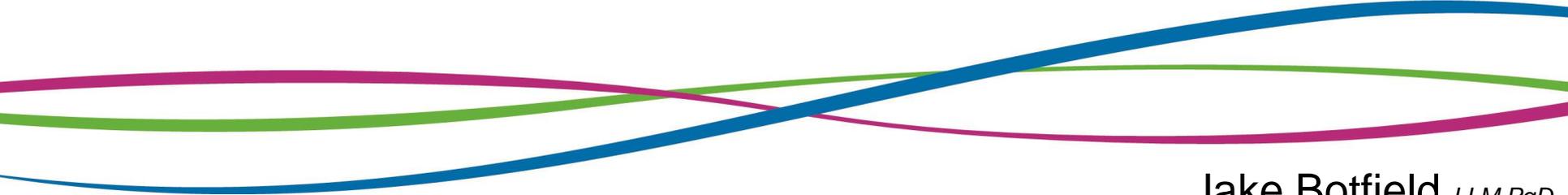
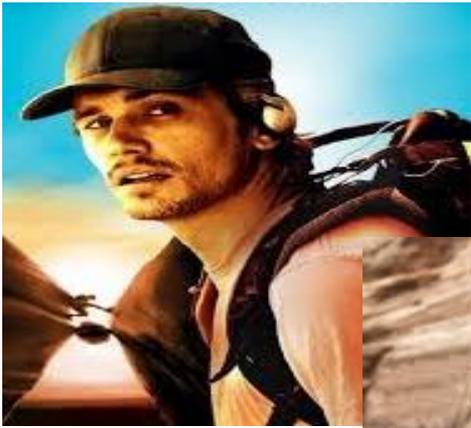


“Business Continuity”

Scene setting to open debate.....



Jake Botfield *LLM PgD*
Matron Critical Care



The Royal Wolverhampton



NHS Trust

Film 127 hours: Adventurer Aron Ralston, based on the account -
“between a Rock and a Hard Place”
(2004)



Mass casualties and their impact on business continuity.

Scene: 58 people died at Mandalay as the suspect, Stephen Paddock, shot from the 32nd floor of a hotel at a festival crowd with nearly 500 people injured.

Locally: Could we ever consider such vast numbers of casualties with penetrating traumas?

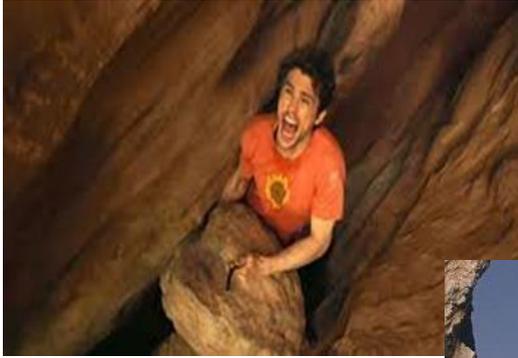
Birmingham City Football Club - 30,000

National Exhibition Centre Arena - 16,000

Arena Birmingham - 16,000

Are we ready and what are we ready for?





One persons rehab.....



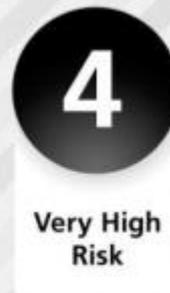
Verses the many.....



Operational Pressures Escalation Levels	
OPEL 1	The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E Delivery Board area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.
OPEL 2	The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHS E and NHS I colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.
OPEL 3	The local health and social care system is experiencing major pressures compromising patient flow and continues to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all A&E Delivery Board partners, and increased external support may be required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. National team will also be informed by DCO/Sub-regional teams through internal reporting mechanisms
OPEL 4	Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

We may have surge plans?

Escalation level	Acute Trust (s)	Community Care	Social care	Primary care	Other issues
OPEL One	<ul style="list-style-type: none"> Demand for services within normal parameters There is capacity available for the expected emergency and elective demand. No staffing issues identified No technological difficulties impacting on patient care Use of specialist units/beds/wards have capacity Good patient flow through ED and other access points. Pressure on maintaining ED 4 hour target Infection control issues monitored and deemed within normal parameters 	<ul style="list-style-type: none"> Community capacity available across system. Patterns of service and acceptable levels of capacity are for local determination 	<ul style="list-style-type: none"> Social services able to facilitate placements, care packages and discharges from acute care and other hospital and community based settings 	<ul style="list-style-type: none"> Out of Hours (OOH) services able to meet expected levels GP attendances within expected levels with appointment availability sufficient to meet demand 	<ul style="list-style-type: none"> NHS 111 call volume within expected levels
OPEL Two	<ul style="list-style-type: none"> Anticipated pressure in facilitating ambulance handovers within 60 minutes Insufficient discharges to create capacity for the expected elective and emergency activity Opening of escalation Infection control issues Lower levels of staffing Lack of beds across ED patients with D Capacity pressure (possibly including 	<ul style="list-style-type: none"> Patients in community and / or acute settings waiting for community care 	<ul style="list-style-type: none"> Patients in community and / or acute settings waiting for social 	<ul style="list-style-type: none"> GP attendances higher than expected levels 	<ul style="list-style-type: none"> Rising NHS 111 call volume above normal levels Surveillance information suggests an increase in demand Weather warnings suggest a significant increase in demand
OPEL Three	<ul style="list-style-type: none"> Actions at OPEL 2 Significant deterioration or more in the spa Patients awaiting 1 compromised Patient flow significantly Unable to meet targets Awaiting equipment Significant unexpected conditions) in area Serious capacity pressures care and specialisms Problems reported that can't be rectified within 4 hours 				<ul style="list-style-type: none"> Surveillance information suggests a significant increase in demand NHS 111 call volume significantly raised with normal or increased acuity of referrals
OPEL Four	<ul style="list-style-type: none"> Actions at OPEL 3 failed to deliver capacity No capacity across the Trust Severe ambulance handover delays Emergency care pathway significantly compromised Unable to offload ambulances within 120 minutes Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety Severe capacity pressures on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO) Infectious illness, Norovirus, Severe weather, and other pressures in Acute Trusts (including A&E handover breaches) Problems reported with Support Services (IT, Transport, Facilities Pathology etc) that can't be rectified within 4 hours 	<ul style="list-style-type: none"> No capacity in community services Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety 	<ul style="list-style-type: none"> Social services unable to facilitate care packages, discharges etc Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow 	<ul style="list-style-type: none"> Acute trust unable to admit GP urgent patients Inability to see all OOH/GP urgent patients Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety 	<ul style="list-style-type: none"> Weather conditions resulting in significant pressure on services Infection control issues resulting in significant pressure on services



to Patient Safety & Experience

Is it time for your major incident plan to be dusted off?

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather, to an infectious disease outbreak (such as influenza pandemic), a major transport accident ***or mass casualties.***

NHS organisations and providers of NHS funded care must therefore be able to maintain continuous levels in key services when faced with disruption from identifiable local risks.

NHS Commissioning Board Business Continuity
Management Framework (2013)



All NHS organisations have a duty to put in place continuity arrangements.

Civil Contingencies Act 2004 and Health and Social Care Act 2012.

The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) set out these requirements for all organisations.

This means that services should be maintained to set standards during any disruption, or recovered to these standards as soon as possible.

Monthly activity reports note an average of 22,612 admissions per day throughout the NHS.

NHS England July 2017

Data published March 2017 note we treat 271,079 patients (discharges) each year, which equates to approximately 742 admissions we need to facilitate each day.

NHS Digital 2017

The NHS Commissioning Board must be 'properly prepared for dealing with an emergency'. They must monitor and control all service providers to make sure they (or we) are also prepared.

Health and Social Care Act 2012



Business Continuity

Discussion, questions or thoughts?

How do we survive?

