



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 26/01/2016	
TITLE of PAPER	NHS Preparedness for a Major Incident	PAPER REF	6.7
STRATEGIC OBJECTIVE	Be at the forefront of healthcare resilience and public health improvements		
PURPOSE OF THE PAPER	To provide assurance in the form of a statement of readiness in relation to a major incident.		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Associate Director of R&SS	ACCOUNTABLE DIRECTOR	Executive Director of Operations
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper): Letter dated 9 th December from Dame Barbara Hakin, National Director Commissioning Operations, NHS England relating to NHS Preparedness for a Major Incident (See Appendix 1)			
PREVIOUSLY AGREED AT:	Committee/Group:	Date:	
RECOMMENDATION	That the Trust Board receive this “statement of readiness” as assurance that Yorkshire Ambulance Service is ready to respond to a Major Incident.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If ‘Yes’ – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If ‘Yes’ – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If ‘Yes’ – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality and Diversity Implications <i>If ‘Yes’ – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN		2: Effective 4: Responsive	
Monitor Quality Governance Framework Choose a DOMAIN		All	

1. PURPOSE

- 1.1 The purpose of this paper is to provide information to the Trust board on YAS preparedness for a major incident in order that the Trust Board can confirm a 'Statement of Readiness' to respond to such an incident.

2. CONTEXT

- 2.1 In light of the recent tragic events in Paris, NHS England require all trusts to formerly propose a 'Statement of Readiness' for assurance purposes in relation to the letter received at NHS England (See Appendix 1).

3. REPORT

- 3.1 In the past 12 months a number of assurance documents and plans have been presented to the Trust board and where appropriate approved in relation to emergency preparedness. These are:-

Date	Report/Plan
November 2014	Annual NHSE Statement of Compliance for Emergency Preparedness, Resilience and Recovery
January 2015	YAS Major Incident Plan and Procedures Approved
April 2015	YAS Emergency Preparedness, Resilience and Recovery Annual Report 2014/15 presented to Board
May 2015	ISO 22301 business continuity accreditation for YAS critical services, Resilience, PTS, EOC, ICT, NHS111
November 2015	Annual NHSE Statement of Compliance for Emergency Preparedness, Resilience and Recovery
November 2015	YAS Emergency Preparedness, Resilience and Recovery Half Yearly Report (April 2015 – September 2015) presented to Board

- 3.2 YAS commanders and staff have been involved in a number of MTFA Exercises both national and regional since the inception of MTFA special operations.

Date	Exercise	Comment
July 2013	Exercise Joint Meridian	National MTFA Exercise
Oct 2014	Exercise Jacketless	National MTFA Exercise
May 2015	Exercise Tradewinds	Gold Exercise (CTU North East Region)
Nov 2015	Saton Response	Multi Agency Exercise, MTFA Tactical Commanders (tactical commanders and NILOs over one week duration).
Dec 2015	Exercise Mistletoe	MTFA Exercise for YAS EOC

- 3.3 Fade to Grey exercises are carried out each year for commanders and staff as part of the multi –agency training programme. Nine of these sessions have been carried out for commanders and staff since March 2013 (three in 2015).
- 3.4 As part of the Programme YAS has to train West Yorkshire Fire Service staff in order for them to support the rapid escalation of casualties from the warm zone in an MTFa incident. This training has been completed on an annual basis since 2013 and is planned to take place January 2016 for this year.
- 3.3 Since November 2014 seven YAS CBRN training courses (includes Jan 25 2016) for staff which includes a simulated exercise have taken place or are planned to take place. More were planned but due to operational pressures had to be postponed.
- 3.4 Over 1000 frontline A&E staff, commanders and EOC staff have now completed the Initial Operational Response Programme e-learning package which outlines the changes to existing CBRN practice and will be exercised as part of Exercise Leyland (see 3.5)
- 3.5 In addition to the above exercises and as part of the validation process for the Initial Operational Response Programme (The programme has revised in part the original CBRN response protocols) and changes to the National Risk Register, the National Fire Resilience Team (NRAT) approached West Yorkshire Fire and Rescue Service (WYFRS) and West Yorkshire Local Resilience Forum (WYLRF) to host an exercise and evaluate the changes. Both WYFRS and WYLRF both agreed to support the exercise.
- 3.5 This is the second of two exercises, the first having been completed in the south of England (Exercise Fort Invicta) which was held in October. The West Yorkshire exercise is currently in the planning phase and will be a joint exercise with emergency service partners.
- 3.6 Communications Cascades have taken place for live incidents and test purposes in recent months.
- Live cascade for incident commanders for the incident at Ripon College on 11th November where there was a number of children collapsed.
 - Live cascade for incident commanders on Boxing Day night 2015 Major Incident Standby for the floods.
 - CBRN SORT staff have no requirement for a cascade test. However we have recently written to them all asking if we can cascade using their personal mobile numbers (similar to MTFa staff) should the need arise. They have all agreed and ICT have a request in currently to put that on the SMS call system.
 - MTFa staff had a communications test in November 2015.

- 3.7 In the event of a Major Incident and problems with staff getting into work. YAS has a staff transport plan linked to the adverse weather plan which could be used to transport staff into work. However, we have a regional spread of resource capacity across Yorkshire to call on as opposed to a single site where transport difficulties could be encountered in and around the incident area.
- 3.8 In relation to the specific question relating to ambulance services reporting our special operations assets on Proclus¹ every 12 hours this reporting has been in place since 20th November 2015 as per NARU requirements.
- 3.9 In December a paper was produced for TEG detailing tactical options and a response to any changes to the national threat level.

4. RISK ASSESSMENT

- 4.1 The Annual Statement of Compliance for 2015 identified a number of actions to be carried out over the next twelve months to ensure full compliance with the standard. The issues in relation to this assurance were:-
- The recruitment, selection and training of volunteers is an ongoing process due to paramedic attrition rates which impacts on special operations capacity and volunteers leaving the teams on a regular basis.
 - We are unable to commit to dedicated AIT² rotas as the volunteers do not see this as part of their agreements, for most it would mean more travelling and movements from current base stations.
- 4.2 The storage of ballistic equipment for AIT staff stored on DCAs is not supported by Health and Safety due to the lack of securing mechanisms. This will be addressed on the new vehicle specification but currently increases our responsiveness. However, should the national security level rise to 'critical' an attack is imminent; health and safety will waiver this requirement for the short term.

5. NEXT STEPS

- 5.1 Continue to maintain special operations staff numbers at required levels. Train and exercise as required.

6. RECOMMENDATIONS

It is recommended that:-

That the Trust Board receive this "statement of readiness" as assurance that Yorkshire Ambulance Service is ready to respond to a Major Incident.

¹ Proclus – Online reporting tool used by Ambulance Service Hazardous Area Response Teams

² Ambulance Intervention Team

6. APPENDICES

Appendix 1

Letter - NHS Preparedness for a Major Incident

**Publications Gateway Reference
No.04494**

Appendix 1
Dame Barbara Hakin
National Director: Commissioning
Operations
NHS England
Skipton House
80 London Road
London
SE1 6LH

E-mail: england.epr@nhs.net

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

9 December 2015

Dear Colleague

• **RE: NHS preparedness for a major incident**

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

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

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

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

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


Ambulance trusts should also assure themselves that they:

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

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

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

Yours faithfully



- **Dame Barbara Hakin**
National Director: Commissioning Operations

Cc.

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