

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 APRIL 2017

Title:	UPDATE ON EMERGENCY PREPAREDNESS
Responsible Director:	Kevin Bolger, Executive Director of Strategic Operations
Contact:	Lynn Hyatt, Head of Emergency Preparedness and Resilience

Purpose:	To present the six monthly update to Board of Directors on progress with Emergency Preparedness.
Confidentiality Level & Reason:	
Annual Plan Ref:	Aim 1: Always put the needs and care of patients first.
Key Issues Summary:	<p>As a category 1 responder, University Hospitals Birmingham (UHB) has a statutory duty to ensure that it can respond to emergency situations and continue to provide essential services at times of operational pressure or in the event of an internal emergency.</p> <p>This paper provides an update on the progress with emergency preparedness and associated major incident and business continuity plans</p>
Recommendations:	The Board of Directors is asked to accept this update on Emergency Preparedness, and agree to receive another update in 6 months' time.

Approved by:	Kevin Bolger	Date:	13 April 2017
---------------------	--------------	--------------	---------------

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 27 APRIL 2017

UPDATE ON EMERGENCY PREPAREDNESS

PRESENTED BY THE EXECUTIVE DIRECTOR OF STRATEGIC OPERATIONS

1. **Introduction**

As a category 1 responder the Trust has a statutory duty under the Civil Contingencies Act 2004 to ensure that it has adequate arrangements in place to ensure it can respond to an emergency, support emergency response partners and continue to provide essential services to the public at times of operational pressure in the event of an internal emergency and as is reasonably practicable in the event of an external emergency.

2. **Executive Summary**

This paper builds on the report presented to the Board of Directors in October 2016. It reports on the progress made over the last 6 months to provide assurance that the Trust is fulfilling its statutory duties, and can demonstrate resilience in relation to emergency planning and preparedness. All emergency planning processes are completed under the umbrella of the Emergency Preparedness Committee, but for clarity each section is broken down to demonstrate progress to date and future work required.

3. **Emergency Preparedness Policy**

The Emergency Preparedness Policy is available on the Trust intranet and acts as a framework to support the procedures which outline practical steps to ensure an adequate response by the Trust. This policy was revised in June 2015 and is due to be revised in June 2017.

All emergency plans have been revised to reflect the new NHS structures and Emergency Preparedness Resilience and Response (EPRR) arrangements.

4. Major Incident plan and testing

4.1 Major Incident Plan

Extensive training and awareness of the Major Incident plan remains on going throughout the Trust with a number of staff attending for refresher training. The plan is complemented by a video which is available on the Trust Intranet that shows how to set up the Command and Control centre. Further video footage has been produced which demonstrates other significant roles within the plan and is also available on the Trust Intranet.

Following lessons learned from the Paris terrorist attacks in November 2015 which resulted in 130 deaths and 368 casualties and the further attack in Nice in July 2016 which resulted in 87 deaths and 434 casualties the Major incident plan is being revised in line with national guidance.

4.2 Major Incident Testing

There is a requirement under the Civil Contingencies Act to exercise the Major Incident plan every 6 months for communication call out only, yearly as a table top exercise and every 3 years as a live exercise.

4.2.1 Call out Testing

The Trust has a statutory duty under the Civil Contingencies Act to carry out a communication call out test every 6 months. A test was carried out on 17th January 2017 at 20.00 hours. The test was carried out for 6 departments and involved a call being made to 120 staff.

Results

Department/area	No/ staff called	Positive response	% staff responded
Burns unit	38	20	52.6%
HR Team1, 2 & 3	25	18	72%
Medical engineering	4	2	50%
Clinical site manager	33	21	63.3%
Critical care	37	27	72.9%
Surgeons	21	17	81%
Total	120	78	65%

Unfortunately the company used a number to make the calls that had never been used before and staff did not have this stored in their phone resulting in some members of staff ignoring the calls. Despite this there was an overall response of 65%.

The issue with the phone number has now been addressed resulting in 3 numbers now being stored in staff phones under 'Major Incident'.

4.2.2 Table Top Exercise

Two Table top exercises have been undertaken in the last 6 months on 19th and 26th October. These were table top exercises which were directed at the on call managers and involved a scenario with a number of casualties and included the staff setting up the Command and Control room. The staff were also instructed to allocate specific roles and act out those roles for the scenario.

These table top exercises were very well received by the staff who took part and a further two similar exercises are planned for June 2017. These table top exercises will become mandatory for the on call managers and Clinical site managers to attend on a yearly basis.

4.2.3 Live Exercise

Due to the revision of the Major Incident plan the live exercise will now not take place until after the plan had been revised.

4.2.4 Preparing for Chemical, Biological, Radiation and Nuclear Emergencies (CBRN)

Training for a CBRN incident continues to take place in the Emergency Department on a rolling monthly basis now when staff are available.

4.3 Mass Casualty Planning

The mass casualty plan forms part of the Major Incident plan to ensure special arrangements are put in place to deal with larger numbers of casualties from an incident.

The Mass casualty plan will be revised along with the Major Incident plan.

A NHS England Midlands and East table top exercise (Vital Signs) took place on March 21st in Leicester. A number of staff from the Trust attended and the exercise involved an incident at an outside concert in Staffordshire. The incident produced 43 casualties in total for this Trust. Of these 43, 38 were triaged as P1 patients (critically ill patients with life threatening injuries) and 5 were triaged as P2 patients (patients with serious injuries but who could wait for 2 – 4 hours before requiring surgery).

On the day the Trust was able to test the revisions that will be made to the Major Incident/mass casualty plan.

The outcome of the day proved that the assumptions that had been made regarding the patient flow were correct and would work in the event of a real incident. This will now be followed up by a table top

exercise in September/October 2017 and the live exercise will now take place in April 2018.

5. **Business Continuity Planning**

The Business Continuity plan is available on the Trust intranet as a supporting document to the Emergency Preparedness policy. Training and awareness sessions are now being rolled out in the Trust.

5.1 Risk Assessments and Service Interruptions

The risk assessments and the accompanying operational plans are available on the sharepoint system with more areas identifying risks to their service and formulating operational plans to mitigate such risks.

The Business continuity plans continue to be revised and training is being undertaken in areas that currently do not have plans to aid with their formulation.

The outcome of the areas that have revised or formulated their plans will now be reported to the Emergency Preparedness Steering group and areas which are non-compliant will be followed up by the Accountable Emergency Officer.

5.2 Table top exercises

All Major Incident exercises now include an element of Business continuity. A specific table top exercise on Business continuity has not taken place in the last 6 months.

However 2 live incidents have taken place in the last 6 months both involving the mains water. The first incident took place on November 23rd 2016 when a mains water pipe burst on Harborne Lane, close to the Trust. Although this incident did not affect the water supply to the hospital it did affect the roads around the site. This resulted in long delays for patients waiting for transport home and the discharge lounge extending the hours until 01.00 hours.

The second incident took place on April 11th 2017 when a water mains burst on the A38 close to the hospital. This incident did disrupt the water supply to hospital and although the Trust has water tanks on site, this had to be rationed to ensure some supply was available. This did affect some patients in Renal Dialysis as the tanks holding the water for dialysis are smaller and therefore did not last long. The result of this was that 2 patients were diverted to the Smethwick dialysis centre and some patients had their dialysis delayed. The water supply was restored within 4 hours of the incident taking place.

5.3 Black start tests

Two Black start tests (where the power is switched off to QEHB and left to run on generators for 1 hour) took place on Saturday 25th June and

Saturday 8th October. There were a few minor problems which occurred on 25th June and although there were still a small number of minor problems they had diminished when the test was carried out on 8th October.

There is now a plan in place to undertake a black start test on Wednesday 10th May. This will test the plans when the Trust is working at a maximum capacity rather than at a weekend when lots of departments are not functioning fully. For this exercise a lot of planning has taken place and communication out to the Trust will be vital in preparing staff for the test.

6. Reception Arrangements for Military Patients (RAMP)

The RAMP plan is a jointly agreed Department of Health and Ministry of Defence Government Policy and the Emergency planners have been working with RCDM (Royal Centre for Defence Medicine) staff on the activation levels for this plan. RAMP level 2b will look at arrangements to admit military patients to a secondary hospital if admission to University Hospital Birmingham was denied due to extreme circumstances.

The John Radcliffe Hospital, Oxford has been chosen as the secondary hospital to receive these casualties should the need arise and a plan has been formulated and tested with the John Radcliffe.

There is a plan to test the revised RAMP plan on April 21st 2017 where the ability to take larger numbers of military patients at the Trust will be tested. The outcome of this exercise will be reported in the next board report.

7. Additional Emergency Plans

There are other plans available which form part of the Trust's wider emergency planning and these are:

- The Heatwave plan, which has been approved by the Emergency Preparedness steering group and is available on the Trust Intranet. This was activated for two days during the summer 2016 with no real issues reported.
- The Inclement Weather plan, which has been approved by the Emergency Preparedness steering group and is available on the Trust Intranet. Due to the mild winter of 2016/2017 this plan has not needed to be invoked.
- The suspicious package plan, which has been approved by the Emergency Preparedness steering group, is available on the Trust intranet.
- The workforce approval plan, which has been approved by the Emergency Preparedness steering group, is available on the Trust intranet.

- The lock down procedure which has been approved by the Emergency preparedness steering group is available on the Trust Intranet.

8. **Conclusion**

Over the last 6 months there has been a focus has continued to be on ensuring that training and education relating to the Major Incident and Mass Casualty plans was accessed by all disciplines throughout the Trust. Work has started on revision of the Major Incident/Mass Casualty plan in line with national guidance but also from lessons learnt from incidents that have taken place in Europe but also now in this country.

In the last 6 months has been a focus on ensuring business continuity plans are updated.

The Emergency Preparedness risk register reflects the work carried out in the last year. Consequences of the risks continue to reduce as plans are tested and provide greater assurance of resilience within the Trust.

9. **Recommendations**

The Board of Directors is asked to accept this update on Emergency Preparedness, and agree to receive another update in 6 months' time.

SELF-ASSESSMENT AGAINST CORE STANDARDS**1. Introduction**

As a category 1 responder the Trust has a statutory duty under the Civil Contingencies Act 2004 to ensure that it has adequate arrangements in place to ensure it can respond to an emergency, support emergency response partners and continue to provide essential services to the public at times of operational pressure in the event of an internal emergency and as is reasonably practicable in the event of an external emergency.

Following the launch of the EPRR Core Standards in April 2013, all NHS Trusts and Clinical Commissioning Groups (CCG's) were asked to complete a self-assessment against these Core Standards. This report is a summary of the UHB results.

This Appendix is evidenced by the previous Emergency Preparedness papers presented to the Board of Directors 6 monthly. It reports on the assessment of the EPRR core standards to provide assurance that the Trust is fulfilling its statutory duties, and can demonstrate resilience in relation to emergency planning and preparedness.

2. The self-assessment

The EPRR core standards were launched in April 2013. Each year there is a deep dive element where the core standards will focus on one element of EPRR. This year the deep dive is on Business continuity but focused particularly on Fuel use and supply.

A rag rating system was used for the self-assessment process and this was completed by the Emergency Planning team followed by agreement of the Accountable EPRR officer for UHB.

The Trust were asked to complete a self-assessment against the standards, rating green (completed and fully compliant with standard), amber (Not compliant but evidence of progress and in the EPRR plan in the next 12 months) and red (not compliant with core standard and not in the work plan in the next 12 months)

The results of the self-assessment were then forwarded to the NHS England EPRR locality Team for Birmingham, Solihull and the Black Country (BSBC).

NHS England EPRR locality Team (BSBC) requires each Trust Board to endorse a report summarising the Trusts current position of Emergency Preparedness, the completed self-assessment.

3. Self-assessment results

The Emergency planning team, with the approval of the Accountable Emergency Officer, has rated the Trust as fully compliant.

The results of the self-assessment will be presented to the Local Health Resilience Partnership meeting on 21 September 2016.

4. **Conclusion**

Although the Trust has been rated as fully compliant against the EPRR core standards work will continue to ensure that we remain compliant over the next 12 months.

Kevin Bolger
Director of Strategic Operations
April 2017