

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	BRIEFING REPORT ON THE UHS POWER OUTAGE – 28 NOVEMBER 2018		
DATE OF DECISION:	26 FEBRUARY 2019		
REPORT OF:	CHIEF OPERATING OFFICER TEAM.		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Joann Hall	Tel: 023 80214046
	E-mail:	Joann.hall@uhs.nhs.uk	
Director	Name:	Jane Hayward	Tel: 023 8020 6060
	E-mail:	Jane.Hayward@uhs.nhs.uk	

STATEMENT OF CONFIDENTIALITY	
There are no confidentiality concerns	
BRIEF SUMMARY	
Following the major incident on the 28 th November 2018 the Chair of the Health Overview and Scrutiny Panel requested that the Panel be kept informed on the progress the Trust has made to address the issues raised by the November incident	
The Trust held a number of debriefs culminating in a trust-wide review meeting on 12 th December. A draft action plan has been produced and is set out in Appendix 1. The Trust has attended a number of similar events with other agencies to review the incident during January 2019. The final report with System wide learning is being co-ordinated by the NHS England South EPRR team.	
RECOMMENDATIONS:	
	(i) That the Panel comment and consider the information set out in the report noting that the:
a.	Estates have commissioned an external review of the power failure and a detailed action plan is being produced expected in March 2019. Immediate actions to stabilise the trust and reduce the impact of recurrence have been taken.
b.	Information Technology colleagues have completed a detailed review and are currently considering actions to increase resilience to reduce the impact of recurrence.
c.	The Trust, with support from Regional EPRR colleagues, will be reviewing the major incident policy in light of feedback received. The roles and responsibilities and communication cascades were not appropriate when the Hospital itself is the incident.
REASONS FOR REPORT RECOMMENDATIONS	

1.	The degree of power loss and failure of systems has created national interest in learning. The detailed action plans will support this learning across EPRR /Estates resilience forums
2.	The reliance on digital systems to run our services has identified the need to build further layers of resilience into our current processes.
DETAIL:	
3.	On Wednesday 28 th November 2018 at 06.10hrs University Hospital Southampton NHS Foundation Trust (UHS) suffered a substantial power failure which caused approximately half of Southampton General Hospital (the east side of the site) to suffer a loss of power and lighting.
4.	Due to a loss of power to the Trust's IT servers, the majority of IT systems became unavailable to both the Trust and external service users (includes other hospital sites managed by UHS and other NHS organisations).
5.	The Trust declared a Major Incident and as a result of the incident, decisions were made to: <ul style="list-style-type: none"> cancel and reschedule the majority of elective clinical activity that had been scheduled to take place on 28th November redirect new emergency / non elective patients to other hospital trusts until 14.45hrs on 28th November
6.	In addition to the original power failure, an electrical component failed in North Wing and caused smoke to be produced at 08.45hrs. Hampshire Fire & Rescue Service (HFRS) were dispatched to the Trust and this incident was managed alongside the major incident.
7.	The associated loss of income is currently estimated at £1.5Million, and will impact upon financial accounts in both months 8 and 9. It is possible that actions to increase trust resilience could have a material capital cost, particularly in relation to any changes to Estates or IT infrastructure.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
8.	The associated loss of income is currently estimated at £1.5Million, and will impact upon financial accounts in both months 8 and 9. It is possible that actions to increase trust resilience could have a material capital cost, particularly in relation to any changes to Estates or IT infrastructure.
R9.ISK MANAGEMENT IMPLICATIONS	
9.	The risks to UHS from an event of this nature have been recognised in the Board assurance framework. <ul style="list-style-type: none"> BAF Priority 8: Maintain focus on operational excellence and delivering good services for patients balancing the operational and the strategic. Risk - Recovery plans are vulnerable to any equipment/estates/staff failure or gaps leading to deviation from recovery trajectory. Rated 20. BAF Priority 10: Significantly refurbish and expand the ageing hospital estate, whilst maintaining the short term operational impact. Risk - Failure to deliver an estate fit for purpose. Rated 12

Appendices	
1.	Draft Summary UHS Action Plan relating to Major Incident 12/11/18

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	NONE

No.	Areas to Improve	Action/s Required	By Whom	Target Date	Action Completed
1.	Cascade of Incident alerts	Automated system, to include emergency/lockdown broadcast	EPRR Team	31/03/2019	
2.	Mobile Phone reception	Identify areas that have bad/no signal	IT Department	31/03/2019	
3.	Tannoy system in ED	Repair issues with system	Estates	31/03/2019	
4.	Information to other providers	Review process to inform outside agencies	Operations Centre	31/03/2019	
5.	Radio system did not work	Identify issue with support of contractor	EPRR Team	31/03/2019	
6.	Diverting patients	Discuss process with CCG	Strategic Team	31/03/2019	
7.	Contact lists for incoming patients	Consider resilience of this information	Informatics	31/03/2019	
8.	Plans/Action cards	Ensure there are hard copies available	All departments	30/06/2019	
9.	Plans/Action Cards updated	Ensure information is relevant	All departments	31/03/2019	
10.	Plans/Action Cards exercised	Exercise regularly	All departments	31/06/2019	
11.	Plans/actions cards review	Change/amend for different incidents and not just incoming casualties	All departments based upon EPRR team guidance	31/06/2019	
12.	Trained loggists available	Train staff in best practice	All departments	31/06/2019	

No.	Areas to Improve	Action/s Required	By Whom	Target Date	Action Completed
13.	Boards to log information	Boards available in all Muster Points	All departments	31/03/2019	
14.	Manage HIMT attendees	Look at role to stop staff attending HIMT meetings when not required	EPRR Team	31/06/2019	
15.	Training for specific roles	Training for specific roles	All departments	31/06/2019	
16.	Non electrical equipment	Look at battery powered equipment	All departments/Estates	31/06/2019	
17.	Access to blood fridges	How to override system / revise behaviour under power out conditions	Pathology	31/06/2019	
18.	Critical supplies	Survey of what each area has	Estates	31/06/2019	
19.	'Battle' Boxes	'Battle' boxes for all departments to store vital equipment/plans	All departments	31/06/2019	