

Agenda Item 3.iii - Appendix A

1. Purpose

The purpose of this report is to summarise Emergency Planning activity during the COVID-19 pandemic.

2. Key Items

<u>Time Line – Key Events</u>

- **10**th **March 2020** Josie Rudman (JR), Accountable Emergency Officer, communicates agreed COVID-19 preparations Inc. action plan, in line with NHS/PHE guidance.
- 11th March 2020 WHO declares a global pandemic.
- 13th March 2020 RPH command and control (C+C) activated, command centre designated and rota of key staff operational. Three meetings held each day 09.00, 13.00 and 17.00.
 - 'COVID 19 staff update' emails commence, sent daily by the Communications Team on behalf of Gold on call manager, streamlining the sharing of information, updating staff on the evolving situation and providing regular guidance and support on all matters from resilience sessions to PPE.
- **16th March 2020** comprehensive refresher training begins for staff redeployed to higher care areas.

Fit Testing sessions rolled out by IPC.

- 17th March 2020 Receipt of 'Next Steps on NHS Response to COVID-19' Letter from Sir Simon Stevens and Amanda Pritchard, requiring the prompt enactment of several measures, including but not limited to, postponing all non-urgent elective activity, discharging patients who are medically fit to leave, preparing for and responding to large numbers of inpatients requiring respiratory support and stress-testing operational readiness.
- 18th March 2020 First iteration of surge plan completed by JR. Although the CCA was initially open to 30 beds, the plan developed to enable additional critical care zones across the hospital, meaning that if activated, the plan would allow up to 95 critical care beds to open as and when required.
 - COVID-19 Risk Assessment guidance issued to staff to identify staff at risk, to clarify position and communicate support.
- 19th March 2020 First confirmed case of COVID-19 at RPH.

Clinical Decision Cell (CDC) established.

Initial C+C training session provided by Ivan Graham (IG), Deputy Chief Nurse.

• **24**th **March 2020** – Emergency Planning Support Team deployed, to assist the Trust's emergency planning function. Initially assisting the C+C admin team with the management of the EPRR mailbox – the primary point of contact for information coming into the Trust from a local, regional and



national level - the team then took over responsibility for the mailbox 7 days a week from 08.00-22.00. Responsibilities included receiving and cascading guidance and information, including CAS alerts, ensuring appropriate audience and timely response to data requests and calls to action.

- 26th March 2020 second C+C training session provided by IG.
- 01st April 2020 Surge Zone 2 Cath Labs opened
- **08**th **April 2020** Surge Zone 3&4 3N opened
- 09th April 2020 Requirement for an Emergency Planning Lead within C+C stood down, but leads still available for advice as ongoing. EP support team continue to manage the EPRR mailbox and the Trust's data reporting requirements for the COVID-19 daily sitrep and STP template.
- 14th April 2020 Surge Zone 2 –decreased to 8 beds
- 26th April 2020 Surge Zone 2 closed
- 29th April 2020 Receipt of 'Second Phase of the NHS Response to COVID-19 Letter from Sir Simon Stevens and Amanda Pritchard', detailing next steps and considerations for the 'new normal' way of working under sustained emergency.

Wayne Hurst, HoN and Emergency Planning Lead produces first iteration of the 'COVID 19 Command and Control Options Appraisal', in order to provide options for future staffing of C+C in order to streamline decision making, prevent duplication of effort and release key staff.

- **07**th **May 2020** Trial of standing down the 5pm meeting in C+C, replaced with gold/silver/bronze huddle. C+C rota remains unchanged.
- 12th May 2020 C+C changes agreed at Executive Directors' Meeting (see 'Recovery Plan').

Surge Zone 3 & 4 closed

Following on from the publication of the Governments COVID-19 recovery strategy, the Trust's Living with COVID 19 Steering Group, bringing together multiple strands of work relating to the recovery of the Hospital, begins carrying out risk assessments to help understand what changes are needed to ensure we have a 'COVID-19 Secure' working environment.

Data Requests

Throughout the pandemic it has been necessary to implement data collection and reporting mechanisms in accordance with the national health policy and directives.

Recovery Plan - Sustained Emergency

The COVID-19 pandemic continues to be classed as a Level 4 National Incident and as such the Trust is required to fully retain its Emergency Preparedness Resilience and Response (EPRR) incident coordination function, in the light of uncertainty and ongoing need; however it is at the discretion of the Trust how this is implemented in practise.



3. Recommended actions/continued actions:

- Debrief in order to facilitate shared learning and best practise, and also to identify the key challenges faced thus far and conduct a review of pressure points. The debrief has been scheduled for the 04th June 2020, and requests have been made to debrief the CDC and CCA bronze hub prior to this in order to provide input.
- Consider rebound in emergency demand repurpose surge capacity.
- Review of policy and procedure underpinning the Trusts response to the pandemic. Plan for concurrent emergency.
- Maintain a central point of information/contacts, available to all key staff, whether mobile or on site.
- Identify areas of future support / mutual aid required.
- Continue support for staff to ensure wellbeing and safety and assess need for aftercare