COVERSHEET	
Meeting	Board of Directors' meeting in PUBLIC
Paper Title	NHSE & I Emergency Planning Resilience and Response Core Standards Submission 2020/21
Date of meeting	8 October 2020
Date paper was written	8 September 2020
Responsible Director	Nigel Lee, Chief Operating Officer
Author	Emma-Jane Beattie, Emergency Planning Manager
Presenter	Nigel Lee, Chief Operating Officer

Executive Summary

This paper provides a report on the Trust's position in relation to the NHS England and NHS Improvement (NHSE&I) Emergency preparedness, resilience and response (EPRR) annual assurance process for 2020/2021. Shropshire and Telford & Wrekin CCG's are required to submit a statement of assurance on behalf of Shrewsbury & Telford Hospital Trust to NHSE&I by 12:00hrs on the 30th October.

The assurance process has been amended for 2020/21 in recognition of the effort in responding to COVID-19 and focusses on the following key areas:

1. Progress made by organisations reported as partially or non-compliant in 2019/2020.
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 Board of Directors as asked to approve the attached COVID-19 debrief report, recommendations and action plan, agree completion dates and assigns overall responsibility for completion to the relevant director(s).

Previously considered by	Senior Leadership Committee - Operational

The Board (Committee) is asked to:			
☑ Approve	☐ Receive	☐ Note	☑ Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
☐ Safe	☑ Effective	☐ Caring	☑ Responsive	☐ Well-led

Link to strategic objective(s)	☐ PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare ☐ SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care ☐ HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities ☑ LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions ☑ OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	BAF 1771 IF we do not have adequate resources, systems and processes in place THEN we cannot successfully manage the response to the outbreak of the COVID-19 virus effectively.

Equality Impact Assessment	◉ Stage 1 only (no negative impact identified) ○ Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	◉ This document is for full publication ○ This document includes FOIA exempt information ○ This whole document is exempt under the FOIA
Financial assessment	No

Main Paper

Situation

All NHS-funded organisations must meet the requirements of the Civil Contingencies Act 2004, the NHS Act 2006 as amended by the Health and Social Care Act 2012, the NHS standard contract, the NHS Core Standards for EPRR and NHS England business continuity management framework.

The purpose of the EPRR Annual Assurance Process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR Core Standards.

Background

As part of the review process for EPRR, NHS England has written to commissioners and providers of NHS funded services confirming the process for EPRR assurance for 2020/21.

The Annual Assurance Process focusses on 3 areas this year rather than the detailed and granular process of previous years. The 3 focus areas are:

1. Progress made by organisations reported as partially or non-compliant in 2019/2020.
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.

Assessment

Area of Focus #1: Progress made by organisations reported as partially or non-compliant in 2019/2020.

In June 2019, Shropshire and Telford and Wrekin CCG's and NHS England/ Improvement (North Midlands) undertook an audit of the Trust's EPRR arrangements and evaluated Shrewsbury and Telford Hospitals NHS Trust Compliance Level to be ***substantially compliant*** (89-99% compliant with the core standards). In order to be fully compliant, the Trust needs to undertake a live exercise every 3 years; this is scheduled to take place in May 2021.

Area of Focus #2: The Process for Embedding the learning from the first wave of the COVID-19 pandemic

The year, 2019/20 has been dominated by the response to the Covid-19 pandemic. SaTH is currently in phase 3 of the response/ restoration & recovery and the NHS Incident Level has been downgraded from a level 4 (National Incident) to a Level 3 (regional Incident). NHS Core Standard 6 'Continuous Improvement' states that SaTH should have clearly defined processes for capturing learning from incidents and emergencies to inform the development of future EPRR arrangements. To that end, structured debriefs are deemed best practice methodology for facilitating and capturing this learning.
Debriefs were held with representatives from all care groups and operational teams during May 2020 through to August 2020 to capture learning from the incident to date.
The first iteration of the Debrief Report is attached and outlines areas of good practice, areas for improvement and innovative practise that the Trust should consider 'locking in'.
The debrief process provided an important opportunity for staff to communicate their experiences in order that lessons can be identified, recommendations (actions) can be made for future improvement and to demonstrate continual organisational learning and development. A list of recommendations and an action plan can be found at the end of the debrief report.

Area of Focus #3 Inclusion of progress and learning in winter planning preparations.

The Escalation Policy is currently under review in readiness for the winter period and is due to be exercised in September 2020.
SaTH's Cold weather plan is currently being reviewed in readiness for the winter period and will be published in October 2020.
Mitigation strategies are being developed by SaTH and jointly with Shropshire and Telford &Wrekin STP to take into account the worst case scenario in terms of the projected bed gap during winter 2020/21 with the additional complexities associated with the risk of a resurgence of COVID-19.

Departments have been asked to review and submit Business Continuity Plans for publication on the Intranet to take into account the risk of reduced workforce as a result of test and trace, shielding vulnerable staff, self-isolation, severe weather and implications a no deal EU Exit.

Recommendation

It is recommended that the Board of Directors approve the attached COVID-19 debrief report, recommendations and action plan, agrees completion dates and assigns overall responsibility for completion to the relevant director(s).

The Shrewsbury and Telford Hospital NHS Trust	**STRUCTURED DEBRIEF REPORT**
Event:	Response to the first wave of COVID-19
Date of Event:	Between March 2020-July 2020
Date of Debrief:	Commenced 4th May 2020
Debrief Location:	Microsoft Teams & Padlet/ Values Listening Week Surveys & Focus Groups
Debrief Team:	Emma-Jane Beattie/ Mary Beales
Debrief Participants:	Debriefing commenced on 4th May 2020 with Members of Staff representing: IPC Finance Medical Engineering Health and Safety Microbiology Strategic Commanders Procurement CSSD Unscheduled Care Scheduled Care Women and Children's Incident Command Centre staff In addition to this, as part of Values Listening Week, 170 staff members attended focus groups and 471 surveys were submitted.

Debrief Summary:

On the 3rd March 2020, NHS England declared the COVID-19 pandemic a Level 4 National Major Incident. The Trust immediately set up incident command and control procedures to ensure we were able to respond in an agile way to the fluid environment.

NHS EPRR Core Standard # 6 'Continuous Improvement' states that SaTH should have clearly defined processes for capturing learning from incidents and emergencies to inform the development of future EPRR arrangements. To that end, structured debriefs are deemed best practice methodology for facilitating and capturing this learning after any major incident response to determine key findings and learnings, understand what went well and what could have gone better and to bring closure to the incident.

The following 4 key areas were explored during the debriefs:

- What went well?
- What didn't go so well?
- What could we do differently next time to improve our response?
- What areas of innovation do we want to 'lock into' the transformation we have seen across all services and the wider system during the Covid-19 outbreak period?

ITEM	REC. No.	Comments
AREAS OF NOTED GOOD PRACTICE – WHAT WENT WELL		
GP 1. Workforce		
1.1 Adaptability and flexibility of staff.		
1.2 Staff being redeployed were invaluable for keeping services running.	6.	
1.3 Exemplary teamwork highlighted by many participants.		
1.4 Resilience of staff who were re-deployed.	6.	

GP 2. Incident Command Centre		
2.1 The concept of standard Team members provided consistency.	1, 2, 3, 6	Buy in from managers to release staff for the role going forward.
2.2 Flexible and adaptable leadership by the Strategic Commanders.	1.	
2.3 Dashboard and intelligence boards provided an immediate visual situational awareness.	16.	Engage with PMO and Informatics early on
2.4 The ICC was activated for the first time- need to exercise this more frequently.	1, 2, 3, 6	
2.5 Military Support & reassurance that our Command and Control arrangements were appropriate.	1.	
2.6 Morning huddles assisted with allocating daily tasks.	14.	
2.7 12 hour shifts more effective than split shifts.	1.	Ensure staff rest breaks are factored into the day.
2.8 Utilising TCI Methodologies supported the effective functioning of the ICC.	1, 3.	
2.9 The TCI Training suite is an ideal ICC	1, 15, 20.	ID facility at PRH. Prepare to establish with an hour and stand down quickly. Add photos/ layout to the MI plan- corporate intelligence.
GP 3. Devolution/ Subsidiarity		
3.1 Daily meetings provided the opportunity for respectful challenge	20.	

3.2 Clinicians were given freedom to come up with options in line with patients' needs.	N/A	
3.3 Central direction but local Care Groups/ Departments were able to interpret and adapt according to need.	N/A	
GP 5. Command and Control		
5.1 The 11:00am Strategic calls were well led.	1, 2, 20.	Some respondents asked whether Matrons could be invited into this call to reassure/ inform staff of trust situation if they aren't able to access the daily updates.
5.2 The Incident Room acted as a focal point.	1, 3	
5.3 Clear route to raise concerns through care groups and the ICC.	1, 3	
5.4 Timely and dynamic decision making and actions taken.	1, 3	
5.5 Scheduled Care ICC established early on which supported and fostered rapid decision making and a physical focal point for the care group	1, 3	
GP 6. Communication		
6.1 Daily updates from Arne Rose were comprehensive. Many respondents commented that staff looked forward to these, they were reassuring and transparent.	14.	
GP 7. Staff Welfare		
7.1 Establishment of Team Whattsapp groups supported staff during challenging times.	23.	

7.2 Response to support and value staff e.g. free car parking, canteen extended hours, wellbeing rooms, tea and coffee, donated goods etc.	N/A	
7.3 EOL nurse supported weekly debriefs for staff who had dealt with the death of patients.	N/A	
7.4 Showers and changing facilities were welcomed by staff.	N/A	
GP 8. Horizon Scanning.		
8.1 Using intelligence from across the UK and in Europe to enable us to plan a few weeks ahead to develop worst case scenario models for SaTH.	N/A	
GP 9. Organisational Culture		
9.1 Collaboration across departments- a ‘can do’ attitude.	8.	
9.2 Agile working & shared leadership.		
9.3 Breaking down of barriers between teams.	6, 8	
9.4 Collaboration between internal trust departments and neighbouring trusts.	6, 8.	
9.5 Recognition of the importance and dedication of Operational Teams e.g. Procurement, Microbiology, IPC, Domestics, Facilities, Health and Safety, Workforce, Estates etc.	2	
9.6 Inter and Intra- organisational awareness has improved across a number of departments.	6, 8	
9.7 A shift in staff culture was highlighted- many staff volunteered for the redeployment list. Staff want to help others, ideas were being shared, and staff embraced change.	6.	

GP 10. Digital Evolution		
10.1 Windows 10 roll out.	N/A	
10.2 Having the tools to facilitate homeworking rapidly.	N/A	
10.3 Telephone and video outpatients appointments.	N/A	
10.4 Digital solutions for e-learning/ training.	N/A	
10.5 Ipads/ Kindles provided to patients to facilitate communication with families and an educational tool for paediatric patients.	N/A	
GP 11. STW STP		
11.1 System partners have pulled together to achieve a common goal. Pro-active working has been refreshing and so much has been achieved through this joint approach.	1, 3, 4	
11.2 The nature of Major Incidents and Incident Management has led to difficult decisions and conversations- solutions were rapidly found.	1	
11.3 Silo working has reduced. Health partners have worked like never before. Newly developed working relationships need to be nurtured.	3, 5	
11.3 System Silver promulgated rapid decision making and engagement.	1.	
11.4 Completely new challenges emerged- multi agency support was offered to address them rapidly i.e. fit testing, PPE, COVID-19 testing.	1.	

AREAS FOR IMPROVEMENT- WHAT DIDN'T GO SO WELL		
AI - 1. Guidance		
1.1 PPE Guidance- each Royal College had their own interpretation/ definition of AGP.	14.	Outside of SaTH's remit to review.
1.2 Guidance changed rapidly without much notice to implement.	N/A	Outside of SaTH's remit to review.
1.3 Conflicting/ contradictory guidance regarding IPC and PPE requirements.	N/A	IPC nurses to visit wards more regularly. Matrons to undertake delegated responsibility for IPC checks, PPE, hand hygiene.
AI - 2. PPE		
2.1 Rapid change in availability of FFP3 masks led to more fit testing and concerns for staff at the front line.	14, 20.	PPE was delivered via push stocks, procurement team worked hard to source PPE from other sources when necessary.
AI – 3. Executive Support		
3.1 More of a physical presence of Executives on wards would have boosted morale.	9.	Recognition that CEO and Medical Director were present on wards at weekends, perhaps this could be shared amongst the Executive Team throughout the week as well.
AI - 4. Communications		
3.1 The Incident Command Centre focussed on reporting nationally, there was little organisational direction initially.	1, 14.	
3.2 Sometimes internal communications to staff was poor.	14, 20.	Repeat key messages.

3.3 PPE shortages communicated via daily messages wasn't supportive- perception that it was being wasted/ mis-used.	14.	
3.4 Patients turning up to wards with no handover.	N/A	
3.5 Some staff appear to be becoming complacent regarding social distancing measures.	N/A	Stronger messaging in daily messages has been developed.
3.6 Inconsistent advice through the absence line	13.	More staff training/ clearer algorithms/ clearer scripts and advice.
3.7 Terminology sometimes adversely impacted staff wellbeing i.e. clean/dirty wards.	14.	
3.8 Uncertainty on patient placement system- changed rapidly, needs to be communicated across the trust. Lack of/ mis-communication caused concern for staff on wards	14, 20.	
A1 – 5. Infrastructure/ Estate		
4.1 Access to rooms to work in.	10, 16.	Homeworking policy. Further digital investment.
4.2 Buildings, office spaces, IT still need addressing to enable the trust to respond to subsequent resurgences of COVID-19.		
4.3 Legacy of outdated estate led to an inability to establish rapid solutions to cohorting/ isolating patients. There are still inadequate side rooms on wards and in critical care.	23.	Business Continuity Plans to be reviewed.
A1-6 Homeworking		
4.1 Some teams are unable to work from home. Due to the nature of their jobs, remote working isn't an option.	N/A	

4.2 Ambiguity of guidance regarding the trusts stance on homeworking.	10.	
4.3 Assumptions about the quality and availability of IT/ WIFI for homeworking.	10, 16.	
A1-7 Staff Welfare		
5.1 Some redeployed staff felt abandoned by their managers.	6, 21, 23.	
5.2 Post adrenaline drop exacerbated by the change in focus to Restoration and Recovery when there were still COVID-19 positive patients being cared for.	14.	
5.3 During the hot weather, staff wellbeing for those in full PPE suffered.	11.	
5.4 Myth busting was challenging in the world of 24 hour and social media.	14, 20, 23.	
5.5 Home life for many staff was affected- family members shielding/ long working days etc. adversely affected staff and family units.	23.	
A1-8 Incident Command/ Command and Control		
8.1 Governance framework and decision logging took time to establish, now working well.	1, 3.	
8.2 Many Single Points of Failure (SPOF's) e.g. Microbiology, Informatics.	2, 5, 17, 24.	Staff training, automate as much as possible, review Business Continuity Plans.
8.3 The rising tide nature of the pandemic meant that staffing and rotas need to be considered early on.	1, 21.	
8.4 Capturing and following up actions was poor at first.	1, 5.	

8.5 Subsidiarity is starting to wane during the restoration and recovery phase- this has adversely affected morale.	To note.	
8.6 Feelings of conflict of interest when being supported by the CCG.	3.	
8.7 The volume of meetings on Teams meant that core work was neglected/ undertaken in overtime.	To note.	
A1-9 Restoration and Recovery		
9.1 The impact of cessation of services has led to a huge backlog.	7.	More intelligent/ considered approach to cessation of services 2nd wave.
9.2 COVID-19 Restoration and Recovery is being prioritised over preparation for a possible resurgence.	N/A	System needs to be realistic and transparent with NHSE & I in terms of the systems maximum capacity to restore and recover services. recognition that we can't restore to 100% capacity and deal with a second wave.
9.3 Restoration and recovery process has been bureaucratic & time consuming.	N/A	
AREAS OF INNOVATION THAT SaTH SHOULD 'LOCK IN'		
AOI 1. . Communications		
Care groups newsletters etc. (Corona Express) to communicate with staff with self-help sections, PPE advice and mental health advice- see attached.	14.	
AOI 2. Multi-Agency Working		
Mutual aid arrangements established early on i.e. Nuffield/RJAH.	3.	

AOI 3. Workforce		
Pre-employment checks undertaken electronically- more efficient and reduced COVID-19 risk.	To continue.	
Overseas staff- new on boarding team, online induction and training sessions.	To continue.	
Contact tracing/ bubbling of staff. The trust needs to establish a methodology to monitor/ limit staff in contact with positive cases.	25.	
Many retired NHS staff recruited, but vacancies not always available.	19.	Undertake gap analysis before recruiting staff.
Bubbling of staff teams i.e. A and B rota's.	24.	Departmental Business Continuity Plans to include staff work- arounds.
AOI 4. Remote working		
Microsoft Teams has enabled remote working- less travelling, reduced carbon emissions/ more sustainable, better engagement and attendance, more inclusive, reduced non- pay budget.	10, 16.	
Embrace online platforms	16.	
'Attend Anywhere' has been embraced in certain specialities- explore the possibility of widening this.	N/A	
AOI 5. System Working		
Embrace and drive reciprocal arrangements with system partners to facilitate economies of scale/ peer to peer learning etc.	3.	
Offsite Urgent Treatment Centres to be maintained going forward.	18.	

No.	RECOMMENDATIONS	OWNER	RAG Status	Review Date	Completion Date	COMMENTS
1	Rehearse the activation of the ICC and Command and Control Structures more frequently for sudden onset and rising tide incidents.					
2	A number of 'Single Points of Failure' in the workforce were identified-staff should identify and train deputies where necessary.					
3	Explore the possibility of establishing a system wide physical/ virtual ICC to ease the burden and establish joint situational awareness in line with Joint Emergency Services Interoperability Principles (JESIP).					
4	Maintain the IDT throughout the winter period.					
5	Continue with SitRep data gathering going forward to maintain familiarising with NHSE & I requirements (if stood down).					
6	Staff who were redeployed to critical care to be released to maintain their competencies.					
7	More intelligent/ considered approach to cessation of services 2nd wave.					
8	Maintain trust and system wide cross working to maintain the newly established working relationships					
9	Executive Team to consider increased presence on the wards.					
10	HR Homeworking Policy to be established.					Kate Youldon confirmed

No.	RECOMMENDATIONS	OWNER	RAG Status	Review Date	Completion Date	COMMENTS
						this is in progress
11	Heatwave plan to be developed with input from Estates and Health and Safety in terms of temperature monitors and triggers for intervention (extra cooling/ water/ ice-pops for staff and patients).					
12	Pandemic Flu Plan to be revised to incorporate COVID-19.					
13	Absence line algorithms/ scripts to be reviewed and consider further staff training to ensure staff are receiving clear guidance and advice.					
14	Consider more effective ways of communicating with staff- not all staff received the daily coronavirus message- see example of the 'Corona Express' and daily message from W&C's care group (Appendix A and B).					
15	All teams to document areas of learning for future responses including in pictures and words.					
16	Further investment into Digital Capability- hardware, software and staff training.					
17	Consider enhancing the Trusts data warehouse to avoid the need for manual data collection					
18	Explore the possibility of off-site Urgent Treatment Centres and Minor Injuries Units in Telford and Shrewsbury rather than being on the hospital sites.					

No.	RECOMMENDATIONS	OWNER	RAG Status	Review Date	Completion Date	COMMENTS
19	Undertake gap analysis before recruiting staff to ensure vacant positions are filled.					
20	Invite Heads of Nursing and Matrons to 11:00 am Strategic Calls to enable them to cascade information to their teams.					
21	Buy in from managers to release staff for redeployment into critical roles going forward.					
22	A suitable Incident Command Facility to be identified at PRH.					
23	Establishment of Team WhatsApp groups supported staff during challenging times- teams should consider implementing this across the trust.					
24	Business Continuity Plans are being reviewed by departments and published on the Intranet, there are still some outstanding to be submitted.					
25	Contact tracing/ bubbling of staff. The trust needs to establish a methodology to monitor/ limit staff in contact with positive cases.					

Appendix A: Women and Children's Care Group- Corona Express

CORONA EXPRESS

Women Centre Doctors Brief

The Corona Express - Bite size briefing:

- Staff testing is now under way. The process will be that when you register ill health with Medical Staffing with symptoms compatible with C19 this information will be passed onto Central Control and you will be invited in for a test. This is just being established today and may be imperfect as it sets up.
- C19 patient status
  - PRH 38 (6 ITU)
  - RSH 33 (6 ITU)
- There are some complex issues around discharge of Neonates, Mums at home with temperatures and baby collection. These will be ironed out today.
- Patents are now able to visit neonates on the unit.
- Thank you for all your help in establishing back-up Rotas for Tier 1, 2 and 3 over the BH weekend. These will be visible on Medirota later today. If you are calling in sick over the BH weekend ensure you contact the CO Virus background as Medical Staffing so the shadow rota can be enacted (contact details will be securely stored on the LW and there are various WhatsApp groups).
- Some hoods have arrived and are being trialled.
- Remember to take off your surgical mask when you leave clinical areas.
- Supplies of Thumb loop gowns are of concern as we are using in excess of 1k per day in the Trust. Ensure that you use appropriate PPE and do not waste it!
- Currently Tier 1 are assisting renal and endocrine. This may ramp up and we need to be prepared for this. All rotas do have a level of resilience.
- Some teething problems with home working computers. Debbie will email round process for set up later today. The Lap tops are not set up with your individual Outlook and you will need to use NHS email.

To make Diary Free Milk:
50g nuts or oats and 500mls of water
Soak for 6 hours
Add dates for sweetness
A little salt
Blend
Pass through a tea towel/muslin - Into the fridge and job done!

Appendix B: Example of daily e-mail sent to staff.

Subject: Penguins and rhubarb

Happy Friday everyone!

Though to be fair, I'm sure I'm not the only one for whom the days of the week no longer really matter.

Only three things for you today. Yay!

1. **Ambulance referrals must be made via CCC.** If a forgetful paramedic phones CAU, please direct them to CCC so the child can be accepted or otherwise appropriately. If this happens, please also let Dr Rees know and complete a Datix. Ambulance control will be reminding their staff too.

2. **New multi system inflammatory condition in children.** You will doubtless have heard of this novel condition which appears to be temporally associated with Covid in children and needs a catchier name. It can mimic other inflammatory conditions eg : Kawasaki. The Royal College have come up with some information for us all, please see here :

https://www.rcpch.ac.uk/sites/default/files/2020-05/COVID-19-Paediatric-multisystem-%20inflammatory%20syndrome-20200501.pdf.

3. **Kahoot :** Andrew has been using Kahoot to quiz the junior doctors and ACPs this week. He has now broadened his horizons and set you all a quiz on Shock!

https://kahoot.it/challenge/01366794?challenge-id=0b243eb7-dee4-457f-86f0-32bb5ab6ffc7_1588255484694

The winners will be announced next week and can choose prizes of brownies, rhubarb or wine.

Staying home :

My absolute favourite discovery of the week : The Edinburgh Zoo Penguin cam.

https://www.edinburghzoo.org.uk/webcams/rockhopper-penguin-cam/#rockhopperpenguincam

If you are struggling to sleep, go for the koala cam :

https://www.edinburghzoo.org.uk/webcams/koala-cam/#koalacam

Have a lovely weekend all of you.

Take care,

Dr Patricia Cowley