24/7 escalation route for providers should they fail to maintain necessary EPRR capacity and capability.

The EPRR role of CCGs is to:

- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements
- Support the NHS England in discharging its EPRR functions and duties locally
- Provide a route of escalation for the LHRP should a provider fail to maintain necessary EPRR capacity and capability
- Fulfil the responsibilities as a Category 2 Responder under the CCA including maintaining business continuity plans for their own organisation
- Be represented on the LHRP; and
- Seek assurance provider organisations are delivering their contractual obligation.

2.8 Local Authority

Each LA manages a civil contingency planning function. The principal concern of the LA in the immediate aftermath of an emergency is to provide support for the people in their area. Generally, they do so by co-operating with the emergency services in the overall response. The LA will also activate and co-ordinate voluntary sector support.

The health EPRR role of the Local Authority, via their Director of Public Health (DPH) is to:

- Provide leadership for the public health system within their LA
- Ensure that plans are in place to protect the health of their populations and escalate any concerns or issued to the relevant organisations or the Local Health Resilience Partnership as appropriate (LHRP).
- Provide initial leadership with Public Health England (PHE) for the response to public health incidents and emergencies within their LA area. The DPH will maintain oversight of population health and ensure effective communication with local communities. PHE will deliver and manage the specialist health protection services.

2.9 Public Health England

PHE combines public health and scientific knowledge, research and EPRR within one organisation and works at international, national, regional and local levels.

In terms of EPRR PHE will:

- Work with the NHS at all levels
- Support and advise other organisations that play a part in protecting health
- Be responsible for leading the mobilisation of PHE in the event of an emergency or incident
- Deliver public health services including, but not limited to, surveillance, intelligence gathering, risk assessment, scientific and technical advice and microbiology service to emergency responders, Government and the public during emergencies at all levels
- Undertake, at all levels, its responsibilities on behalf of the Secretary of State for Health as a Category 1 Responder under the Civil Contingencies Act 2004 (CCA).

2.9.1 PHE – Nationally

The EPRR role of PHE nationally is to:

- Provide support to DH to fulfil its role in the UK central Government's National Risk Assessment (NRA) process
- Participate in national multi-agency planning processes including risk assessment, exercising and assurance
- Provide leadership and co-ordination of PHE and national information on behalf of the PHE during periods of national emergencies
- Support the response to incidents that affect two or more PHE regions.

2.10 Scientific and Technical Advice Cell (STAC)

The STAC will access comprehensive and authoritative advice from a wide range of sources, including NHS England and Public Health England and other key scientific and technical sources to support and advise the SCG in directing the response to an incident. The nature of the incident will determine the range of relevant specialist

and needed to form a STAC and membership of the STAC will be determined by the type of incident.

SECTION3: Reception Centres

Role the Foundation Trust in supporting Rest Centres

Reception centre is the generic name given to all forms of centres which give shelter.

There are four main types:

- Rest Centres
- Survivor/Evacuee Reception Centres
- Friends and Relatives Reception Centres
- Mass Holding Centres

Following the Integration with Adult Social Care WCHC now has managerial responsibility for a designated Rest Centre.

The Local Authority will determine the requirement for a Rest Centre and determine a suitable location. Once done so the Local Authority will contact the Trust On Call Manager and inform of the details.

Contact details of trained staff to manage the rest centre is included in the On Call Pack made available to on call managers.

If requested WCHC will also provide appropriate staff at rest centres to support the needs of patients in the community. Requests for such services will come via the rest centre manager to the On Call Manager, either in hours or out of hours or via tactical command.

Action Cards for the roles of Rest Centre Manager and Rest Centre Clinical Support are included in this plan on pages 39 - 41

Typically, Community Nurses will be required to attend and assess non-urgent nursing care needs of any people in the designated rest centre, and if appropriate to provide relevant care, for example, providing dressings to a patient. A record of any treatment will be recorded in the rest centre treatment log Appendix 5 and medications recorded in the prescriptions record sheet Appendix 3

If *emergency* oxygen is required liaise with local surgeries to understand who may have stocks in surgeries or the Ambulance service. Replacement Cylinders for patients for longer term can be arranged via GPs completing a Home Oxygen Order Form for the suppliers Appendix 4

Community Nurses are equipped with bags containing a range of equipment to support delivery of care and a range of dressings are available from community nurse bases. In addition, there are specific rest centre bags the contents of which are checked on a monthly basis Appendix 6. Bags are located at each base.

SECTION 4: Alert and Activation

4.1 When a Major Incident is declared by an agency or other health provider, the WCHC will:

- Assess the impact on the Trust and if required activate the major incident procedure including the setting up of the Incident control Centre

- Mobilise community resources in response to the incident

- Support the Local Health economy by taking steps to relieve pressure in the system

Responding to and Managing Major Emergencies

4.2 Activation of the Plan and Declaring Incident Over

The Trust can be formally informed of a major incident from a variety of sources including

- other Category 1 and 2 Responders
- through the NHS Strategic and or Tactical Command activation process

However to prevent inappropriate activation of the Plan there will always be an assessment phase prior to activation.

The Executive Team and/or the On-call Duty Manager has the overall responsibility for activating the MIP and is required declaring a major incident. They will also be responsible for declaring the incident closed and instructing the Incident Team to 'Stand Down.'

4.3 WCHC On-Call arrangements and Activation

The Trust has a 24hrs a day/7 days per week/365 days a year on-call rota. This rota consists of two levels including an operational and escalation levels and includes the additional responsibility of Adult Social Care. The operational level consists of operational managers and deputy directors. The escalation level consists of directors and associate directors. The Trust on call Manager will be the first point of contact for any calls relating to incidents, whether internal or external in hours or out of hours and relating to minor or significant incidents.

If the Trust On call manager decides to escalate to the NHS England Area Team they will need to follow the steps below and consider the following:

- Will or has the incident the potential to affect the wider health economy?

- Will or has the incident the potential to affect multi-agency partners?

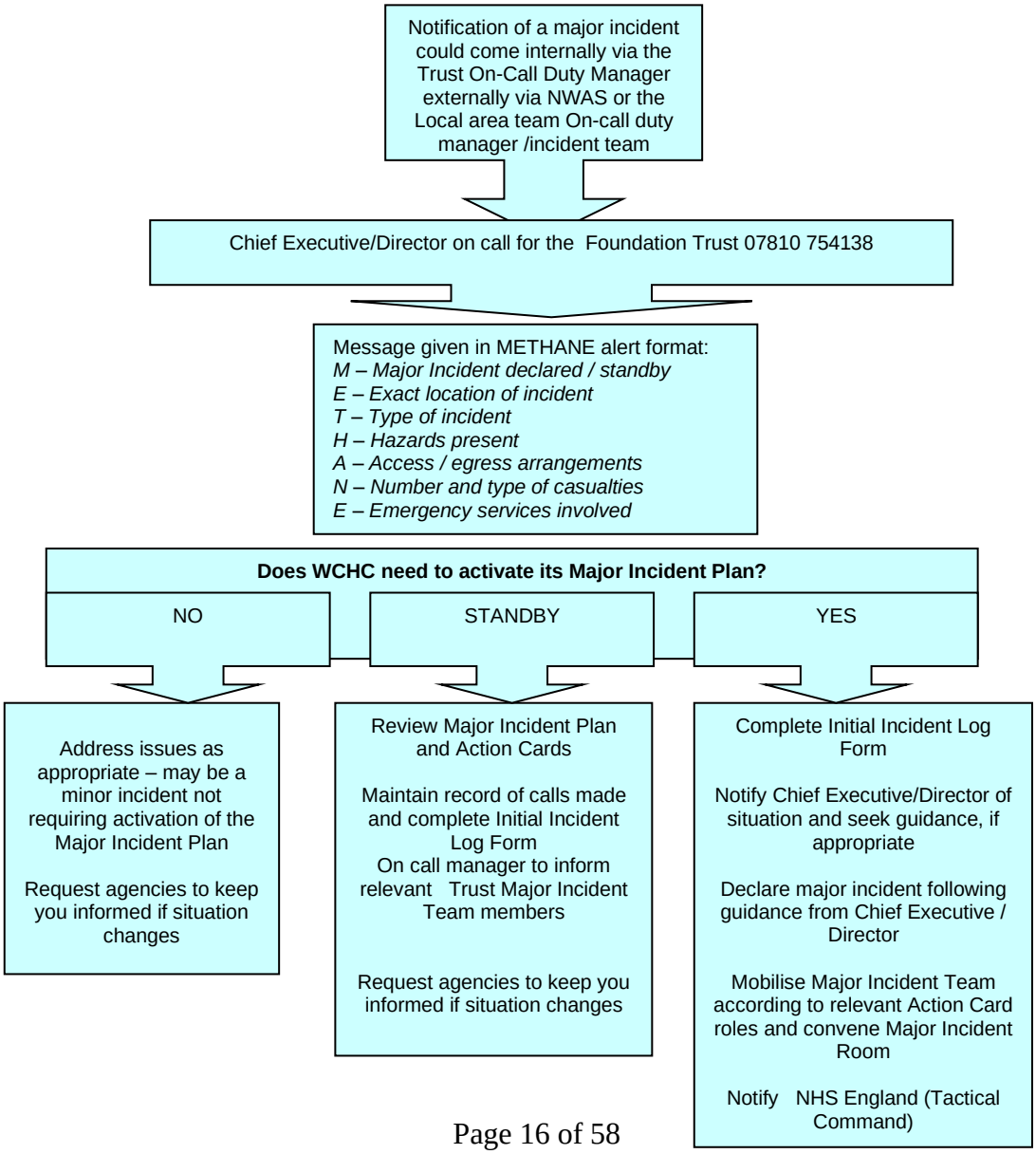
- Will additional support from NHS England Team be required?

4.4 Criteria for Activation of the Major Incident Plan

The Trust will need to consider the activation of its incident response plan in a number of different circumstances See Appendix 7

- An incident which cannot be managed by normal business continuity management e.g. the closure or evacuation of one or more health care premises, serious staffing issues
- An incident causes serious disruption to one or more of the services provided and requires special arrangements to be put in place
- An incident that causes or could cause implications for partner organisations
- An incident occurs which represents a threat to public health or well-being or involves serious concern or alarm and is within the scope of the services offered
- There is a request from NHS England via the command and control structure

In all of these circumstances the On Call manager will need to assess the information The Flowchart below shows how the Trust can be informed of a major incident and the options to be considered following assessment of the situation.



4.5.1 Contact Arrangements

To activate the NHS Command and control arrangements

Call **01772 867 640** and ask for the ***Regional Health Control Desk*** then ask for ***the appropriate area teams 1st On-Call Manager***. (NHS tactical commander)

Provide the following information

Name of caller

Organisation

Contact telephone no

Reason for Call

4.5.2 CCG Contact Arrangements

Note: *In the event that the Trust declares an emergency the CCG must be also be notified as well at the Local Area Team*

On Call CCG Contact Numbers

For ***Wirral CCG*** the following numbers will be used:

- **Office Hours: 0151 651 3914 ext 1011** (this is a Marris House number and the instruction is to "ask for the Head of Corporate Affairs)
- **Out of Hours: 0151 678 5111** (this is Wirral University Teaching Hospital's switchboard and the instruction is to "ask for the CCG On-Call Manager")

4.6.1 Incident Control Centre (ICC)

4.6.2 Staff Recall

In the event of a major incident, staff are expected to respond outside their contracted hours, subject to their personal availability. This may include the introduction of shift working and will involve duties which are different from their normal role. The numbers and type of staff required will be co-ordinated by the On-call manager. Staff may be contacted through the business continuity arrangements outside of normal working hours and will be asked to bring their staff ID card with them, if possible, particularly if they have patient facing roles.

4.6.3 Establishment of WCHC ICC

Responsibility for making the decision to establish the ICC on behalf of the Trust lies with the Trust Executive Team or on-call manager.

Following the decision to establish, the Major Incident Team will convene at the main ICC. Details on how to access the facility out of hours are contained in Part 2 of the MIP.

4.6.4 Staffing of the ICC

During working hours the ICC will require the redeployment of appropriate staff to work as required. Outside normal working hours, staff will be asked to support an incident should they be able to do so.

The Incident Management team will include all of the following roles

On Call Manager (Incident Controller)
Operational Support (Emergency Planning lead or Senior Manager)
Loggist
Admin support x 2
Communications representative
Clinical lead as appropriate to the incident

Other staff may be asked to support the incident management team by invitation, for example, HR, Estates or IT staff, and divisional managers/heads of service The staff identified to support the incident management team will be determined by the type and size of the incident.

Roles and responsibilities of the incident management team are outlined in the action cards in section11

4.6.5 Management of a Major Incident

When a Major Incident is declared the Major Incident Team takes over responsibility for management of the organisation in order to optimise the effectiveness of its response, where appropriate liaising with the Executive Team. All normal management arrangements are over-ruled for the duration of the incident. To create capacity to deal with the incident, the Major Incident Team may in line with Business Continuity Plans

- Utilise resources (e.g. staff) from any area of the Trust
- Scale down any business
- Suspend any area of business

The organisation has a duty to respond to a major incident and also to maintain its normal business activities during the major incident as far as is reasonably practicable. This may involve making difficult decisions which seek to balance differing priorities. The Major Incident Team will be assisted in these decisions by emergency plans developed to deal with specific types of incidents and by the Trusts Business Continuity Plan(s).

4.6.6 Alerting and mobilising staff

It may be necessary to reduce or suspend non-essential work in accordance with internal business continuity arrangements in order to create resources needed to support the overall response.

Where it is clear that staff will need to be mobilised in our response to a significant incident, the response will be delegated from the major incident team.

Staff who work in either a senior management role or a community role are provided with a mobile telephone or blackberry, this would be the first method of contact to staff where there is an urgent need to mobilise staff resources. Alternative methods for contacting staff would be telephone, SMS, text message or email.

4.6.7 Shift Patterns

Shift patterns will need to be considered from the very beginning of the response. If there is the potential for the response and recovery to be prolonged, then appropriate replacements must be identified and stood-down from normal duties if necessary, in order to allow them to come onto shift in a condition to be effective. Shift patterns should ideally marry up with the other Responders' changeovers. All records will be stored and used within briefing meetings in the control room.

4.6.8 Battle Rhythm

The frequency of meetings and timescales for collation of requested information or 'battle rhythm' must be established at the earliest opportunity. This will drive the process to enable the timely receipt of information to be collated and considered so that the person leading the incident can develop the response in support of the incident.

4.6.9 Record Keeping

As an operational responder the Trust will record all its actions utilising designated Log books and forms held within the Major Incident room

Record keeping is necessary to:

- Provide information to people newly arrived at the control room (e.g. when a new shift comes on duty) about what has already been done and what has not been done
- Provide evidence after the event to help us respond better to future incidents
- Provide evidence, if required, for internal or public reviews of the incident

During a major incident accurate records must be kept of every message received, action taken or instruction given. All records should be dated, timed, initialled and written in black ink. Pages should be numbered. As such the following system of logging messages and decisions has been developed.

4.6.10 Message Records Sheets

These are used to record all incoming and outgoing information, which includes reference to all phone calls, emails and faxes. Once a message is taken, this will go to the On-call Manager/ Incident Controller, then either delegated or given to the Message Records Handler for recording and then filing. A copy of the message records sheet can be found in Appendix 3.

4.6.11 Decision Log

These are to record significant complex decisions. These must be passed to the On-call Manager/Incident Controller who will decide on a decision or delegate to another decision maker within the team i.e., Operations Manager.

Decisions will be recorded by the On-call Manager/Incident Controller Decision Loggist. All active decision logs should be used as a basis for the situation reports and should reflect the key issues on the whiteboard. A copy of the Emergency Logbook is held centrally within the Major Incident Room.

4.6.12 Personal Logs

It is vital that all messages are logged accordingly. Occasionally members of the Major Incident Team may record their own log i.e. time arrived, breaks taken, notes. This should be recorded in their own pocket note books. All notes are to be submitted to the On-call Manager/Operational Incident Controller after the incident and will form part of the Foundation Trusts incident records.

Tactical Commanders will inform Operational Command of their requests for information.

4.6.13 Summary Report of Major Incident

The On call Manager/Operational Incident Controller is responsible for compiling a report of the major incident and presenting it to the Senior Management Team

4.6.14 Specific Emergency Plans

The Foundation Trust has developed a range of specific plans (e.g. Pandemic Flu, Heatwave) to deal with certain kinds of incidents which have been assessed either locally or nationally as significant risks. The plans are available from the Foundation Trusts intranet.

4.6.15 Health and Safety

A major incident may involve staff working in areas they do not normally work.

The Trust is committed to providing and maintaining a healthy and safe working environment for all staff, patients, visitors and contractors.

The Trust recognises the benefits of ensuring safe systems of work, continuous improvement in Health and Safety and compliance with the relevant Health and Safety legislation.

During the response to an incident, members of staff will not be expected to compromise their personal health and safety and the Trust policies will continue to apply.

As all staff carries some degree of responsibility for health and safety, staff will undertake those same responsibilities during the response to an incident.

4.6.16 Vulnerable Groups

During a significant incident or emergency, the NHS has a specific requirement, in conjunction with other agencies, to ensure at risk groups are specifically catered for. The guidance relating to the CCA 2004, Emergency Preparedness sets out the responsibilities placed on category 1 responders to plan and meet the needs of those who may be vulnerable in emergency situations

Examples of vulnerable groups are:

- Those already ill, either acutely or with chronic health problems
- People dependant on medicines
- People with mental health problems
- People with learning disabilities
- Parents with babies or young children or pregnant women
- The elderly
- People with physical disabilities

In addition, there may be other groups who are vulnerable because of shared or individual equality characteristic such as people who do not read or understand English.

SECTION 5: GUIDANCE FOR STAFF

5.1 Staff working away from their office base

When a major incident occurs, many staff may be away from their office base, working at a remote site, working in the community or off duty. All staff must contact their office base as soon as they are made aware of a major incident. This is so they can:

- Assure their manager of their personal safety
- Inform their manager of their location
- Receive instructions from their manager about any changes to their duties arising from the incident
- During a major incident, staff may be directed to work at locations other than their usual workplace.

It is essential that during a major incident line managers are kept informed of their staff's whereabouts at all times.

Trust Staff should not speak to the media – if they are approached, they should direct enquiries to the On Call manager.

Staff Welfare

An emergency situation can be a stressful time. Staff may be called in unexpectedly from home, asked to work in unfamiliar environments and for extended periods. When called to assist in an emergency there are a number of key actions staff should take before and during their response:

Notify your family, partner or significant other:

- Staff should not work for longer than eight hours without going off duty. Please ensure regular breaks are taken
- Staff will be reimbursed and insured for any activities carried out during a major incident, whether at their normal place of work or otherwise

5.2 Approach for Trust Staff Located at Trust Premises

Many Trust staff work on sites managed by other Trusts, e.g. Wirral University Teaching Hospital NHS Foundation Trust, or on other organisations' sites. The organisation which manages the premises is responsible for responding to a major incident occurring on those premises. The employing organisation for staff has responsibility for utilising staff resource.

5.3 Counselling Services

Anyone involved in a major incident may suffer from stress and trauma, therefore counselling and support needs to be planned for individuals, including carers, siblings, relatives and staff.

Access to psychological and counselling support will be co-ordinated by general practitioners. Patients requiring such support will be directed to the most appropriate provider(s).

SECTION 6: BUSINESS CONTINUITY

6.1 Maintaining Business Continuity

6.1.1 Overview of Business Continuity

The CCA requires category 1 responders to put in place arrangements to ensure that they continue their functions in the event of an emergency. This requires the NHS to ensure that those organisations delivering services on their behalf e.g. contracted out services, which underpin service provision e.g. information technology and telecommunications providers can deliver in the event of an emergency.

6.1.2 WCHC Business Continuity Arrangements

Business Continuity Planning complements the MIP and also addresses potentially serious disruptions in the services provided by the Foundation Trust that *may not* be of sufficiently high risk to trigger the MIP.

The central co-ordination of a planned response to such events whose impact could not be handled within routine service arrangements and could require the implementation of *special planning procedures by the Trust* to respond to it, rests with the Director of Nursing and Performance or the On Call Manager

Significant incidents likely to cause serious disruption of the continuity of the Trusts business may warrant activation of the MIP. Minor business interruptions are dealt with using routine management intervention and service level business continuity plans *or escalation plans where appropriate.*

Divisional Managers, Heads of Service and Service Leads are responsible for developing, maintaining, communicating and operating their own service level business continuity procedures to mitigate the impact of any incident affecting the normal delivery of services. Service level continuity plans are prepared within an overarching Foundation Trust continuity framework.

6.2 Hazard, Risk Assessment and identified Risks

6.2.1 Hazard and Risk Assessment

A vital component in the plan preparation process is the identification of potential hazards and threats and applying the risk assessment process.

The Merseyside Community Risk Register has been created for two reasons. Firstly, to reassure the people and communities of Merseyside that an assessment of potential hazards and threats has been made or considered. Secondly, to satisfy the requirements outlined in the CCA and its statutory guidance (Emergency Preparedness), the **Community Risk Register** and is available online at Merseyside Fire and Rescue Service's website at www.merseyfire.gov.uk and click on the icon 'Merseyside Community Risk Register'

The hazards and threats which may affect the Foundation Trust fall into the following categories and form the basis of the development of this plan and the individual divisional continuity plans:

The number of risks is not exhaustive but could include

Risk	Reason
Loss of workplace/ premises	Fire Flood Act of terrorism Unsafe building Extreme weather conditions
Loss of staff	Industrial action Pandemic Flu or other communicable disease Extreme weather causing transport difficulties
Loss of IT computer	Loss of server access Loss of Power Theft/crime Loss of information Cyber attack
Loss of communications	Power failure affecting phone exchange server Loss of service due to supplier issues Industrial action Severe weather
Loss of utilities	Loss of supply on site Loss of supply off site
Loss of supplies	Supplier in receivership Fuel shortage Product recall
Fuel shortage	Industrial action Fuel shortage

6.5 Departmental Business Continuity Plans

Further information on dealing with a wide range of events can be found in Departmental Business Continuity Plans. These plans can be located within the on call pages on the Team drive.

6.6 Mutual Aid

Mutual Aid is an agreement to lend assistance across neighbouring boundaries and partner organisations. This may occur due to a major incident response that exceeds local resources, such as a significant disaster. It can involve offering resources to help support partners e.g. man hours, materials

SECTION 7: COMMUNICATIONS

7.1 Communications and the Media

The overall aim for communications in a major incident will be to provide effective, accurate and timely communications to the public, staff and other stakeholders.

7.2 Internal Communications

The following systems are in place for communications during a major incident

- Internal communications system for notifying all the Trusts staff of any change in major incident status
- The use of the Central Alert System will receive external health alerts for internal cascade, via divisional and service leads
- List of contact numbers of key staff and individuals
- Site addresses for all services

Divisions/Services Departments are responsible for maintaining a register of the current contact details for their staff for use during major incidents and other emergencies.

A central register of current contact details of all Trust staff will be maintained by Human Resources via Electronic Staff Record (ESR)

7.2.1 Key Internal Audiences

- Directly employed staff/staff representatives
- Trust Board members
- Cross-organisational Divisions/Service

7.2.2 Key Communication Channels

- Telephone
- Global email

- Group emails
- Social Media
- Regular bulletins/briefings
- Cascade systems via divisional and service leads
- Dedicated information phone help lines

7.2.3 Lost Communications

In the event of not being able to establish, or a loss of communications the following alternative methods are to be considered for the passage of information:

- Mobile phones/blackberry/SMS text messages
- Alternative Analogue/digital phone lines in major incident room
- Email 4G connectivity
- Fax Runner

7.2.4 Briefings to Staff

Regular staff briefings will be issued according to the severity and type of incident to ensure staff are aware of what is happening, what they can do to play their part and what to advise their patients. All communications to staff will also be posted onto the staff intranet.

7.2.5 Guidance for Staff

It is essential that during a major incident line managers are kept informed of their staff's whereabouts at all times whilst at work..

Foundation Trust staff should not speak to the media – if they are approached.

All media enquiries during normal office hours 9.00 am to 5.00 pm Monday to Friday must be directed to Communications and Marketing Team wcnt.communications@nhs.net or 0151 514 6365. Outside these hours media relations will be the responsibility of the on-call Duty Manager

- Do not disclose personal or confidential details of either patients or staff
- Do not confirm or deny that an incident has occurred
- Do not speculate on the cause of the incident
- Do not discuss the incident
- Do not criticise any organisation or individual
- Do not comment on the presence of suspects, VIPs or any other person on NHS premises

7.2.6 Working with the media

The media will be a key means of communicating with the public. The Communications lead will co-ordinate in partnership with Tactical/Strategic Communications Cell to produce timely briefings to be given to the media at regular intervals if required.

7.3 External Communications

7.3.1 Key audiences

- Trust Development Authority / Monitor
- Patients
- Wider public including vulnerable groups
- Integrated Care Systems.
- NHS England area team
- Members
- WUTH
- Neighbouring Foundation Trusts
- Wirral Council/Social Care (adults and children)
- Stakeholders
- Local Media

7.3.2 Key communication channels - external communications will be disseminated via:

- Media (Press releases, Advertorials, Radio interviews etc.) - supervised by the Communication Team
- NHS Direct (health advice where appropriate)
- Existing/newly created dedicated information phone help lines/call centre
- Public Website

7.3.3 Vulnerable Groups

Within the CCA the particular needs of vulnerable persons are recognised. The general definition of vulnerable persons is: people present or resident within an area known to local responders who, because of dependency or disability, need particular attention during emergencies.

Vulnerable groups include:

- Black & Minority Ethnic communities
- People with mental health problems
- People with physical or learning difficulties
- Older people
- Children and young people

Communication channels may include:

- Social Inclusion Team
- Community Health Link Works
- NHS England, Merseyside
- Integrated Care Systems
- Wirral Borough Council

NHS offer a text service for the deaf/hard of hearing – https://www.nhs.uk/services/service-directory/text-relay/N10499195

Access to interpreters can be arranged by contacting Language Line https://staff.wirralct.nhs.uk/services-support/interpretation-translation-and-accessibility/

7.3.4 Public Relations – VIP Visits

VIPs may wish to visit the affected area, often at short notice. Visits are likely to involve the scene, the victims, including those in LA care, and the staff and volunteers involved in the response. VIP visits will be co-ordinated by the Police and LA. In the event that VIPs

SECTION 8: STAND DOWN AND RECOVERY

8.1 Incident Stand Down

In the event of a significant major incident NHS England Area Team Strategic (Gold) Tactical (Silver) will inform all NHS Foundation Trusts when a significant incident is closed.

The on call manager/ Incident controller following consultation with key personnel and relevant stakeholders will have the responsibility of formally making the decision for the Foundation Trust to stand down. The following matters will be taken into account in reaching this decision.

- The incident has been controlled
- The immediate needs of the affected people and the community have been met

8.2 Debrief

Immediately after a Major Incident STAND DOWN the On call manager/ incident controller will hold a 'hot' debrief with staff.

All staff will be given the opportunity to give more detailed, anonymous feedback to a scheduled full de-brief process.

8.3 Post Incident Considerations

It is vital that a senior manager be appointed to assume responsibility for the debriefing and recording process

- Evaluation of a response to the incident (including nominated staff to attend a multi-agency evaluation). How was the incident handled? What problems were there? What needs to change to ensure a better response time if appropriate?

- Assessing the continued health needs of those affected by the incident including psychological needs and the identification and referral route of any support services needed for staff, patients, and relatives involved in the major incident.
- Consideration of the effect of the incident on KPIs and services
- Ensuring all relevant documents are collected and a major incident report prepared. Patient confidentiality must be respected at all times
- Careful secure storage of all records relating to the incident. This should include all papers, logs and notes made during and related to the incident response. These may be requested by the agencies or other investigative body. The records associated with an incident should be archived in line with The Corporate Records Policy

8.4 Post Incident Report

The On call manager/ incident controller is responsible for ensuring that a full internal report and action plan specific to the incident will be prepared and submitted to the Senior Management Team within 1 month from the date of the incident.
If appropriate any lessons learnt from the incident should be shared with the appropriate NHS England Area Team, CCGs and other key stakeholder's partners. Following the debrief and preparation of the internal report and associated action plan, the MIP and any other relevant plans will be reviewed and amended as required.

8.5 Incident Recovery

After a major incident the Major Incident Team will meet to assess the disruption to functions caused by the incident, including any long-term implications. This assessment will include:

- Effects on staffing (e.g. loss of staff through injury or sickness, impact of overtime worked by staff during the incident on staffing levels)
- Support needs of staff affected by the incident (including trauma support)
- Development of recovery plan supporting Business Continuity
- Disruption caused to patient care
- Disruption caused to other functions
- Damage inflicted to buildings
- Financial losses
- Future provision of services in the short, medium, and long-term

It is important to work with partners as appropriate to facilitate the post incident recovery.

SECTION 9: MAJOR INCIDENT PACK INCLUDING ACTION CARDS

9.1 Foundation Trust Incident Control Team – Roles and Responsibilities

9.1.1 Background

This section outlines the roles and responsibilities of the Major Incident Team and should be used in a major incident.

During a major Incident any member of staff may be asked to perform a key role on behalf of the organisation. These roles may not be closely related to their usual responsibilities and Action Cards have been developed to support staff in these situations.

The On call manager/ incident controller will allocate roles as appropriate. A copy of your Action Card must be kept with you at all times, and includes contact details for the emergency alert system, and the control room.

All on-call staff should be familiar with the contents of their Action Card and should use it from the moment they are contacted about an incident.

Actions Cards are ROLE specific and are not designed for designated individuals.

Action Cards may only be passed to another person once a full briefing and handover has been given, in writing, on the actions taken to-date and outstanding issues.

9.1.2 Responsibilities

By using the Action Cards, your role will be clearly outlined. If there are any queries, please discuss with the On Call manager/ Incident controller and confirm in writing any alterations to the Action Cards.

During a handover of roles, i.e. starting a shift or finishing a shift, a full briefing must be given as to the process taken and decisions made. The Information Handling Manager will conduct the handover.

9.1.3 Action Card Summary

- Must be used by all members of the Major Incident Team
- Remove the need to consult large or complex plans during an incident
- Are role specific and provide all essential information needed to perform the specific role
- Help people focus on their role and provide guidance
- Prevent important tasks being forgotten or delayed

Action Card 1: Incident Controller

Role

Escalation On Call Manager

Responsibilities

- Identify whether an Internal incident is responded to as a Major Incident, or

  Provide advice to, and operate under the instruction of, any command and control structures in place for an Externally identified Major Incident
- Assemble and direct the Incident Response Team, with effective workload distribution
- Ensure clear aims and objectives for response to the incident
- Ensure effective co-ordination of resources.
- Ensure robust communication links with NHS England Local Area Team and other partners including Tenants of SCHC and Trust Controlled premises.
- Ensure that all records and data are captured and stored in a readily retrievable manner
- Ensure all records are archived accurately post incident and stored securely briefing or outgoing/incoming shift staff

Checklist

- ☐ If a major incident has been declared inform all relevant staff including Exec Team and NHS England Local area team
- ☐ Contact, inform and assemble all incident response team members
- ☐ Brief the Incident Response Team with aims and objectives for WCHC's response to the incident
- ☐ Determine priorities – safety of staff, patients, service users –any groups particularly at risk?
- ☐ Safety and security of buildings, equipment and information
- ☐ Business continuity: services and locations – which services and buildings are required to implement BC plans

Action Card 1: Incident Controller

- Ability to communicate with staff and service users, partners and public; messages to be provided (who, what, when, how and how often)
- Sitrep reporting structure internally and to external partners (who, what, when, how and how often)
- Briefing structure with key staff (who, what, when, how and how often)
- Mobilise additional, appropriate staff if necessary
- Keep a record of your own tasks including telephone calls that you make
- Produce effective handover notes for incoming shift

Incident Stand Down

- Following confirmation of ‘Stand Down’ by NHSE or after taking the Trust decision to ‘Stand Down’ for an internally declared incident, ensure all relevant staff or agencies are notified of the stand down
- Ensure all records are forwarded to Emergency Planning Lead
- Ensure effective post-incident debriefing sessions

Action Card 2: Operational Support

Function specification

Emergency Planning Lead and/or Operational On Call Manager

Responsibilities

Provide additional operational management support to Incident Controller

Depending on circumstances, this may include the tasks identified for Divisional Lead (Action Card 3), Communications Lead (Action Card 6) and Admin Support (Action Card 9).

Checklist

- Assist the Incident Controller in assembling the Incident Response Team
- Support the setting up of the Incident Response Team
- Set up and maintain plan and record of tasks and events (as distinct from decision log)
- Distribute action cards
- Support the Incident Controller in coordinating the resources to support the incident
- Assess which WCHC operations will be affected by the incident and inform them of the situation. If any action is required ensure this is fed back to the Incident Controller
- Attend meetings and teleconferences and update the Incident Controller
- Maintain an overview of incoming emails, faxes and phone calls
- Assist with briefings and debriefings
- Keep a record of your own tasks including telephone calls that you make
- Produce handover notes for incoming shift.

Incident Stand Down

- Ensure stand down message is communicated
- Inform all agencies that the team has been dealing with that WCHC has stood down
- Ensure all records are forwarded to Emergency Planning Lead
- Contribute to post-incident debriefing sessions

Action Card 3: Divisional Lead

Function specification

In Hours: Divisional Manager or identified deputy

Out of Hours: Operational On Call Manager

Responsibilities

At the direction of Incident Controller, manage all Divisional resources to support the major incident

Checklist

- Determine divisional priorities – safety of staff, patients, service users –any groups particularly at risk and consider safety and security of buildings, equipment and information.
- Implement Business Continuity Plans for the division as appropriate
- Review staffing levels and rotas for current day and next 24/48 hours at affected locations
- Provide regular updates as required by the Incident Controller
- Appropriate communication with staff and service users, partners and public; messages to be provided (who, what, when, how and how often)
- Keep a record of your own tasks including telephone calls that you make
- Produce handover notes for the incoming shift.

Incident Stand Down

- Receive incident Stand Down, communicate as appropriate
- Contribute to post-incident debriefing sessions
- Ensure all records are forwarded to Emergency Planning Lead

Action Card 4: Decision Loggist

Function specification

WCHC trained loggist

Responsibilities

Maintain a complete record of key decisions made by Incident Controller

Checklist

- ☐ Meet with Incident Controller to clarify role and responsibility during major incident
- ☐ Retrieve Green Emergency Log Book
- ☐ Detail key attendees and clarify their initials, name and role
- ☐ Record key decisions the Incident Controller makes
- ☐ Ensure that all key times are included, such as the start time, when the log was started and each entry is timed

Incident Stand Down

- ☐ Contribute to post-incident debriefing sessions
- ☐ Ensure all records are forwarded to Emergency Planning Lead

Notes for loggists:

- Entries must be chronological
- Begin each entry on a new line but ensure there are no complete line gaps between entries
- Record stand down from the major incident and sign the log book
- Unused space at the end of the series of entries must be ruled through (with a ‘Z’) then signed in full, dated and timed
- All entries made must be written in black ink

- At the end of the incident ensure each entry is agreed by Incident Controller
- Do not include any assumptions/comment/opinion
- Do not erase large portions of text so what was underneath is then illegible
- Do not tear out pages from the book
- Do not write in the margins
- Do initial any crossings out or mistakes you make
- If you make a mistake whilst compiling your note, score through the mistake with a single line, initial it and insert the correct word after the error
- If you see a mistake after an entry was made you must bring this to the attention of the person for whom you are compiling the log. The mistake should be cross-referenced (in red ink and using alphabet notation) to the corrected entry which should appear on the next available page or if there is sufficient space at the foot of the page for the entry. You and the other person must sign, date and time this.

Action Card 5: Estates and Facilities Support

Function Specification

Staff member with knowledge of estates infrastructure and utilities

Responsibilities

Provide advice and assistance in respect of estates and facilities

Checklist

- Identify impact on estates and facilities
- Identify what additional facilities are available to support the response to the incident if required
- Advise on availability of/access to additional premises as necessary and provide guidance on health and safety issues
- Where appropriate confirm availability from Landlord/Provider if not WCT site/facility
- Ensure that any problems with facilities e.g. heating, water, electricity, etc. are appropriately managed and promptly resolved
- Provide/arrange for specialist support and assistance as necessary
- Keep a record of your own tasks including telephone calls that you make

Incident Stand Down

- Produce handover notes for the incoming shift
- Contribute to post incident debriefing sessions
- Ensure all relevant documents are forwarded to the EPRR lead.

Action Card 6: Communications Lead

Function Specification

In Hours: Head of Communications and Marketing

Out of Hours: Operational On Call Manager

Responsibilities

Provision of communication co-ordination, advice and support to the Incident Controller

Checklist

- Establish contact with local NHSE **(0345 113 0099)** and Wirral CCG Communications Team **(0151 651 3914)** as appropriate.
- Manage the media response to a major incident by liaising with the Incident Controller regarding Press arrangements
- Ensure that media and staff know that all media enquiries are directed to the Incident Communication Lead
- Respond to Press enquiries
- In conjunction with the Chief Executive, Incident Controller and NHSE, prepare Press briefings as appropriate
- Communicate briefings and updates to all WCT staff so that they are aware of the incident and the response the WCT is providing
- Make sure that all briefings/press releases are signed off by the Incident Controller
- Press briefings, once approved, to be placed on suitable media channels including social media
- Keep records of your own tasks together with telephone calls made
- Produce handover notes or the incoming shift

Incident Stand Down

- Ensure that all records, notes and documents associated with the incident are collated and archived
- Contribute to post-incident debriefing sessions

Action Card 7: Rest Centre Manager

Function specification

Typically staff trained as Rest centre Managers.

Responsibilities

Manage and co-ordinate the arrangements for activating, managing and staffing a rest centre.

Checklist

Incident Declared

- Following contact by Incident Controller, go to rest centre location.
- (If rest centre site has not been identified liaise with Council Control Centre **0151 647 7810** to confirm location and organise for the building to be opened).
- Ensure the emergency packs and rest centre boxes are delivered to rest centre, undertaken by council's community patrol

On Arrival

- Commence rest centre set up in line with training
- Commence rest centre log with outline of incident/threat – where, what, when
- Identify what support is required and contact trained volunteers to assist.
- Open reception desk and register all attendees.
- Provide regular updates to Incident Controller.
- Attend Joint Emergency Service meetings.
- Working with coms lead/Incident controller, manage media enquiries on scene and minimise media intrusion with in the rest centre.
- Liaise with Red Cross and other relevant third sector volunteer groups. (Phone No's Below)
- Provide regular updates to rest centre attendees.
- Liaise with Rest Centre Clinical Support staff.
- Identify relief Rest Centre Manager and contact to arrange handover

Action Card 7: Rest Centre Manager

Incident Stand Down

When agreed by Local Authority and confirmed by Incident Controller that rest centre can close,

- Ensure appropriate signs are left behind to direct people to support
- Hand building back to provider
- Retain all registers and relevant documentation (required for post incident review)
- Update Incident Controller and contribute to WCHC debrief(s)

Useful Telephone numbers.

British Red Cross	0300 023 0700
Royal Voluntary Service	02476 681369
Salvation Army	0300 123 8028
RSPCA	0300 123 8028

Action Card 8: Rest Centre Clinical Support

Function specification

Community Nurses and/or GP Out of Hours and/or Trust Pharmacist.

Responsibilities

Assess and treat any person placed in rest centres, coordinating additional care as needed

Checklist

Incident declared

- ☐ Collect documentation (Patient Treatment Record and Prescription Record Sheet) and relevant medical equipment.
- ☐ Attend the rest centre as directed by the Incident Controller/Divisional Lead.
- ☐ Confirm contact details to Divisional Lead/Incident Controller.
- ☐ On arrival report to Rest Centre Manager and clarify if there are any clinical needs already identified and confirm resources within rest centre (space/equipment etc)
- ☐ Assess health needs of evacuated persons. Any major health needs identified should be prioritised until arrival of ambulance.
- ☐ Provide immediate first aid interventions to patients.
- ☐ Maintain health records of all people for whom care has been provided.
- ☐ Provide regular updates to the Incident Control Centre/Divisional leads and request any additional support needed.
- ☐ Confirm shift times in plenty of time to enable replacement providing relevant handover information to those replacements.

Incident Stand Down

- ☐ Gather all records and make arrangements for these records to and liaise with Divisional Lead to ensure that these are uploaded to electronic patient records where applicable.
- ☐ Contribute to post-incident debriefing sessions.

Action Card 9: Admin Support

Functional specification

In Hours: Corporate Secretariat

Out of Hours: Operational On Call Manager

Responsibilities

To provide administrative support to the Incident Controller including set up and running Incident Control Centre, responding to messages etc

Checklist

- Setting up Incident Control Centre according to the instructions in the Major Incident Plan including:
  - Opening Major Incident cupboards
  - Connecting phones to appropriate phone sockets

- Completing the board with details of those persons who are in attendance and their responsibilities, e.g. loggist

- Checking the Major Incident email account and informing the Incident Controller of incoming emails

- Responding to phones within the Incident Control Centre and relaying information.

- Responding to emails on the instruction of the Incident Controller

Incident Stand Down

- On being informed of incident stand down support Operational Incident Controller Operational Manager in recording of debrief information

- Restore room to pre-incident set up

- Contribute to post-incident debriefing sessions.

APPENDIX 1A: Contact Details of Incident Control Centres Rooms

Incident Control Centre

Name:	St Catherine's Incident Control Centre
Address:	Training Room 1 & 2 St Catherine's Health Centre Derby Road Birkenhead Wirral CH43 0LQ
Normal Access:	7.00 am – 9.30 pm, 7 days per week
Out of Hours Access:	Contact Arrowe Security: 0151 609 0909
Incident Control Centre Numbers	0151 651 3872 or ext. 1445 (General line 1) 0151 651 3866 or ext. 1443 (General Line 2) 0151 651 3868 or ext. 1454 (Incident Controller) 0151 652 6468 (Analogue)
Fax Numbers:	0151 652 1569
Email Address:	WCNT.MajorIncident@nhs.net
Cabinet Padlocks:	9999

COVID-19 – Notice

During the period of the Pandemic please ensure Social Distancing is maintained when an Incident Control Centre is established. Other rooms in the vicinity should be utilised to assist.

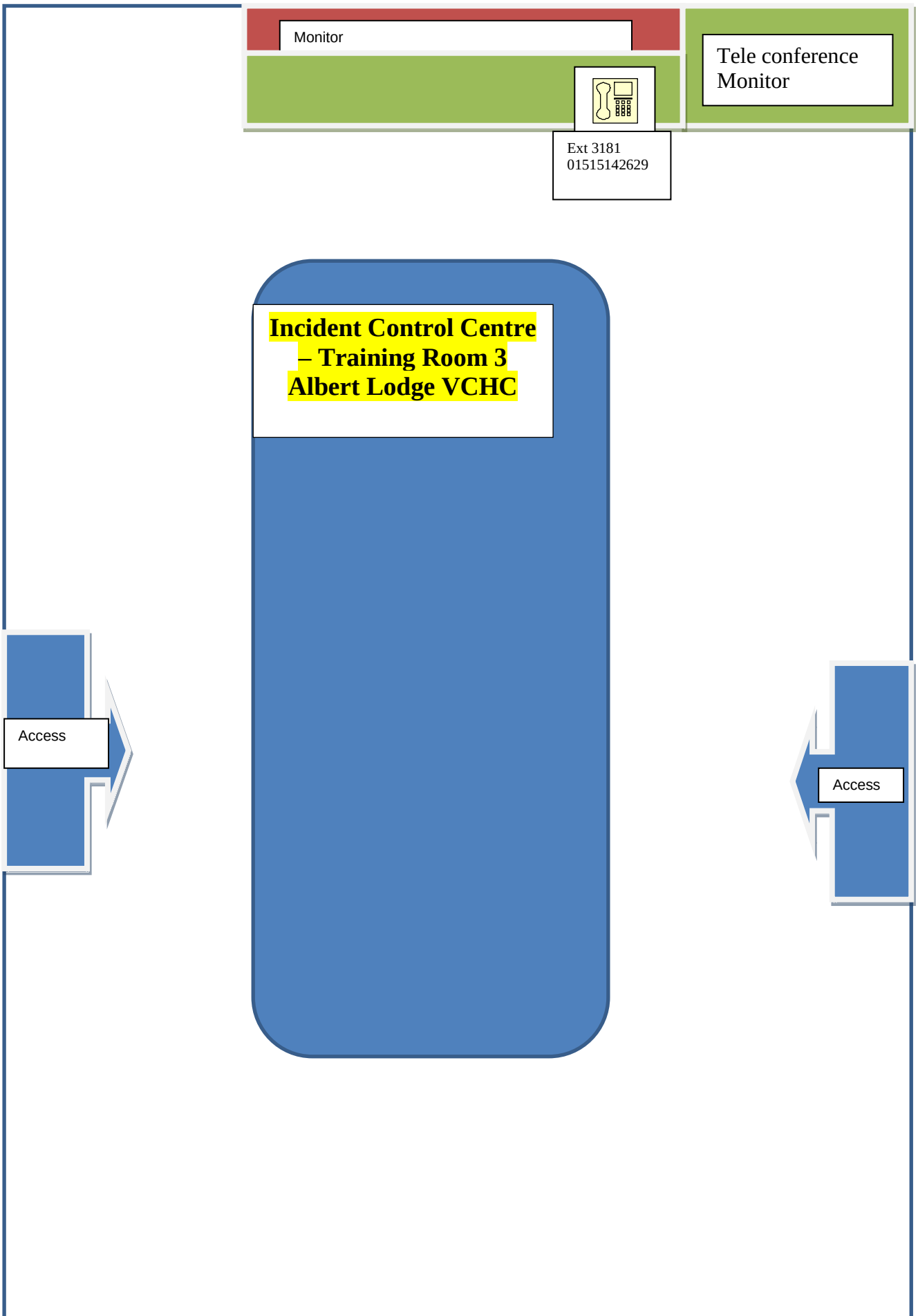
APPENDIX 1B: Backup Major Incident Control Room

Name:	**VCHC, Albert Lodge**
Address:	Training Room 3 Albert Lodge Victoria Central Health Centre Mill Lane Wirral CH44 5UF
Normal Access:	8.00am – 10.00pm, 7 days per week.
Out of Hours Access:	Contact Arrowe Security: 0151 609 0909
Incident Control Centre Numbers	Main Telephone number 0151 514 2629 Ext 3181 Analogue (To Be Arranged)
Fax Numbers:	No Fax Machine
Email Address:	WCNT.MajorIncident@nhs.net
Cabinet Padlocks:	9999. The ICC Storage tambour unit is located in the store area in Entrance number 1 to the building.

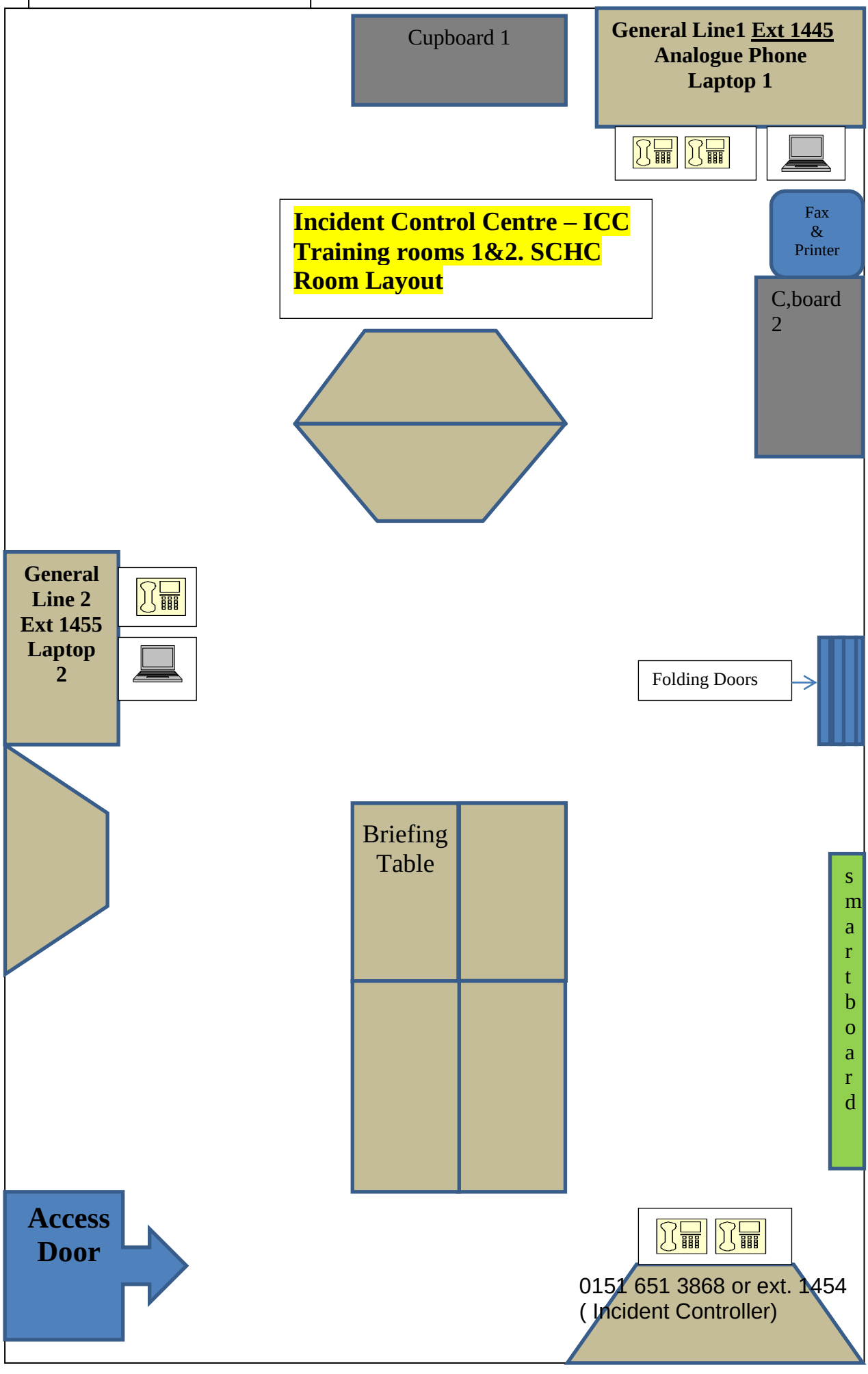
COVID-19 – Notice

During the period of the Pandemic please ensure Social Distancing is maintained when an Incident Control Centre is established. Other rooms in the vicinity should be utilised to assist.

Appendix 1C


Monitor
Tele conference Monitor
Ext 3181
01515142629
Incident Control Centre – Training Room 3 Albert Lodge VCHC
Access
Access

Appendix 1D


Cupboard 1
General Line1 Ext 1445
Analogue Phone
Laptop 1
Incident Control Centre – ICC
Training rooms 1&2. SCHC
Room Layout
Fax
&
Printer
C,board
2
General
Line 2
Ext 1455
Laptop
2
Folding Doors
Briefing
Table
s
m
a
r
t
b
o
a
r
d
Access
Door
0151 651 3868 or ext. 1454
(Incident Controller)

Appendix 2

The Major Incident Telephone Message Form is used to record all incoming and outgoing messages relating to the major incident. These pads are located with in the Major Incident Store cupboards.

Incident: **Date:** **Location:**

Log completed by:

Time	To / From* (*Delete as appropriate)	Name of Contact	Name of Org	Contact details

Outline of message

Decision Made/Action To Be Taken/Advice Given and Reasons	By Who	By When

S:\Pubhealth-All\PH-All-folders\PH-Emergency-Planning\Major Incident\Major Incident Rooms\INCIDENT LOG - MONITORING CALLS DECISONS v0 1.doc

Appendix 3 Prescription Record Sheet

Prescriptions Record Sheet to be completed for each patient requiring medicines

Record details of prescriptions issued to patients at reception centres. This form does not replace the usual FP10 prescription

Name of Patient: .....

Date of Birth: .....

Address of Patient: .....

.....

.....

GP Name: .....

Practice: .....

Details of Medication Prescribed:

Name of Drug	Strength	Dose	Frequency	Quantity

Signature of DOCTOR: ..... **Date:**

Appendix 4

MAJOR INCIDENT REST CENTRE
PATIENT RECORD OF TREATMENT

DATE OF INCIDENT:

<table>
<tr><td colspan="3">First Name:</td><td colspan="4">Last Name:</td></tr>
<tr><td colspan="3">DOB:</td><td colspan="4">Known Allergies:</td></tr>
<tr><td colspan="3">Address:

Postcode: Tel no:</td><td colspan="4">NOK Details:

Name:

Relationship:

Contact No:</td></tr>
<tr><td colspan="3">GP Name:</td><td colspan="4">Surgery Address:</td></tr>
<tr><td colspan="3">Medical History:</td><td colspan="4">Medications:</td></tr>
<tr><td colspan="7">Summary of Treatment/Intervention (use continuation sheet if required)</td></tr>
<tr><td colspan="7">Ongoing Treatment Referral (Specify Service)</td></tr>
<tr><td colspan="3">Consent to share information gained:
(tick as appropriate)</td><td>YES</td><td></td><td>NO</td><td></td></tr>
<tr><td colspan="2">Print Name:</td><td>Signature:</td><td colspan="4">Destination:</td></tr>
</table>

Continuation Sheet

Date: **Time:**		**PRINT NAME:** **Signature:** **Designation:**

Appendix 5

Grab bag contents to be checked on a monthly basis

Equipment for Grab bags	**No/qty**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Assessment Document	**10**												
PAC & Record of Admin	**10**												
Dressing packs	**2**												
Scanpore tape: 3m	**1 roll**												
Single-use sterilescissors	**1**												
Non-woven swabs: 10cmsx10cms	2 pkts												
Non-sterile gloves	**6 pairs**												
Cosmopore E													
35cm x 10 cms	**2**												
7.2 cms x 5 cms	**3**												
Leucostrips skin closures 6.4mm x 76 mm	**3**												
Conforming bandages													
5cms	**X1**												
7cms	**X1**												
10cms	**X1**												
Disposable plastic Forceps	**X2**												
Pens	**3**												

Vests (hi-viz)	**1**												
BNF	**1**												
Paediatric BNF	**1**												
Steripods	**2**												
Stethoscope	**1**												
Clinic waste Bags	**2**												
Clipboard	**1**												
Shock Box	**1**												
Pocket Mask	**1**												
Hand Sanitizer	**1pkt**												
Sharps Container (0.6lt)	**1**												
Blood Pressure Monitor	**1**												
Accu-Chek Blood Glucose Meter	**1**												
Accu-Chek Test Strips	**1 box**												
Accu-Chek Control Solution	**1 box**												
Insulin Syringes	**1 pk**												
Key holders	**1**												
Contact Sheet	**1**												
Sign:													
PRINT NAME:													
Date:													

Appendix 6: Incident Severity Rating Guidance

The information within the table below and the descriptors contained therein are not exhaustive. Each incident should be assessed against the impact experienced.

Incident	One or more of the following apply	
Localised Disruption / incident	The incident is not serious or widespread and is unlikely to affect business operations to a significant degree No significant impact on patient or staff safety No significant impact on performance or finance The incident can be dealt with and closed by relevant managers No significant media or political interest	**Incident managed within the affected areas** Where the initial impact assessment grades the situation as a localised minor incident, the affected management team should deal with this using localised contingency arrangements. Where this incident has the potential to impact on clinical delivery the service lead must be notified. Where this incident has the potential to spill over into the evening / weekend the On call manager should be notified and informed of the contingency arrangements in place.
Minor Disruption / Incident	Limited impact on patient and staff safety Incident expected to be fully resolved and closed within 24 hours Limited but some impact on service delivery in critical areas One or a number of	**Incident managed using local contingency arrangements** Where the initial impact assessment grades the situation as a minor disruption, the incident should be managed by the Divisional Manager/Deputy These Divisional Managers will escalate where necessary and inform the relevant Managers as appropriate. Where this incident has the potential to impact on clinical delivery the service lead must be notified. Where this incident has the potential to spill

	local contingency plans activated Incident still expected to be managed through localised contingency arrangements Limited financial / performance impact Limited Governance issues Possible public/media/political interest	over into the evening / weekend the On-call manager should be notified and informed of the contingency arrangements in place.
Significant Disruption / Incident	Disruption to a number of critical services likely to last for more than 1 working day Significant impact on patients and staff Access to one or more sites denied where critical services are carried out for more than 24 hours Suspension of a number of services required Access to systems denied and incident expected to last more than 1 working day and therefore impacting on operational service	**Numerous contingency plans activated thus requiring effective management by calling together of a specific multi directorate team** Where the initial impact assessment grades the situation as significant the incident will need to be formally managed to ensure resources and activities are effectively coordinated. The on call manager should consider how nest to manage the incident and ifactivation of the Foundation Trust major Incident plan is required . It may also be necessary to inform the NHS Merseyside First on Call. Consideration should also be given to advising the Clinical Commissioning Group (CCG).

	delivery A number of critical services seeking to activate service level contingency plans thus requiring overall management Significant impacts on finances and performance Significant Governance issues Possible public/media/political interest	
Major Disruption / Incident	Incident expected to impact on critical services for more than 48 hours Wide spread disruption, loss of a major or multi-occupancy site Major impact on patient and staff safety Wide-scale incident in a geographical area affecting multiple critical services Significant disruption to business activities Local contingency plans inadequate to deal with incident Response requires	**Widespread incident requiring overall strategic management – Possible Major Incident** Where the Initial impact assessment grades the situation as major disruption the incident will need to be formally managed to ensure resources and activities are effectively coordinated. The AEO, following Liaison with the on Call managers, Executive members and other Senior Managers agree the composition of a n Incident Management Team A decision may be made to declare a **Major Incident** in line with agreed protocols contained within the Foundation Trust Major Incident Plan. Consideration should be given to informing the CCG and other Health Economy Partners – this will be determined by the Senior Manager in charge of the Foundation Trust response. **NB: The term Major Incident should not be used lightly or confused with a Major Incident that sets out the Foundation Trusts response to an external Trauma type mass casualty incident'.** However, the Command and Control principles adopted by the Foundation Trust for both types of incident are the same.

	strategic coordination and assistance from other health economy partners	

Significant Incident/serious disruption to services – requiring command and control, but not requiring strategic co-ordination and special arrangements from other health economy partners

Major Incident/major disruption to services – an event whose impact cannot be handled within routine service arrangements and requires the implementation of special arrangements, by one or more of the emergency series, the NHS or local authorities, to respond to it.

Wirral Community Health and Care NHS Foundation Trust

Medicines Optimisation Strategy 2021 - 2024

Meeting	Board of Directors		
Date	06/10/2021	**Agenda item**	**19**
Lead Director	Nick Cross, Medical Director		
Author(s)	Lisa Knight, Lead Pharmacist		

Action required (please tick the appropriate box)

To Approve ☑	**To Discuss** ☐	**To Assure** ☐

Purpose

The purpose of this strategy is to promote medicines optimisation throughout the Trust

Executive Summary

This strategy is based on the four principles of medicines optimisation: understand the patient experience, make medicines as safe as possible, ensure choice of medicines is evidence based and make medicines optimisation part of routine practice.

Risks and opportunities:

Risk 2590 outlines the need for more resilience within the Medicines Management Team. Currently the team is recruiting more staff to enable medicines optimisation to be strengthened throughout the organisation.

Quality/inclusion considerations:

Quality Impact Assessment completed and attached No
Equality Impact Assessment completed and attached No
A QIA is not required as this strategy will have no direct impact in service delivery
An EIA is not required because optimising the use of medicines is of benefit to everyone including individuals within protected groups.

Financial/resource implications:

There is no financial implication.

Trust Strategic Objectives

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	Our People - enhancing staff development

Board of Directors is asked to consider the following action

To approve the final 2021-2024 Medicines Optimisation Strategy.

Report history

Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	08/09/2021	Approved

NHS

Wirral Community Health and Care

NHS Foundation Trust

Medicines Optimisation Strategy 2021/24

Version	3
Ratified by	Trust Board
Date ratified	xxx
Review date	xxx
Name of author	Lead Pharmacist
Name of responsible committee/ individual	Medicines Governance Group
Target audience	All Trust staff who handle, prescribe or give advice on medicines as part of their job role

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Review and Amendment Log

Version Number	Type of Change	Date	Description of Change
1	New	August 2014	Developed to support the delivery of medicines optimisation throughout trust services
1.1	Revised	July 2015	Minor reformat
2	Revised	February 2018	To include recommendations Medicines Optimisation NICE NG5
3	Revised	July 2021	To include governance principles for the safe and secure handling of medicines

Foreword

The purpose of this strategy is to support the delivery of medicines optimisation throughout the Trust to ensure people using Trust services obtain the best possible outcomes from their medicines leading to improved care, reduction in waste and improved cost effectiveness.

Medicines are utilised in most of the services the Trust delivers and therefore effective medicines optimisation supports the delivery of high quality services and supports our common purpose: together we will support you and your community to live well.

Karen Howell

Chief Executive

1. Strategic Principles for Medicine Optimisation

Wirral Community Health and Care NHS Foundation Trust is committed to helping all users of Trust services make the most of their medicines.

The Trust's objectives to achieve medicines optimisation are based on the four guiding principles outlined by the Royal Pharmaceutical Society of Great Britain [2013] ensuring that the right people get the right choice of medicine, at the right time.

- Principle One – Aim to understand the patient's* experience
- Principle Two – Ensure choice of medicine is evidence based
- Principle Three – Ensure medicine use is as safe as possible
- Principle Four – Make medicines optimisation part of routine practice

*The term "patients" is utilised by the Royal Pharmaceutical Society of Great Britain. This term encompasses all people who use Trust services that require medication.

This strategy should be read alongside the Trust's Antimicrobial Strategy which includes details on how the Trust tackles the risk of antimicrobial resistance by optimising the use of antibiotics.

2. Introduction

Medicines management is an integral part of the Trust's core business, playing a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is crucial that people get the best quality outcomes from medicines. However there is a growing body of evidence to suggest people are not making the most of their medicines:

*Nationally only **16%** of patients who are prescribed a new medication take it as prescribed, experience no problems and receive as much information as they need.*

Ten days after starting a medicine, almost a third of patients are already non-adherent, of these 55% don't realise they are not taking their medicines correctly, whilst 45% are intentionally non-adherent. RPSGB 2013

Medicines optimisation is a patient–focused approach to getting the best investment in and use of medicines and requires an enhanced level of patient centred professionalism and partnership between the clinical professional and the patient.

Medicines optimisation is about ensuring that the right people get the right choice of medicine at the right time.

By focusing on service users and their experiences, the goal is to help patients to; improve their medical outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety. Ultimately medicines optimisation can help people to take ownership of their treatment. These same principles should also be applied to medical appliances such as catheters and dressings.

The medicines optimisation approach requires multidisciplinary team working between Trust services, the commissioners, our partner healthcare providers and our service users.

3. Trust Common Purpose, Values and Quality Plans

The Trust Common Purpose:

Together, we will support you and your community to live well

Our values show what we stand for, believe in and are passionate about:

- **Compassion**, supportive and caring, listening to others
- **Open**, communicating openly, honestly and sharing ideas
- **Trust**, trusted to deliver, feeling valued and safe

The Quality Plans for 2021 2022 are aligned to the principles of Medicines Optimisation

Engaged Population	We will involve people as active partners in their wellbeing and safety, promoting independence and choice	Aligned to medicines optimisation principle one – Aim to understand the patient's experience
Effective and Innovative	We will nurture an improvement culture focused on consistently delivering effective care and support	Aligned to medicines optimisation principle four – Make medicines optimisation part of routine practice, (constantly improve)
Safe Care and Support Every Time	We will nurture a positive safety culture, promoting psychological safety and supporting reflection	Aligned to medicines optimisation principle three – Ensure medicine use is as safe as possible

4. Strategy Development

The need for a Trust Medicines Optimisation Strategy was identified following the publication of the Royal Pharmaceutical Society of Great Britain's good practice guidance, "Medicines Optimisation: Helping patients to make the most of their medicines 2013". This strategy adheres to the same four principles for medicines optimisation as outlined in the RPSGB guidance.

This is the third version of the Trust's medicines optimisation strategy that is based on the RPSGB medicines optimisation principles. This is because, the principles continue to be utilised by CQC and throughout the NHS to define pharmaceutical best practice.

In addition, the 2021 revision of this strategy incorporates the governance principles for the safe and secure handling of medicines as defined by the RPSGB's "Professional guidance on the safe and secure handling of medicines" December 2018.

Current state

The annual and tri-annual reports to the board on the activities of the Medicines Governance Group are aligned to the four principles of medicines optimisation and form the basis for future planning and priorities.

This updated strategy takes into account the new services that now form part of the community Trust's portfolio including the inpatient facility, "Community Integrated Care Centre".

5. Roles and Responsibility

Care Quality Commission

The Care Quality Commission (CQC) is an independent regulator that regulates the delivery of health and social care in England. The CQC assessment framework, "Key lines of enquiry, prompts and ratings characteristics for healthcare services" 2018 sets out systems, processes and practices that should be in place to protect people from avoidable harm. The document provides a framework to investigate how healthcare organisations ensure the proper and safe use of medicines, where the service is responsible.

NICE

The National Institute for Health and Care Excellence (NICE) sets the nationally agreed standards for quality healthcare. Guidance is evidence based and cost effectiveness is considered.

Trust Board

The Board of Directors has overall responsibility for ensuring that the Trust delivers high quality services that are efficient and effective. It demonstrates commitment to medicines optimisation by the endorsement of this strategy

Chief Executive

The Chief Executive is accountable for the quality and compliance with safe and effective clinical governance systems for all aspects of safe medicines management and optimisation within the Trust.

Quality and Safety Committee

The Quality and Safety Committee oversees with delegated responsibility from the Board all aspects of quality governance. The Standards Assurance Framework for Excellence (SAFE) Steering Group reports to Quality and Safety Committee.

Standards Assurance Framework for Excellence (SAFE) Steering Group

The purpose of this group is to ensure the Trust has an effective system of clinical governance in place to ensure that people are kept safe and clinical risk is well managed. The Medicines Governance Group reports to SAFE.

Medicines Governance Group

The Medicines Governance Group oversees the safe development and implementation of procedures and systems for safe medicines management. The group is responsible for development of this strategy.

Service Director

Service Directors are responsible for monitoring that service leads have appropriate systems in place to promote medicines optimisation.

Service Lead

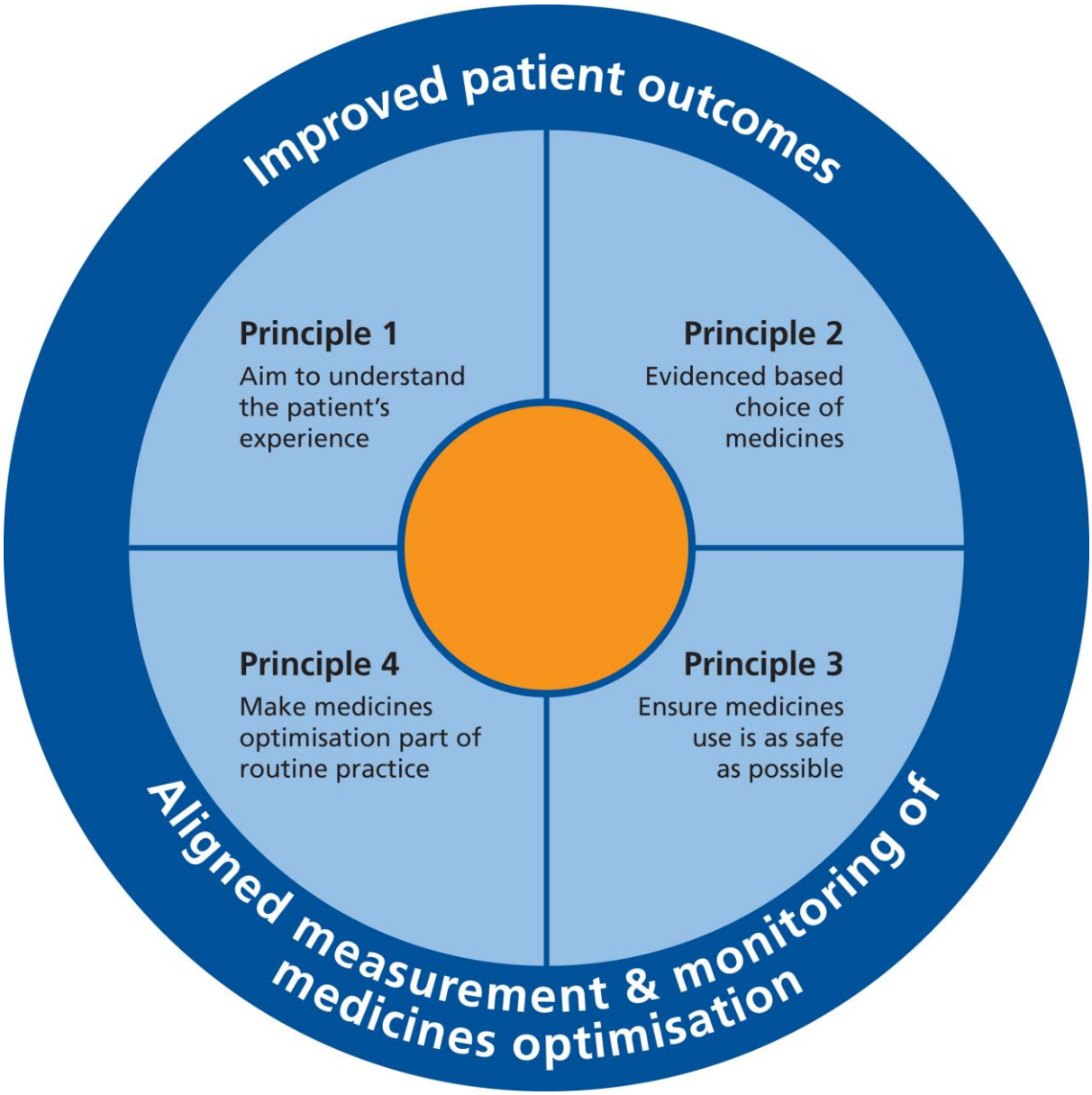
Service leads are responsible for ensuring that all relevant staff within their service are conversant with this strategy and are appropriately trained and qualified to fulfil their specific duties.

Individual Employees

Individual employees are responsible for incorporating medicines optimisation into routine practice.

6. Delivering Medicines Optimisation

The model below summarises the four principles of medicines optimisation



6.1 Principle One – Aim to understand the patient's experience

To do this we will:

- Work with people to co-produce personalised care, promoting NHS approved shared decision-making tools to support people to decide on treatment options.
- Enable people to be engaged by providing them with accessible evidence based information about their medicines and treatment, including benefits and potential harm to help people feel able to make choices.
- Signpost people to additional NHS approved medicine information resources for additional support with medicines (for example NHS Choices and www.gov.uk website for information on vaccines)
- Create a non-judgmental environment where people are empowered to discuss concerns, preferences and non-adherence with medicines This will focus on identifying issues relating to health inequalities and responding to these in treatment plans. E.g. associations with deprivation and concordance with medication regimes.
- Practitioners will share people's concerns about medication and ideas on optimising each person's medicines with the prescriber responsible for their care.
- Where complaints or concerns are received involving medicines, we will implement lessons learnt to improve practice.

To measure this we will:

- Audit service user records for evidence that information about the potential benefits and harms of using medicines have been provided to people to enable informed consent to treatment.
- Seek evidence prescribers take into account people's preferences, values and individual circumstances surrounding their treatment.
- Monitor identified actions following complaints and concerns to ensure they are completed and potential learning has been disseminated. throughout the organisation.

6.2 Principle Two – Ensure choice of medicine is evidence based

To do this we will:

- Choose medicines using best evidence by adhering to NICE guidance and local evidence based formularies.
- Actively promote adherence to Pan Mersey antimicrobial guidelines to reduce emergence of resistant bacteria.
- Avoid using treatments of limited clinical value and stop medicines that are no longer required.
- Challenge and rectify medicine use that is not based on best evidence.
- Provide prescribing guidance and patient group directions based on best evidence.
- Train non-medical prescribers in line with the single competency framework for all prescribers [RPSGB 2016]

To measure this we will:

- Identify relevant medication related national guidance including NICE and monitor compliance.
- Monitor prescribing data to highlight adherence to best practice, local formularies and local antimicrobial guidelines.
- Investigate deviations from guidelines to ensure they only occur in exceptional and clinically justifiable circumstances.

6.3 Principle Three – Ensure medicine use is as safe as possible

To do this we will:

- Establish assurance arrangements, by having procedures and policies in place to define best practice.
- Ensure capacity and capability, by training people, ensuring they have the relevant competencies and resources.
- Encourage near miss and medication incident reporting and investigate as appropriate, incorporating learning into clinical practice.
- Ensure medicines and prescription stationery are ordered, transported, stored and disposed of appropriately and securely by trained staff.
- Where we are responsible for administration of medicines, we will undertake medicines reconciliation.
- Work collaboratively with patient safety specialists within the Trust
- Engage with partner health care providers to improve communication and seamless care.
- Respond to and implement all national patient safety alerts involving medicines.

To measure this we will:

- Monitor medication incidents in line with Patient Safety Alert, “Improving medication error incident reporting” March 2014.
- Require services to complete monthly self-audits based on CQC key lines of enquiry and for those services using patient group directions (PGDs), seek monthly assurance that all practitioners using PGDs are appropriately authorised.
- Validate data from self-assessments by a member of the Medicines Management Team undertaking face to face monitoring visits to services.
- Monitor adherence to patient safety alerts involving medicines.

6.4 Principle Four – Make medicines optimisation part of routine practice

To do this we will:

- Ensure the four principles of medicines optimisation inform the objectives for annual programmes of activity by the Medicines Governance Group.
- Align measurements and monitoring of medicines optimisation against the four principles of medicines optimisation.
- Encourage practitioners to routinely discuss with patients and/or their carers how to get the best outcome from their medicines.
- Empower staff to implement quality improvements involving medicines.
- Regularly feedback to staff, learning from medication incidents via the Trust's Medicine Management Bulletin.
- Work cooperatively with partner healthcare organisations to support the health care economy within Wirral Place.

To measure this we will:

- Participate in validated research to measure quality improvements introduced by staff.
- Continue to report adherence against the 4 principles of medicines optimisation to the Board in the annual Medicines Optimisation Report.

7. Equality Assessment

In line with the Trust's commitment to meet its statutory requirements outlined in the Inclusion Strategy each procedural document and strategy is screened using an Equality Assessment (EA) Screening Tool. This demonstrates the Trust's commitment to equality and human rights by recognising that the experiences and needs of every individual are unique and strives to value and respect the diversity of staff, patients, carers and the public.

EAs support organisations to avoid discrimination on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Carers are also protected from discrimination, as they are associated with people with a protected characteristic i.e. disabled people. Should staff become aware of any exclusions that do not comply with this statement, they would need to complete an incident form and an appropriate action plan must be put in place

An equality assessment has been completed – see Appendices and forwarded to the Inclusion Lead.

8. Safeguarding

In any situation where staff may consider the patient to be a vulnerable adult, child or young person they need to follow Trust Safeguarding Policies and those of the Local Safeguarding Children's Board and discuss action plans with line manager and document outcomes. The Director of Nursing must also be informed.

9. Conclusion

The strategy will inform the Trust's medicines management objectives as outlined in the Medicines Optimisation Annual Report. The objectives will be implemented and monitored through the Medicines Governance Group. The overriding priority for the next 3 years will be to promote the right people getting the right choice of medicine, at the right time.

Implementation of the strategy will ensure the best possible outcomes from medicines.

Adopting the strategy will promote:

- An open dialogue with the patient and/or their carer about the patient's choice and experience of using medicines to manage their condition.
- Evidence based choice of medicines, ensuring that the most appropriate choice of clinically and cost effective medicines (informed by the best available evidence) are made that can best meet the needs of the people who use Trust services.

- Medicines use will be as safe as possible
- By making medicines optimisation part of routine practice, the Trust will promote a culture of continuous quality improvement

10. References

Medicines Optimisation, NG5 NICE April 2015

Medicines Optimisation, Royal Pharmaceutical Society of Great Britain May 2013

Patient Safety Alert, Improving medication error incident reporting and learning, NHS England March 2014

Key lines of enquiry, prompts and ratings characteristics for healthcare services, CQC October 2017

Professional guidance on the safe and secure handling of medicines RPSGB 2018

A single prescribing competency Framework for all Prescribers, National Prescribing Centre July 2016

11. Consultation

Medicines Governance Group	Communication Team	Quality and Safety Committee
Medical Director	Quality Lead (Experience and Engagement)	Healthy Wirral Medicines Optimisation Board

12. Strategic Review

This strategy will be reviewed annually by the Medicines Governance Group

Appendix 1

Medicines Management Objectives in line with the Medicines Optimisation Strategy

Please refer to the Trust's Annual Medicines Optimisation Report for Full details

Medicines Optimisation Principle	**Principle One** **Aim to understand the patient's experience**	**Principle Two** **Ensure choice of medicine is evidence based**	**Principle Three** **Ensure medicine use is as safe as possible**	**Principle Four** **Make medicines optimisation part of routine practice**
Medicines Management Objectives	Audit patient records for evidence that relevant information has been provided to patients to enable informed consent to treatment.	The Medicines Governance Group will monitor adherence with NICE Technological Appraisals, base line assessments and guidelines relating to medicines and produce action plans as appropriate	The Medicines Governance Group will analyse all reported medication incidents and put action plans in place to reduce the possibility of reoccurrence as appropriate.	The annual activities of the Medicines Governance Group will be reported to the Board aligned to the four principles of medicines optimisation
	To comply with the Patient Safety Alert NHS/PSA/2014/005, the Trust is committed to inviting a patient representative to join the Medicines Governance Group where incidents involving medication are analysed	The Medicines Governance Group will monitor and review antimicrobial and controlled drug prescribing data each quarter and put action plans in place to improve compliance with national and local evidence based guidelines	The CQC key lines of enquiry will form the basis for the 2021/2022 clinical audit of adherence with safe handling and administration of medicines guidelines	The Trust will produce a minimum of 10 Medicine Management Bulletins, each will have a section on learning from medication incidents

Appendix 2

Equality Assessment (EA) Screening Tool		
Title: Medicines Optimisation Strategy		
What is being considered?	The delivery of medicines optimisation throughout the Trust to ensure patients obtains the best possible outcomes from their medicines.	
Who may be affected?	Patients [x] Staff [x] Public [ ] Partner Agencies [ ]	
Is there potential for an adverse impact against the protected groups below? Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex (gender), Sexual Orientation or the Human Rights articles?		Yes [ ] No [x]
On what basis was this decision made? (Please complete for either 'yes' or 'no'). Medicines optimisation is of benefit to all, including protected groups		
If 'No' equality relevance, sign off document below and submit this page when submitting your policy document for approval. If 'Yes' Please complete further documentation With regard to the general duty of the Equality Act 2010, the above function is deemed to have no equality relevance. Lead Pharmacist Date: 15 July 2021		