

**ITEM: 15**  
**DOC: 11**

## TRUST BOARD

**DATE:** 23rd May 2012

**TITLE:** Emergency Planning, Business Continuity and 2012 Olympics Preparedness

**SPONSOR:** Maria Da Silva, Chief  
Operating Officer

**REPORT FROM:** Matthew Boazman,  
Director of Operations

### **PURPOSE OF REPORT:**

To provide the Trust Board with an update on Business Continuity and Emergency Preparedness.

**EXECUTIVE SUMMARY:** This report provides The Trust Board with an update on emergency planning, business continuity and organisational preparedness for the 2012 Olympic games for Whittington Health. This includes a review of progress against the annual NHS London Emergency Preparedness assurance process, an outline of the outstanding issues and organisational risks and the local action plans developed following on from the review exercise.

**PROPOSED ACTION:** For information

### **APPENDICES:**

Appendix A NCL Cluster 2012 Preparedness Submission  
Appendix B OSV/Games family Member Action Plan  
Appendix C NHS London annual assurance Whittington Health action plan

## TRUST BOARD BRIEFING

### EMERGENCY PLANNING, BUSINESS CONTINUITY AND 2012 OLYMPICS PREPAREDNESS

#### 1. PURPOSE

This paper provides The Trust Board with an update on the current position regarding emergency planning, business continuity and 2012 Olympics preparedness, including an overview of progress to date, current risks and future work streams.

#### 2. BACKGROUND

Planning for emergencies and planning to ensure business continuity are legal requirements as a Category 1 responder under the Civil Contingencies Act 2004<sup>1</sup> (CCA) and the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005.<sup>2</sup>

Other statutory and regulatory requirements include:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2009,<sup>3</sup> (Regulations 9(2) and 24) which provide the statutory basis for the Care Quality Commission's Essential Standards of Quality and Safety,<sup>4</sup> ss 4B, 6D and 10E
- The Operating Framework for the NHS in England (as amended) 2011-2012<sup>5</sup> paragraphs 2.37 – 2.41
- The Business Continuity Institute Good Practice Guidelines under BS 25999.<sup>6</sup>
- The Department of Health Interim Strategic National Guidance 2008<sup>7</sup>
- The acute and community services contracts with commissioners

#### 3. NHS London Assurance Process

On an yearly basis all NHS organisations are required to partake in the Emergency Planning and Business Continuity annual assurance programme facilitated by NHS London. As part of this exercise organisations are assessed against a range of different criteria covering a range of elements of organisational preparedness and business continuity. This includes reviewing:

- Major incident and business continuity documentation
- Leadership and governance
- Resilience planning
- Trauma network planning
- Major incident planning
- Major incident response
- Threat specific plans

<sup>1</sup> <http://www.opsi.gov.uk/acts/acts2004/20040036.htm>

<sup>2</sup> <http://www.opsi.gov.uk/SI/si2005/20052042.htm>

<sup>3</sup> [http://www.opsi.gov.uk/si/si2009/draft/ukdsi\\_9780111487006\\_en\\_1](http://www.opsi.gov.uk/si/si2009/draft/ukdsi_9780111487006_en_1)

<sup>4</sup> [http://www.cqc.org.uk/db/documents/Essential\\_standards\\_of\\_quality\\_and\\_safety\\_FINAL\\_081209.pdf](http://www.cqc.org.uk/db/documents/Essential_standards_of_quality_and_safety_FINAL_081209.pdf)

<sup>5</sup>

[http://www.dh.gov.uk/dr\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh\\_110159.pdf](http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_110159.pdf)

<sup>6</sup> The British Standard for business continuity; all NHS organisations are required to 'align' with the requirements of this standard

<sup>7</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_085423.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_085423.pdf)

- Business continuity planning
- Business continuity management
- Training
- Exercising

As part of this programme of work Whittington Health had to submit a range of evidence to NHS London in 2011 and subsequently in March 2012 in order to demonstrate compliance – this included the submission of major incident and business continuity plans, evidence of documented partnership meetings, evidence of training programmes, test exercise attendance lists and exercise evaluation reports along with a range of other sources. The NHS London team then undertake a panel review meeting with all organisations to assess their compliance and RAG rate organisations against each criteria as follows:

Green (All relevant evidence provided and full assurance)

Amber (Majority of evidence provided and reviewer assured will be complete in 2012)

Red (Limited evidence of assurance provided)

During the previous 2011/12 audit of Whittington Health

- 33 criteria were rated RED
- 26 criteria were rated AMBER
- 34 criteria were rated GREEN

Due to changes in the number and content of the criteria it is not possible to make a direct like for like comparison year on year for all criteria as a number are no longer measured or have changed between 2011/12 and 2012/13 assurance programme. In the 2012/13 assessment a total of 82 criteria have been assessed.

#### **4. 2012/13 Assurance Ratings**

As a result of the work carried out during 2011/12 significant progress has been made by Whittington Health in addressing some of the business continuity and emergency preparedness areas rated as Red during the NHS London annual assurance process. Some of the key work completed by Whittington Health during the last twelve months has included:

- Completion of full organisational gap analysis
- A full analysis of the London Olympics Resilience Planning Assumptions (LORPA) on Whittington Health
- Revised Chemical, Biological, Radiological and Nuclear (CBRN) planning documentation
- Integrated emergency planning and on-call process for Whittington Health
- Development of single organisation wide major incident planning documentation
- Completion of Trust Wide major incident table top and testing exercises
- Audit of CBRN training compliance by London Ambulance Service
- Improved assurance on the ability of suppliers of critical goods and services to maintain business as usual during the Olympics
- Development of a comprehensive plan to manage a road fuel supply shortage (draft awaiting formal ratification)
- Development of a plan for the management of a failure of or serious interruption to the water supply (draft awaiting formal ratification)
- Development of a strategy for the implementation of a Business Continuity Management system aligned with BS25999 across the whole organisation

The overall progress to date is demonstrated by comparing the NHS London assurance assessment of the organisation following the 2011/12 annual assessment process and 2012-13 assessment process. Table one indicates where Whittington Health improved its assessment rating in 2012/13 compared to the 2011/12 position. It is also worth noting that NHS London provided Whittington Health with a green RAG rating (substantial assurance) against:

- All 3 criterion associated with Major Incident Plans
- All 10 criterion associated with Leadership and Governance
- All 6 criterion associated with Major Incident Training

<b>CRITERION</b>	<b>2011-2012 Assessment</b>	<b>2012-2013 Assessment</b>
· Review of MI and BC plans against the LORPAs	R	A
· Additional loggists trained	A	G
· Incident follow-up arrangements	A	G
· Recovery arrangements	R	A
· CBRN arrangements	R	G
· Pandemic planning	R	A
· BC planning	R	A
· BS25999 alignment	R	A
· BC command and control	R	A
· Identification of essential services	A	G
· Fuel shortage	R	A
· Incident staffing levels	R	A
· Major Incident (MI) training programme	R	G
· Senior management MI & BC training	R	A
· Induction training in MI and BC	R	G

Table 1 Annual Assurance Review

## 5. Summary of Remaining Risks

Despite Whittington Health having made good progress on its overall emergency planning and business continuity arrangements during 2011/12 there are a number of key areas where further work is required and recommended following the 2012 assessment in order to achieve substantial assurance against the NHS London criteria and these are summarised below:-

### 5.1 Estates management and Lockdown

The organisation still has significant challenges associated with implementing a secure estates lock down process across the organisation in the case of a major incident. This is not deemed an issue for the hospital site but is mainly focused on lockdown across community based sites due to the large number of locations, different security, premises and ownership arrangements in place.

## 5.2 Supply chain resilience.

NHS London have requested further assurance of supply chain resilience, specifically during 2012 Olympic games times with the main focus on patient transport resilience and sterile services resilience. This was highlighted as an issue for a number of organisations through the annual assurance process conducted by NHS London as many utilise the same service providers

## 5.3 Business Continuity Planning (BCP)

Whilst the organisation had BCP documentation in place NHS London expects organisations to move toward full alignment with BS25999 standards. Whittington Health plans were not aligned to BS25999 at the time of the assessment but will be complete ahead of the 2012 Olympics following a series of workshops being run in May and June 2012.

## 5.3 Business continuity- training

As with a number of the organisations assessed Whittington Health is required to improve its level of training and testing of business continuity plans. The organisation was green rated for emergency planning training and testing but further work is required for full assurance in terms of business continuity response and this is being addressed through the planned Business Continuity workshops being held in May and June 2012.

## 5.4 Emergency planning and Business Continuity capacity.

The organisation continues to be red rated in terms of organisational capacity and was criticised for the second consecutive year for not having a full time dedicated Emergency Planning Liaison Officer (EPLO). NHS London have stated this is not adequate for an organisation the size of Whittington Health in their assurance returns. This continues to be the major organisational risk in terms of NHS London assurance ongoing compliancy with organisational resilience and a business case is being developed to address this issue.

## 5.5 Development of CBRN countermeasures

Additional planning and training is required to provide assurance as to The organisations ability to implement mass countermeasures for a CBRN incident in the community.

## 5.6 Learning from the Five Hospital Fires in London

Whittington Health is required to provide further evidence to demonstrate that the recommendations from the report on the Five Hospital Fires in London<sup>8</sup> have been implemented including detailed and tested evacuation/ invacuation arrangements.

## 5.7 Major Incident Live Testing

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<sup>8</sup> [http://www.london.nhs.uk/webfiles/Corporate/NHSL\\_FIRE\\_LR\\_2.pdf](http://www.london.nhs.uk/webfiles/Corporate/NHSL_FIRE_LR_2.pdf)

Whittington Health will be required during 2012/13 to undertake a comprehensive 'live' Major Incident test exercise as opposed to table top testing which has been carried out in 2011/12

## **6. 2012 Olympics specific tasks**

In addition to the usual annual assurance programme all NHS organisations have also been required to partake in an additional assurance exercise specifically focused on the Olympics assurance checklist for NHS London and the North Central London team. This has involved providing assurance against a subset of the overall annual assurance checklist and is aimed at reviewing what NHS London have rated as the key risk areas for the Olympics.

Whittington Health was required to submit evidence of its Olympics assurance to the NCL cluster who then assessed the individual Trust submissions, reviewed the documentation and provided a submission on behalf of the NCL cluster to NHS London. The summary document provided by the NCL cluster to NHS London is included with this document (Appendix A) illustrating that full assurance would be in place by the start of games time for the NCL cluster and its providers.

As part of this specific Olympics assurance checklist the following actions were highlighted as additional recommended tasks by the NCL cluster and NHS London that needed to be completed ahead of the 2012 Olympics by Whittington Health.

- Ensure that risks to business as usual services from the Heineken Holland House event and other live cultural events which might take place in the boroughs during Games Time have been fully assessed and that there are plans in place to mitigate those risks
- Ensure that staff and public have been informed about any changes to services or access to sites during the Games to enable them to effectively plan their journey
- Develop a process to identify and manage an accredited member of the Games Family, ensuring that all staff know how to recognise an accredited member of the Games Family by June 2012 (this is covered in more detail in point 7 below)
- Develop and implement a fit for purpose VIP Policy

## **7. Games Family Accreditation and Access to Health Care**

During the 2012 Olympics members of the Olympics accredited games family are entitled to access free NHS care subject to meeting certain criteria. Alongside the 2012 preparedness programme the Trust has undertaken a separate internal review of its overseas visitor service and commissioned an internal audit review. As a result of this a detailed programme of work has been developed for improving income maximisation and identification of overseas visitors and the process for identification of accredited Games Family members and VIPs has been incorporated into this.

The associated action plan for this is also included in this document as Appendix B and was presented separately to the May 2012 Audit Committee. This demonstrates that Whittington Health will have trained all key staff and implemented the required Games Family accreditation process by start of the 2012 Olympics games time.

## **8. Future Work Plans**

Following on from the 2012 assurance process conducted by NHS London and the Olympics assurance programme a series of additional work streams have been established across Whittington Health. The action plan outlining these key work programmes and named leads is included as Appendix C in this document. As indicated a number of actions have already been completed and all of the specific 2012 Olympic actions are due to be completed before the start of the 2012 Game Time period. The attached action plan has been submitted to the NCL cluster Emergency Planning Lead at NHS London as part of the annual assurance requirements.

**Cluster self-assessment - Games-ready by 27 April 2012**

- 1) This exercise is for PCT Clusters in London to provide assurance that the health system is Games-ready
- 2) Please populate the columns to highlight that all organisations within your Cluster are Games-ready according to the checklists and guidance provided in the Games Planning Pack v3 (Appendix D)
- 3) Please complete and return to the PMO with the signature of the Cluster CEO by **o later than 9AM on the 27th April 2012**. You can email it to [annabel.stevenson@london.nhs.uk](mailto:annabel.stevenson@london.nhs.uk)
- 4) For support or guidance please contact the PMO - [annabel.stevenson@london.nhs.uk](mailto:annabel.stevenson@london.nhs.uk)

**Name of PCT Cluster and CEO Signature:** North Central London Cluster

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<p>Organisation has engaged with the TfL Travel Advice to Business stakeholder engagement programme (<a href="http://www.getaheadofthegames.com">www.getaheadofthegames.com</a>) and identified impact on access and egress for staff, patients and suppliers due to the Olympic Route Network, and considered implications on supplies and services due to potential traffic disruption and congestion</p>	Y	<ul style="list-style-type: none"> <li>NCL Trusts in the most affected areas have been working with TfL travel advice planners to develop site specific plans, hold workshop events and develop strategies for communicating with staff, patients and suppliers.</li> <li>Suppliers have been contacted and discussions held to assess the possible impact on deliveries. Assurance has been sought from NHS Supply Chain and key suppliers used by Trusts with requests for copies of their Olympic-specific contingency arrangements</li> <li>Night-time deliveries: Many suppliers have confirmed they will deliver between midnight and 05:00 deliveries to central London Trusts.: Trusts are working with TfL good practice guidelines around night-time deliveries</li> <li>Work has been undertaken to ensure BC plans and processes are in place for all key corporate suppliers to NCL and for deliveries to Primary Care providers.</li> </ul>	<ul style="list-style-type: none"> <li>Stockpiling: UCLH are currently assessing available storage space. Queens Square and Great Ormond Street hospital working together to provide suitable storage and access for deliveries. NCL Cluster intend to stockpile some non-perishable items at St Pancras Hospital.</li> <li>Specific Supplies: Discussion pan-London taking place regarding radionuclides. Discussion in progress with the blood transfusion service.</li> <li>NCL Cluster has looked to postpone, reschedule or reallocate as teleconferences all key meetings during the Games</li> <li>NHS Supply Chain to provide a vehicle and driver on NCL Cluster premises throughout the Games to provide contingency for urgent deliveries between sites</li> </ul>
<p>Staff and public have been informed about any changes to services or access to sites during the Games to enable them to effectively plan their journey</p>	Y	<ul style="list-style-type: none"> <li>Patients: Patients Information leaflets and Olympic information within appointment letters are being provided by Trusts in travel hotspots areas. In some Trusts patients requiring follow-up appointments or non-urgent surgery will be asked if they want to travel to the hospital during the main Games.</li> <li>Staff: Communication strategies in place in Trusts for supporting staff with travel planning and signposting to relevant TfL advice. Staff advised to start their journey earlier than usual. Managers will be as flexible as possible</li> <li>Trusts have been holding briefing sessions for staff - content includes travel advice, leave arrangements, alternative working options, volunteering information, business continuity, Olympic major incident planning and supplies ordering processes.</li> <li>Staff online travel survey issued to all staff to assess current staff journey routes, levels of Olympic transport impact awareness and annual leave expectations</li> <li>An Olympic section has been set up within the intranet to provide a central resource of information</li> <li>A standing Olympic element has been added to the NCL staff weekly e-newsletter to k</li> </ul>	<ul style="list-style-type: none"> <li>Increased capability for concurrent remote working (non-clinical staff) has been implemented</li> <li>Remote working hotdesk hubs are to be established at each of the 5 borough presence sites to allow staff to work closer to where they live</li> </ul>
<p>Structures and processes are in place to enable Games Time reporting and communication</p>	Y	<ul style="list-style-type: none"> <li>All NCL Provider Trusts confirmed that robust plans are in place to provide daily situation reporting and 24/7 cover for out of hours incidents or issues</li> <li>Many NCL Trusts and NCL Cluster intend to operate a 'control room' facility throughout the Games to act a single coordination point for Olympic issues</li> <li>Increased on-call capability and identification of key senior staff availability on day-by-day basis during Games time</li> <li>Processes in place to ensure coordination of NCL Cluster performance / capacity management and Emergency Planning to allow for fully informed teleconference participation and situation reporting at Games times</li> </ul>	<ul style="list-style-type: none"> <li>Additional volunteer staff being trained to provide additional cover for control room operations / daily reporting</li> <li>NCL Cluster - Close working with Performance and Contracts Teams to reduce the risk of duplication of effort when providing situation report updates</li> <li>BCF - enhanced Barnet Site Manager Office with extra IT, telephony and hot desk facilities</li> </ul>
<p>Planning has taken place to minimise disruption to community services due to transport and traffic disruption and risks are mitigated</p>	Y	<ul style="list-style-type: none"> <li>Trusts have requested assurances from transport providers regarding games times continuity and estimated impacts on journey times, and are continuing to work with transport providers to finalise contingency arrangements</li> <li>Planned community services provision within Trusts has been profiled across the games times to take into account demand for service provision.</li> <li>Community services have utilised available travel impact tools to reconfigure and plan care diaries</li> <li>Primary Care contractors have been provided with advice and guidance and checklists to assist with their own planning. Providers have responded to the request to complete a declaration that the Olympic guidance and checklist has been considered</li> </ul>	<ul style="list-style-type: none"> <li>Royal Free: Likely mitigations under consideration are around early delivery of dialysis patients and the provision of additional refreshments: additional journeys: transfer of patients away from the Mary Rankin Unit located within half a mile of the major transport hubs on the Euston Road to other dialysis capacity based on a detailed examination of patients and their origin by the dialysis speciality managers.</li> <li>NCL Cluster is targeting it resources to engage with and support primary care contractors identified as Red or Amber on the NHS London Travel Impact Tool</li> </ul>
<p><b>Clusters on behalf of acute trusts</b></p>			
<p>All trusts have a process in place to identify and manage an accredited member of the Games Family, and there is a process to ensure all relevant staff know how to recognise an accredited member of the Games Family by June 2012</p>	Y	<ul style="list-style-type: none"> <li>Acute Trusts confirmed that relevant staff are being trained around the process of recognising and supervising accredited Olympic Family. Trust 2012 Operations Rooms will also assist staff with Olympic Family recognition</li> <li>Trusts attended at national Games Family Treatment workshop event in Feb 2012</li> <li>All acute Trusts are aware of the processes and documentation and notification requirements for managing Games Family members at their sites</li> </ul>	<ul style="list-style-type: none"> <li>Case notes and registration numbers will be prepared in advance of the Games</li> <li>Dedicated administrator will be responsible for ensuring accurate and timely registration on patient information system</li> <li>Front-line clinical staff in A&amp;E have attended the NHS London training in February</li> <li>Security staff are being provided with additional training to respond to high profile Olympic Family in hospital</li> </ul>
<p>All trusts have a fit purpose VIP Policy</p>	In Progress	<ul style="list-style-type: none"> <li>Acute Trusts noted that VIP plans have been developed or enhanced to provide clear processes for identification of VIPs. These will be subject to further examination in light of the final Games Family ID guidance.</li> </ul>	

All trusts have robust policies and procedures in place for determining entitlement to NHS care and charging patients where appropriate

Y

- Trust Policies in place for the Treatment of Overseas Visitors led by overseas visitors departments in each Acute Trust
- Educational materials for Staff and Patients circulated as part of Trust's communication strategies

- Robust invoicing procedures for chargeable patients.
- Frequent training for staff to identify Overseas and Olympic family documentation. Representation and participation at OSVAG (Overseas Visitors Advisory Group) - national organisation.
- Process for recording and reporting EEA activity to Department of Health

#### Clusters

Clusters are working jointly with local authorities to ensure that all parts of the health and social care system are informed and prepared for all local activities and associated impact / disruption ie cultural events, live sites, torch relay

Y

- Public Health legacy projects across all boroughs have been detailed and recorded within the Olympic plan
- Attendance at ASAGs and specific meetings held with Local Authorities to develop understanding of Torch Relay impact
- Access to LECC data, which is regularly shared internally and with provider Trusts to ensure full awareness of latest information regarding planned cultural events

Clusters have a communications plan in place to ensure that there is consistent messaging to the local population

Y

- NCL Communications Strategy in place and regular meetings and workshops being arranged with Provider Trust Comms Leads to confirm teleconference, reporting and information sharing processes
- NCL Communications Team working with NE Cluster colleagues to provide a single comms message during Games time

Please list any outstanding milestones e.g. local area traffic management plans with dates where possible below:

London C3 Olympic reporting arrangements are still to be finalised

Patient Transport assurance is an ongoing piece of work - to be completed by end of May 2012

Torch relay routes and details of impacts to be finalised and shared with all Trusts

Still awaiting confirmation from IHSS regarding likely impact on sterile service provision/turnaround time- expected May 2012

LOCOG Advice on Games Family ID - due by end of April 2012

## APPENDIX B OVERSEAS VISITORS ACTION PLAN FOLLOWING INTERNAL AUDIT REVIEW

REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
1.1	The Trust should ensure that when new updates are released that they are reflected on the Trust intranet and a communication put on the system to enable all staff to be aware of changes. The policy should then be updated when next reviewed by the relevant committee.	M	<ul style="list-style-type: none"> <li>OSV Policy formally ratified &amp; signed off at the Trust Operating Board &amp; Executive Committee.</li> <li>Revised policy updated on intranet and available to all staff</li> </ul>	<p>May 2012 (Complete and draft published-formal document to be ratified at TOB as per above)</p> <p>April (Complete and draft published-formal document to be ratified at TOB as per above)</p>	<p>Matthew Boazman</p> <p>Patricia Collins</p>
1.1	The Trust should consider sending out the Pre-Attendance form with first appointment details as this would prompt patients to bring supporting documents with them to their first appointment as appropriate. As a minimum, the Trust must ensure that at the start of the first appointment residency information is captured prior to the patient receiving treatment.	H	<ul style="list-style-type: none"> <li>Revised Pre-attendance form finalised and available in all clinical areas.</li> <li>Pre-attendance form Appendix in OSV Policy - INCLUDING 2012 games family accreditation process</li> </ul>	<p>May 2012 (complete and to be formally ratified as appendix to OSV policy-see action 1.1)</p> <p>To be included in policy for approval at TOB end of May 2012 (Including revised LOCOG guidance)</p>	<p>Matthew Boazman</p> <p>Patricia Collins</p>

## Internal Audit Services


REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
1.3	Front line staff needs to be given training on the requirements for identifying overseas visitors when they come through ED and other areas of the hospital in order to maximise the potential income attributed to these patients. The Trust may wish to consider including guidance on overseas visitors as part of the induction process for new starters.	H	<ul style="list-style-type: none"> <li>OSV Manager to undertake staff Face to Face sessions &amp; targeted workshops on overseas visitors and family games accreditation</li> <li>Mandatory Training e-learning module and to be included on trust induction programme</li> </ul>	<p>Sessions booked through May-June 2012 (initial training in midwifery and Emergency Department)</p> <p>June 2012</p>	<p>Patricia Collins</p> <p>Patricia Collins</p>
1.3	Given the difficulties in obtaining a deposit or payment through the cashier's office, the Trust may wish to consider the introduction of a chip and pin machine which (where appropriate) may be a means of facilitating more timely payment.	M	<ul style="list-style-type: none"> <li>OSV Manager can now take telephone payments for OSV &amp; private patients by credit/debit card</li> <li>OSV Manager purchase chip and pin machine</li> </ul>	<p>Already Completed in place March 2012</p> <p>May 2012</p>	<p>Patricia Collins</p> <p>Patricia Collins</p>
1.5	The Trust may wish to consider having the leaflets on EHC and Healthcare Entitlement for Non EEA Nationals, printed in more than one language and making them available at all reception desk areas with posters being placed in more prominent positions in waiting areas.	M	<ul style="list-style-type: none"> <li>OSV Manager organise EHC/Healthcare Entitlement posters displayed in prominent positions in all clinical areas</li> <li>EHC/Healthcare Entitlement posters in Top 5 languages displayed in clinical areas</li> </ul>	<p>April 2012 (EHC posters in prominent departments, monthly check in place to check posters not removed)</p> <p>May 2012</p>	<p>Patricia Collins</p> <p>Patricia Collins</p>
1.6	As best practice, the Trust may wish to consider providing cover out of office hours and at weekends by a suitable member of staff, in order to maximise the potential for identifying overseas patients.	L	<ul style="list-style-type: none"> <li>Training ED reception staff on OSV issues to cover out of hours queries.</li> <li>Overseas Portal Access to capture EEA patients for ED reception staff &amp; training linked to 2.3 recommendation.</li> </ul>	<p>Amended to May 2012 (originally June 2012)</p> <p>Amended to May 2012 (originally June 2012)</p>	<p>Patricia Collins (supported by Paula Mattin)</p> <p>Patricia Collins (supported by Paula Mattin)</p>

## Internal Audit Services

REF	RECOMMENDATION	PRIORITY	MANAGEMENT RESPONSE	IMPLEMENT BY	MANAGER RESPONSIBLE
2.3	The Trust should consider providing access to the DoH portal to the Emergency Department as cover for instances when the Overseas Visitors Co-ordinator is unavailable (annual leave, sickness) and also in order for them to capture European patients out of hours and at weekends.	H	<ul style="list-style-type: none"> <li>All other patients/Bilateral agreements/non-EEA/Overseas visitors captured out of hours using Pre-Attendance form</li> <li>At present there are 2 points of contact for OSV /David Senior &amp; Patricia Collins</li> </ul>	<p>April (Pre-assessment complete and draft published-formal document to be ratified at TOB along with OSV policy)</p> <p>Completed (out of hours links to training above of ED staff and maternity staff)</p>	<p>Patricia Collins</p> <p>Matthew Boazman</p>

# 2012/13 Emergency Preparedness Assurance

Organisation name: **Whittington Health Action Plan**

	GREEN - all relevant evidence provided and / or reviewed
	AMBER - majority of evidence provided
	RED - limited evidence provided
	N/A - Not applicable to organisation
	N/R - Not rated by reviewing team

Criterion Number	Area	Information that could be supplied as evidence to support the organisation's self assessment	Actions to address issues identified	Action owner(s)	Expected Completion Date	Comments
<b>Major Incident and Business Continuity Documents</b>						
<b>Leadership and Governance</b>						
<b>2012 Resilience Planning</b>						
11	Major incident and business continuity plans have been reviewed against the London Olympic Regional Planning Assumptions (LORPA) and been enhanced where necessary	<ul style="list-style-type: none"> <li>Meeting notes where this was discussed</li> <li>Evidence/ Reference in MI/BC or other organisation plans</li> </ul>	Priority to address for Cluster 2012 Assurance. Trust to amend MIP documentation to include LORPA planning assumptions and implications.	Mary Jamal (Deputy Director of Operations)	Completed	MIP now incorporates LORPA assumptions and referenced in amended MIP planning documentation.
12	Assurance has been sought from suppliers that they have Business Continuity Plans in place and will deliver services as usual during Games Time	<ul style="list-style-type: none"> <li>Reference in MI/BC Plans</li> <li>Copies of key supplier's BC arrangements</li> <li>Evidence that BC arrangements have been tested against LORPA criteria</li> </ul>	Priority to address for Cluster 2012 Assurance- assurance for GT provision from key suppliers to be provided	Alan Farnsworth (Head of Procurement) and Mary Jamal (Deputy Director of Operations)	May-12	A full supplier analysis has been undertaken by the MI team and approved at the Trust major incident team meeting (April 2012). Assurance has been provided by key suppliers- however additional assurance has been requested from PTS and sterile service providers following on from their initial response.
13	Providers of NHS funded care have Business Continuity Plans in place and will deliver services as usual during Games Time	<ul style="list-style-type: none"> <li>Reference in MI/BC Plans</li> <li>Copies of key provider's BC arrangements</li> <li>Evidence that BC arrangements have been tested against LORPA criteria</li> </ul>	Priority to address for Cluster 2012 Assurance- assurance for GT provision to be provided	Alison Kett	May-12	
14	Assurance has been sought from multi-lingual translation providers (eg Language Line) of Games Time capacity	<ul style="list-style-type: none"> <li>Copies of agreements with translation providers</li> <li>Assurance that relevant commissioned services have arrangements in place with translation providers</li> </ul>	Priority to address for Cluster 2012 Assurance- assurance for GT provision to be provided	Antoinette Webber	May-12	
16	Assurance has been sought of Games Time capacity from agencies that supply security staff	<ul style="list-style-type: none"> <li>Copies of agreements with security providers</li> <li>Assurance that relevant commissioned services have arrangements in place with security providers</li> </ul>	Priority to address for Cluster 2012 Assurance- assurance for GT provision from suppliers to be provided	Peter Brown	Completed	Assurance has been received from the current agency provider regarding GT capacity
<b>Major Incident Planning</b>						
19	Provide information on the Major Incident Planning process employed within the organisation	<ul style="list-style-type: none"> <li>Is the MI Plan risk assessment based?</li> <li>Evidence that the MI Plan has been developed with multi-agency partners in view of the Civil Contingencies Act - list partners</li> </ul>	Priority to address for Cluster 2012 Assurance- MIP to be updated to include list of key partners and key partners involved in developing the planning documentation	Matthew Boazman (Director of Operations)	Completed	Risk assessment of current MIP and BCP has been undertaken and signed off by major incident team. Key partners listed within amended MIP documentation
<b>Major Incident Response</b>						

Criterion Number	Area	Information that could be supplied as evidence to support the organisation's self assessment	Actions to address issues identified	Action owner(s)	Expected Completion Date	Comments			
#REF!	Provide evidence for the command and control arrangements employed during a Major Incident response	<ul style="list-style-type: none"> <li>Reference appropriate section in the MIP and any Action Cards in other plans</li> <li>Are they clear and do they support the roles identified within the plan?</li> <li>Are roles and responsibilities within the plan clear and explicit?</li> </ul>	Develop single integrated on-call structure	Matthew Boazman (Director of Operations)	Completed	Cluster and SHA responsibilities have been updated in MIP plan in line with latest guidance. Internal command and control structure amended and integrated to Trust wide on call system.			
#REF!	Provide evidence of arrangements for Workforce management, monitoring and reporting during incidents	<ul style="list-style-type: none"> <li>Reference in MI Plan or other organisational plans</li> <li>HR protocols or systems</li> <li>Responses to Industrial Action on 30 November 2011</li> </ul>	Finalised workforce strategy for MI response- not just industrial action.	Paul Campbell (Assistant Director of Human Resources)	May-12				
#REF!	Provide evidence for the arrangements to debrief after an incident, and follow up arrangements	<ul style="list-style-type: none"> <li>Reference in MI Plan or other organisational plan</li> </ul>	Incorporate role of lessons learnt and how they will be used post debrief in the MIP planning documentation	Matthew Boazman (Director of Operations)	Completed	Section on debriefing within MIP has been amended to outline how lessons learnt will be evaluated and used as part of the review cycle by the major incident team and steering group.			
#REF!	Provide evidence that arrangements are in place for recovery to Business as Usual after an incident	<ul style="list-style-type: none"> <li>Recovery plan or reference in MI Plan</li> </ul>	Amend role of recovery group and lead for the group within the MIP documentation.	Matthew Boazman (Director of Operations)	Completed	MIP plan updated and referenced new BCP planning documentation (see section 47 onwards). Arrangements for chairing recovery group have been amended and no longer the nominated gold director but another member of the executive team.			
<b>Threat Specific Plans</b>									
36a	Provide evidence that arrangements are in place to support patients and the community during a Heatwave	<ul style="list-style-type: none"> <li>Copy of organisational Heatwave Plan, showing clear links to community providers if appropriate</li> <li>Measures taken to comply with NHS Heatwave guidance 2011</li> <li>Implementation of London Heatwave guidance</li> </ul>	Priority to address for Cluster 2012 Assurance. Update the cascade and escalation arrangements within the heatwave plan to prevent single point of activation.	Matthew Boazman (Director of Operations)	Completed and amended plan to be approved at May major incident team meeting	cascade and activation arrangements have been amended following SHA feedback. Escalation now via EPLO, on-call manager or site practitioners to ensure 24/7 coverage and no single point of contact.			
37b	Provide evidence the Hazardous Material Incident Guidance has been operationalised for relevant healthcare premises	<ul style="list-style-type: none"> <li>Provide or reference operational response plans for receiving potentially contaminated people</li> <li>Who is the designated lead for the organisation? (Name and contact details)</li> <li>Training for staff is available and has been delivered</li> <li>HPU links are documented in plans</li> </ul>	Priority to address for Cluster 2012 Assurance- community CBRN and CBRN countermeasures to be incorporated in current CBRN documentation	Mary Jamal (Deputy Director of Operations)	Jun-12	CBRN plan to include community response to CBRN incident and mass countermeasures response for facilities			

Criterion Number	Area	Information that could be supplied as evidence to support the organisation's self assessment	Actions to address issues identified	Action owner(s)	Expected Completion Date	Comments			
#REF!	Provide evidence that arrangements are in place to administer countermeasures for CBRN incidents to the community	<ul style="list-style-type: none"> <li>Mass countermeasure distribution plans for community facilities</li> </ul>	Priority to address for Cluster 2012 Assurance- community CBRN and CBRN countermeasures to be incorporated in current CBRN documentation	Mary Jamal (Deputy Director of Operations)	Jun-12	CBRN plan to include community response to CBRN incident and mass countermeasures response for facilities			
#REF!	Provide evidence that the recommendations from the report on the Five Hospital Fires in London have been implemented	<ul style="list-style-type: none"> <li>Reference in MI Plan, or other organisational plan</li> <li>Consideration of recommendations contained in Appendix 2 of 'Five Fires' report</li> <li>Provide evidence of progress for embedding the recommendations in organisational plans (eg: Action Plan showing outcomes)</li> </ul>	Documented audit plan outlining how the issues identified in the five fires report have been addressed	Philip Ient and Matthew Boazman	01-Jun-12	On target- consolidated action plan outlining measures implemented to address five fires report being finalised			
#REF!	Provide evidence on the planning for security related incidents (e.g. hostage, escape etc.) in patient facilities	<ul style="list-style-type: none"> <li>Reference in MI Plan, or other organisational plan</li> <li>Specific Internal Incident Plans</li> </ul>	Operational policy detailing response to security incidents and protocol to be developed and ratified.	Peter Brown (Head of Security)	01-Jun-12	On target			
#REF!	Provide evidence of ongoing pandemic flu planning reflecting the 2011 National Strategy and changes to the NHS landscape	<ul style="list-style-type: none"> <li>Copy of organisational pandemic flu plan</li> <li>Name and contact details of organisational pandemic flu lead</li> </ul>	Operational response and action cards to be added into pandemic plan	Matthew Boazman (Director of Operations)	Completed	Revised flu plan produced (draft) to be approved at May 2012 major incident committee including response action cards			
<b>Business Continuity Planning</b>									
#REF!	Provide evidence that arrangements are in place to ensure business continuity during issues affecting the organisation, its premises or services, particularly should this occur during a major incident response	<ul style="list-style-type: none"> <li>Reference in overarching/ strategic and department Business Continuity plans, including local commissioned providers of NHS funded care</li> <li>Are service managers responsible for their own Service Continuity plans?</li> <li>Risk based approach to BC planning considering threats which are most disruptive to the organisation, such as staff unavailability, severe weather, and supply chain disruption</li> <li>Provide evidence of Risk analysis processes</li> <li>Has the BCP been developed with multi agency partners (list partners)?</li> </ul>	Priority to address for Cluster 2012 Assurance. Ratified BCP document to be finalised	Mary Jamal (Deputy Director of Operations)	Completed	Documented completed by Mary Jamal to be approved at Trust operating Board May 2012			
#REF!	If your organisation has assumed responsibility for the provision of community services, provide evidence of the community service BCP arrangements, and how your organisation intends to integrate these within existing Trust arrangements or develop new plans	<ul style="list-style-type: none"> <li>Community services BC plan</li> <li>Timescale for integration into Trust BC arrangements</li> <li>Timescale for development of new BC plans</li> </ul>	Priority to address for Cluster 2012 Assurance. Ratified BCP document to be finalised	Mary Jamal (Deputy Director of Operations)	Completed	Documented completed by Mary Jamal to be approved at Trust operating Board May 2012			
#REF!	Is the organisation intending to adopt or align itself to the British Standard relating to Business Continuity (BS25999) in 2011/12?	<ul style="list-style-type: none"> <li>Reference in BC Plan</li> <li>Timeline for compliance</li> <li>Detail on processes to be employed for planning</li> <li>Minutes from meeting recording discussion</li> </ul>	Ratified BCP document to be finalised aligned to BS25999	See response to Q47 in action plan	Completed	Documented completed by Mary Jamal to be approved at Trust operating Board May 2012			
<b>Business Continuity Management</b>									
#REF!	Describe the Business Continuity command and control arrangements, particularly how they relate to the Major Incident command and control arrangements	<ul style="list-style-type: none"> <li>Reference in BC Plan</li> <li>Reference Action Cards in BC Plan</li> <li>Are they clear and do they support the roles identified within the plan</li> <li>Are roles and responsibilities within the plan clear and explicit?</li> <li>Cross-references to MI Plan</li> </ul>	Priority to address for Cluster 2012 Assurance. Ratified BCP document to be finalised	Mary Jamal (Deputy Director of Operations)	Completed	Document completed by Mary Jamal to be approved at Trust operating Board May 2012			
#REF!	When was the BCP last reviewed?	<ul style="list-style-type: none"> <li>Reference in BC Plan</li> </ul>	Ratified BCP document to be finalised	Mary Jamal (Deputy Director of Operations)	Completed	Document completed by Mary Jamal to be approved at Trust operating Board May 2012			
#REF!	Is there obvious version control within the document to ensure reliability that the user has the latest version?	<ul style="list-style-type: none"> <li>Reference in BC Plan</li> </ul>	Ratified BCP document to be finalised	Mary Jamal (Deputy Director of Operations)	Completed	Document completed by Mary Jamal to be approved at Trust operating Board May 2012			



Criterion Number	Area	Information that could be supplied as evidence to support the organisation's self assessment	Actions to address issues identified	Action owner(s)	Expected Completion Date	Comments			
#REF!	Have the Providers of commissioned services confirmed they have BC arrangements in place and will maintain service levels?	<ul style="list-style-type: none"> <li>Requirement for BC plans written into contracts and SLAs</li> <li>Sample documents</li> </ul>	Priority to address for Cluster 2012 Assurance. Written confirmation of assurance to be provided.	Alan Farnsworth (Head of Procurement)	May-12	A full supplier analysis has been undertaken by the MI team and approved at the Trust major incident team meeting (April 2012). Assurance has been provided by key suppliers- however additional assurance has been requested from PTS and sterile service providers following on from their initial response.			
<b>Threat Specific Plans</b>									
#REF!	Provide evidence that arrangements are in place to ensure Business Continuity during a Fuel shortage	<ul style="list-style-type: none"> <li>Reference in BC Plan</li> <li>Implementation of NHS planning guidance for disruption to road fuel supplies</li> </ul>	Priority to address for Cluster 2012 Assurance	Steven Primrose (Assistant Director Estates)	Completed	Draft document			
#REF!	Provide evidence that arrangements are in place to deal with flooding affecting the local area or a health facility	<ul style="list-style-type: none"> <li>Contribution to Multi-agency Flood Plans</li> <li>Contingency plan for organisations with premises at risk of flooding</li> <li>Action cards for organisations in support of multi-agency partners</li> </ul>	To be referenced and included in ratified BCP documentation	Mary Jamal (Deputy Director of Operations)	Completed	BCP has just been reviewed and formally approved at Trust Board on Tuesday 1st May 2012. This includes reference to flooding and severe weather impact. In departmental level BCP plans assessment on impact of loss of premises, staffing shortages and resilience now incorporated.			
#REF!	Provide evidence that arrangements are in place to deal with Severe Weather incidents, particularly interruptions caused by snowfall	<ul style="list-style-type: none"> <li>Reference in BC Plan</li> <li>Local arrangements for dealing with the consequences of severe weather/ snow, clearly embedding learning from 2009 and 2010 winter snow incidents</li> </ul>	To be referenced and included in ratified BCP documentation	Mary Jamal (Deputy Director of Operations)	Completed	BCP has just been reviewed and formally approved at Trust Board on Tuesday 1st May 2012. This includes reference to flooding and severe weather impact. In departmental level BCP plans assessment on impact of loss of premises, staffing shortages and resilience now incorporated.			

Criterion Number	Area	Information that could be supplied as evidence to support the organisation's self assessment	Actions to address issues identified	Action owner(s)	Expected Completion Date	Comments			
#REF!	Provide evidence that providers of NHS funded care identify and regularly review key vital supplies, without which the organisation could not function (e.g. utilities, food, linen, medical supplies)	<ul style="list-style-type: none"> <li>Analysis of requirements of essential services, details of usual stock levels held</li> <li>Provide local plans as to how these supplies are intended to be maintained</li> <li>Written confirmation from key suppliers about their Business Continuity and contingency plans</li> </ul>	Priority to address for Cluster 2012 Assurance. Written confirmation of assurance to be provided.	Alan Farnsworth (Head of Procurement)	Currently partially completed as additional assurance requested from PTS and IHSS sterile services following their initial response- due to be finalised end of April 2012	A full supplier analysis has been undertaken by and approved at the Trust major incident team meeting (April 2012) Assurance has been provided by key suppliers- however additional assurance has been requested from PTS and sterile service providers following on from their initial response.			
#REF!	Provide evidence that plans are in place to maximise available staffing levels in essential services during an incident?	<ul style="list-style-type: none"> <li>Arrangements for appropriate re-deployment of staff, re-employment of newly retired staff or staff who have left recently, flexible working arrangements (part-time to full-time, working at home, etc), refresher course for staff who have a clinical background, but who no longer practice, and temporary postponement of non-essential training</li> <li>Processes for managing strategically</li> </ul>	Priority to address for Cluster 2012 Assurance. Workforce policy to be finalised including games time workforce arrangements.	Paul Campbell	01-Jun-12	on target			
#REF!	Provide evidence for the arrangements to debrief after an incident	<ul style="list-style-type: none"> <li>Reference in BC Plan or other organisational plan showing clear links for managing BC related incidents</li> <li>Processes, timelines, responsibilities, pro-formas</li> </ul>	Amend chair of debrief session within MIP	Matthew Boazman (Director of Operations)	Completed	Plan has been amended so that debrief session chaired by non MI director as per SHA recommendations.			
<b>Training</b>									
<b>Exercising</b>									
#REF!	When is your organisation's next Live exercise planned for?	<ul style="list-style-type: none"> <li>Schedule of future exercise dates</li> </ul>		Matthew Boazman (Director of Operations)	01-Sep-12	The originally scheduled CBRN training session is now being expanded to simulate a live exercise and test both the immediate CBRN response and broader organisation wide response to an MI incident.			
#REF!	Provide assurance that Business Continuity plans have been tested via Table top exercises within your organisation [particularly taking into consideration known stress points]	<ul style="list-style-type: none"> <li>Evidence of recent Business Continuity exercises (<a href="#">Exercise Log</a>)</li> <li>Provide copies of training materials</li> <li>Details of scenarios, reports, action plans</li> <li>Implementation of lessons identified</li> <li>Lists of participants</li> </ul>	Priority to address for Cluster 2012 Assurance. Arranged table top training programme pre games time	Mary Jamal (Deputy Director of Operations)	11-Jun-12	The Trust will be running a table top exercise to test BCP plans recently developed at a planned exercise on the 11th June 2012. Ahead of that a series of 4 training workshops with departmental level BCP leads are being run by Richard Moss and Mary Jamal through May 2012.			