

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 OCTOBER 2017

Title:	UPDATE ON EMERGENCY PREPAREDNESS
Responsible Director:	Kevin Bolger, 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:	N/A
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:	October 2017
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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 April 2017. 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 2018.

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.

The Trust Major Incident/mass casualty plan is currently being revised and will reflect lessons learned from recent events such as the terrorist events in both London and Manchester.

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 19th September 2017 at 20.00 hours. The test was carried out for 5 departments and involved a call being made to 93 staff.

Results

Department/area	No/ staff called	Positive response	% staff responded
Engie	4	3	75%
Chaplaincy	4	3	75%
Critical care	38	35	92%
Loggist	17	12	70.5%
On call manager	30	22	73%
Total	93	75	80.6%

Positive responses were particularly good for this call out and the estimated time of arrival varied from 10 minutes (the shortest) to 3 hours (the longest).

4.2.2 Table Top Exercise

Three table top exercises were carried out in June and July 2017 (exercise Midas 3) which involved the participants setting up the Major Incident room and working through a scenario. This enabled them to have a 'hands on' approach but also incorporated learning. Following the feedback from these exercises which were extremely positive these will now be carried out on a regular basis.

On 27th September an extensive Trust wide table top exercise (exercise Pandora) took place which included NHS England and the NHS Blood and Transplant service.

The scenario was reflective of the London and Manchester terrorist attacks and involved 86 members of staff.

A formal debrief is due to take place on 15th November 2017, the results of which will be reported in the April 2018 board report.

The results from the formal debrief will also be used to inform the revision of the Major Incident/ mass casualty plan.

4.2.3 Live Exercise

Following exercise Pandora a live exercise using the same scenario is due to be carried out on December 8th 2017.

4.2.4 Live Incident

Due to the national threat level following the Manchester incident, armed police have been assigned to the Trust at different times.

4.2.5 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 incorporated in the Major Incident plan when it is revised.

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.

5.2 Table top exercises

All Major Incident exercises now include an element of Business continuity. The only table top exercise that has taken place over the last 6 months is a black start test which took place on June 21st 2017. A black start test is where the power is switched off to QEHB and left to run on generators for 1 hour.

Previous black start tests have always taken place at a weekend, however it was decided that we needed to carry out a test during the working week when the electrical load is higher.

This test was carried out at 09.30 hours on a Wednesday and although we expected more issues to be highlighted during the week, in fact there were fewer problems than expected.

The main issues that arose were:

- A number of nurse call Systems failed. Due to the fact that this had happened on different wards previously the company have been asked to review the whole system to endeavour to resolve the issue.
- The central console in the Coronary Care Unit failed and was not able to be repaired until the following day. This was due to a faulty part which has now been replaced.
- Other minor issues were resolved at the time and mostly included tripping of breakers which required resetting.

6. Reception Arrangements for Military Patients (RAMP)

A table top exercise took place on 21st April 2017 to test the RAMP plan (exercise RAMP rise). The exercise was based around a fictitious overseas military incident in a country called Baltonia where an explosion had taken place at a UK Military base generating between 20 – 25 casualties. Taking

part in the exercise were Trust staff, RCDM staff, NHS England and West Midlands Ambulance Service.

The casualties were transferred to the Trust and the staff managed to accommodate these. Live bed data was used for the purpose of the exercise. Following a debrief of the exercise it was felt by the staff that the casualties had been easily managed in the Trust and that it would have been more beneficial to have tested the Trust with a larger number of casualties.

Following the exercise the RAMP plan is currently being revised and once completed will be taken to the Ministry Of Defence for approval.

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 2017 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. Self-Assessment

The EPRR Planning team, with the approval of the Accountable Emergency Office, has rated the Trust as fully compliant, following a visit by NHS England, NHS Improvement and Clinical Commissioning Group.

Following the Core standards submission the Trust was informed that as a Major Trauma Centre and a Burns Centre they would be subjected to a Strategic Assets visit. The visit took place on 27 September 2017 which involved a meeting with key members of staff from the Trust, followed by a visit to the Emergency Department and the Burns Centre. The report has been received which showed that following the visit the Trust would be

confirmed as being fully compliant. The only area that did not rate as green was the standard DD3:

There is evidence that the organisation has an identified Non-Executive Director Representative who formally holds the EPRR portfolio.

This standard was rated as amber with a recommendation that this was considered by the Trust Board.

A copy of the report is attached as Appendix A.

9. Emergency Preparedness Conference

A joint emergency preparedness conference with this Trust and Heart of England Trust (HEFT) was held on 13th September 2017. The conference was attended by 153 staff from both Trusts plus attendees from NHS organisations throughout the United Kingdom.

The evaluation was very positive with 75% of those who attended giving an overall rating of 5-6 (6 being the highest), and ratings of mainly 6 for particular speakers from Manchester and the Counter Terrorism Unit. The speaker from Manchester was an Emergency Medicine Consultant who was on duty the night of the attack at the Arianna Grande concert.

10. Conclusion

Over the last 6 months the 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 more recently in London and Manchester..

Also a main focus over the last 6 months has been a focus on ensuring business continuity plans are updated and to include areas that do not currently have a plan.

11. Recommendations

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

APPENDIX A



EPRR ASSURANCE 2017/18
Strategic Asset Trust Visit Reporting Template

Template to be completed after each Trust visit

Date of visit:	27 September 2017
Strategic Asset Type, Name and Address:	Queen Elizabeth Hospital Birmingham Major Trauma Centre and Burns Centre
NHS England attendees:	David Walker, Peter Jefferson
NHS Improvement attendees:	Joanna Phillips
Commissioner attendees:	Carol Herity
Trust attendees:	Kevin Bolger (Executive Director Strategic Operations) Keith Porter (Trauma Consultant) Darren Lewis (Burns Consultant) Matthew Boylan (ED/ Military Consultant) Paul Jennings (Head of IT) Lynn Hyatt (Head of EPRR)
Trust self-assessment compliance rating against EPRR Core Standards: Full	
LHRP agreed compliance rating against EPRR Core Standards: Full - to be confirmed in October 2017	
Enhanced Assurance Ratings: GREEN Green = appears to show an appropriate level of compliance. Amber = provided but raises further questions to be addressed. Red = not provided,	

Purpose of the visit

The visits are designed to engage with those providers deemed to be national strategic assets in a way that facilitates a two way conversation around the EPRR agenda and seek a more in depth assurance understanding. The visiting team expect to engage with key members of staff, review key documents and visit key areas of the organisation. Those attending the visits are:

External to the organisation

- NHS England, Regional Head of EPRR
- NHS England, Local Head of EPRR
- Lead commissioner from the CCG
- NHS Improvement representative.

Internal to the organisation

- The Accountable Emergency Officer (Executive level)
- Emergency Preparedness Manager
- EPRR clinical leads (recommended)

Expectations during the visit

The visiting team would expect to be on site for between 3 and 4 hours and appreciate the time that the trust will give to this visit. There are key areas that the visiting team would like to visit while they are on site, these include, but not restricted to:

- The emergency department
- The location the organisation would manage an emergency from (Incident Coordination Centre)
- The store of CBRN equipment (Acute trusts)
- Location of stockpiled equipment
- High infectious disease ward (High infectious disease centres only)
- Burns ward (Burns centres only)

Core Standard Capability	Full/Substantial/Partial/non-compliant	Comments
DOMAIN 1 – GOVERNANCE		
Domain 1 – Overall rating from this year’s Strategic Asset Assurance visit	Full	
DOMAIN 2 - DUTY TO ASSESS RISK		
Domain 2 – Overall rating from this year’s Strategic Asset Assurance visit	Full	
DOMAIN 3 - DUTY TO MAINTAIN PLANS – EMERGENCY PLANS AND BUSINESS CONTINUITY PLANS		
Domain 3 - Overall rating from this year’s Strategic Asset Assurance visit	Full	
DOMAIN 4 - COMMAND AND CONTROL (C2)		
Domain 4 - Overall rating from this year’s Strategic Asset Assurance visit	Full	
DOMAIN 5 - DUTY TO COMMUNICATE WITH THE PUBLIC		
Domain 5 - Overall rating from this year’s Strategic Asset Assurance visit	Full	
DOMAIN 6 - INFORMATION SHARING – MANDATORY REQUIREMENTS		
Domain 6 - Overall rating from this year’s Strategic Asset Assurance visit	Full	

Core Standard Capability	Full/Substantial/Partial/non-compliant	Review Findings
DOMAIN 7 - CO-OPERATION		
Domain 7 – Overall rating from this year’s Strategic Asset Assurance visit	Full	
DOMAIN 8 - TRAINING AND EXERCISING		
Domain 8 – Overall rating from this year’s Strategic Asset Assurance visit	Full	
DOMAIN 9 – CBRN		
Domain 9 – Overall rating from this year’s Strategic Asset Assurance visit	Full	

DOMAIN 1 - GOVERNANCE					
Core Standard Capability	Key Line of Enquiries	Organisation	Evidence	Review Findings	Capability Rating Green/Amber/Red
SC 1 - Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)	There evidence that the organisations has an accountable emergency officer and that EPRR is clearly referenced in their job description	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> AEOs job description Organisational structure chart 	<p>Executive Director of Strategic Operations is AEO.</p> <p>AEO JD and Head of EPRR JD and organisational structure in place.</p> <p>Head of EPRR is part time and has recruited EPLO support from October 2017.</p>	Green
SC 4 - The accountable emergency officer ensures that the Board and/or Governing Body receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are	There is evidence that last year's EPRR assurance results have been formally presented to a public board meeting	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> Board papers EPRR Board reports EPRR work plan 	<p>Board papers shared with Local Health Resilience Forum.</p> <p>Board sets strategic EPRR direction for work and is responsive to learning from incidents, exercises and risk assessments.</p> <p>Head of EPRR has trust's EPRR work plan.</p>	Green

made available to enable the organisation to meet the requirements of these core standards.					
DD 3 - The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation.	There is evidence that the organisation has an identified non-executive Director representative that holds the EPRR portfolio	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Board profiles • Organisational structure chart • Role description 	Board takes full responsibility for EPRR and does not have a Non-Executive Director with EPRR portfolio.	Amber Recommended that Board reviews NED involvement with EPRR responsibilities
DD 4 - The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function	There is evidence that the organisation has an established internal EPRR oversight/delivery group.	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Group terms of reference • Group member list • Minutes of meetings • Group work plan 	Emergency Preparedness Steering Group is Executive Chaired and is multi-disciplinary. Has major incident/business continuity sub-group. TORs and Minutes in place. Reports sent to Board minimum twice yearly.	Green
CS 2 - Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified	There is evidence that the organisation has annual EPRR work programme which is risk driven and relevant to the type of	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Annual EPRR work programme • EPRR work programme progress tracker. 	Board reviews EPRR risk register and sets strategic work. Head of EPRR has trust annual work plan.	Green

relating to EPRR (including details of training and exercises and past incidents) and improve response.	organisation.				
SC 3 - Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	There is evidence that the organisation has an EPRR framework or policy that sets out the organisations intentions	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Organisations Policy document • Organisations EPRR framework 	EPRR Policy in place.	Green
	Are all the network plans and policies compliant with best practice with regards to governance and consultation with partner networks.	MTC, Burns	<ul style="list-style-type: none"> • Organisations Policy document • Organisations emergency plans 	Trauma and Burns Networks policies are compliant and consulted with partners.	Green
	Is there a process in place to incorporate the different Network policies into the organisation's policies? (i.e. Trauma Network; Burns Network; Critical Care Network; and Paediatric Network)	MTC, Burns	<ul style="list-style-type: none"> • Organisations Policy document • Organisations emergency plans 	Network policies are integrated and in place.	Green

DOMAIN 2 - DUTY TO ASSESS RISK

Core Standard Capability	Key Line of Enquiries	Organisation	Evidence	Review Findings	Capability Rating Green/Amber/Red
<p>CS 5 - Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.</p>	<p>There is evidence that the organisation had considered the risk of emergencies occurring internally to the organisation and that this is reflected in the organisations corporate risk register.</p>	<p>MTC, Remote, Burns, HCID, Mental Health</p>	<ul style="list-style-type: none"> • Organisations corporate risk register • Links to lessons identified from incidents and events 	<p>Emergency Preparedness Steering Group provides EPRR risk register to Board for approval.</p> <p>Board sets EPRR strategic work.</p> <p>Lessons learned are incorporated into plans and procedures.</p>	<p align="center">Green</p>
	<p>There is evidence that the organisation had considered the risk of emergencies occurring externally to the organisation and that this is reflected in the</p>	<p>MTC, Remote, Burns, HCID, Mental Health</p>	<ul style="list-style-type: none"> • Organisations corporate risk register • LHRP risk register • Links to LRF Community Risk Register • Links to lessons identified from incidents and events 	<p>External risks identified and mitigating actions in place.</p> <p>Examples of partnership risk work:</p> <ul style="list-style-type: none"> • Estates and water company co-operation during burst pipe incident. • Support to HEFT to develop an integrated IT network. 	<p align="center">Green</p>

	organisations corporate risk register.				
	Have the implementation of the different Network policies within the organisation been risk assessed for impact upon other services or functions?	MTC, Burns, Mental Health	<ul style="list-style-type: none"> • Copy of the risk assessment • Impact upon patient safety identified 	Share as good practice that UHB local IT system is nationally accredited to NHS Mail standard.	Green
	Has the impact of the organisation's geographical remoteness been risk assessed in relation to patient safety during an emergency response?	Remote	<ul style="list-style-type: none"> • Copy of the risk assessment • Impact upon patient safety identified 	N/A	

DOMAIN 3 - DUTY TO MAINTAIN PLANS – EMERGENCY PLANS AND BUSINESS CONTINUITY PLANS

Core Standard Capability	Key Line of Enquiries	Organisation	Evidence	Review Findings	Capability Rating Green/Amber/Red
<p>CS 8-23 - Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.</p>	<p>Evidence that the organisation has in date plans to effectively respond to emergencies relevant to the organisation and the local risk register</p>	<p>MTC, Remote, Burns, HCID, Mental Health</p>	<ul style="list-style-type: none"> • Incident Response Plan/Major Incident Plan • Business Continuity Plan (including cyber-crime) • HAZMAT/CBRN plan • Severe Weather (including heatwave, cold, snow) plan • Influenza Pandemic plan • Threat level increase plan/action card • Mass Casualty plan • Major Trauma network plan • Surge and Escalation Management plan • Infectious diseases plan • Lockdown plan 	<p>Plans ratified via EP Steering Group.</p> <p>Full suite of plans available in hard copy, Ecopy and on intranet.</p> <p>Good practice of local produced videos of principal incident roles on intranet.</p> <p>Good practice of major incident tab on intranet plus rolling screen saver.</p>	<p align="center">Green</p>
	<p>Have the different Network Policies and plans been integrated into the organisational plans? (i.e. Trauma Network; Burns</p>	<p>MTC, Burns</p>	<ul style="list-style-type: none"> • Operational, clinical and EPRR plans have incorporated the different Network polices and plans 	<p>Clinical engagement in planning – examples of collaborative working of moving patients between ED and theatres and trauma and burns.</p> <p>2 x dedicated burns beds available.</p> <p>MOU between UHB and Birmingham Children's Burns Centre</p>	<p align="center">Green</p>

	Network; Critical Care Network; and Paediatric Network)				
	Do the organisations emergency plans explain how the co-ordination of trauma patient transport to the MTC will be organised and co-ordinated?	MTC, Burns	Plans to specify a co-ordination role and indicate: <ul style="list-style-type: none"> the role's responsibilities the processes to be utilised to manage the co-ordination of trauma patient transfer to MTC the link with the relevant ambulance provider(s) 	Trauma Networks engaged with discussions and on-site Ambulance HALOs to assist co-ordination.	Green
	Evidence that the organisation has an in date plan for both horizontal and vertical evacuation – which includes whole building evacuation	MTC, Remote, Burns, HCID,	<ul style="list-style-type: none"> Evacuation (horizontal and vertical) Links to LRF evacuation support plans 	Shelter and Evacuation plans in place but no 'whole site' evacuation plan.	Green
	Evidence that the organisation has an in date plan for both horizontal and vertical evacuation – which includes	Mental Health	Plans to specify: <ul style="list-style-type: none"> Patient and public safety during an evacuation Links to LRF evacuation support plans Co-ordination of supporting agencies 	N/A	

	whole building evacuation				
	Evidence that the organisation has stockpiled clinical equipment for use in a major incident	MTC, Remote, Burns, HCID	<ul style="list-style-type: none"> Equipment list Store cupboard 	Stockpiles available.	NOT RAG RATED
	Evidence that the organisation has High Infectious Disease PPE for staff to maintain care for up to 48 hours before restock	HCID	<ul style="list-style-type: none"> Equipment list Store cupboard 	N/A	
CS 25 - Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this	Evidence that the organisation has a nominated executive lead responsible for determining the activation of emergency and business continuity plans, 24/7	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> On-call arrangements within the organisations EPRR policy On-call rota 	Executive available 24/7 via on call rota. ED, Trauma and burns consultants available 24/7.	Green
	Evidence that the	Mental Health	Plans to specify: <ul style="list-style-type: none"> appropriate staffing 	N/A	

requires changing the deployment of resources or acquiring additional resources.	organisation has business continuity plans to maintain a secure facility for short, medium and long term incidents		<p>levels and backfill arrangements</p> <ul style="list-style-type: none"> • backup power supplies • ICT backup • Access to medications • Visitor access arrangements 		
CS 28 - Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content	Evidence that the organisation has developed their emergency and business continuity plans in consolation internally and externally	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Document control sheet • Minutes of the internal EPRR oversight/delivery meeting 	<p>EP Steering Group Minutes available.</p> <p>Local departmental BC representatives in place.</p> <p>Suggested that MOODLE web training is considered.</p> <p>Example of development in conjunction with Police.</p> <p>'Black start' of backup generators tested under full load during in-hours periods.</p>	Green
CS 29 - Arrangements include a debrief process so as to identify learning and inform future arrangements	Evidence that the organisation has a process in place to capture and embed learning from incidents and exercise.	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • BC Plan • IR Plan • Organisations EPRR policy • Debrief report from the last table top exercise • Debrief report from the Cyber incident • Debrief report from last winter 	<p>Post exercise hot and considered debriefing arrangements in place with reports sent to EP Steering Group.</p> <p>Lessons learned are incorporated into plans and procedures.</p>	Green

DOMAIN 4 - COMMAND AND CONTROL (C2)

DOMAIN 4 - COMMAND AND CONTROL (C2)					
Core Standard Capability	Key Line of Enquiries	Organisation	Evidence	Review Findings	Capability Rating Green/Amber/Red
CS 30 - Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Evidence that the organisation has a resilient 24/7 point of contact at an executive level.	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> On-call rota On-call structure outlined within the organisations EPRR policy On-call training record 	<p>Staff JDs set out in on call Policy.</p> <p>Auto alerting system in place.</p> <p>Training undertaken and records kept.</p>	Green
CS 32 - Documents identify where	Evidence that the organisation	MTC, Remote, Burns,	<ul style="list-style-type: none"> ICC plan Pre-identified room Dedicated technology 	Non-dedicated ICC available and fully stocked c/w analogue telephone point and Action	Green

<p>and how the emergency or business continuity incident will be managed from, e.g. the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the logistic</p>	<p>can effectively manage an emergency or business continuity incident by establishing an Incident coordination centre</p>	<p>HCID, Mental Health</p>	<ul style="list-style-type: none"> • Minimum number of roles identified to operate an ICC • Action cards for all key roles within the ICC • Evidence that the ICC has been tested in the last year • Alternative ICC location that can maintain the same primary ICC functions 	<p>Cards.</p> <p>ICC at Tactical level with main Ops Room in support.</p>	
	<p>Evidence that the organisations emergency plans explain how the co-ordination of all secure MH patients to an appropriate alternative facility will be organised and co-ordinated and at short notice?</p>	<p>Mental Health</p>	<p>Arrangements to include:</p> <ul style="list-style-type: none"> • Identification of suitable temporary places of safety complete with occupier/manager agreements • the circumstances in which they might be used • capacity of appropriate staff to manage and conduct all transfers at short notice • appropriate transport • access to medications • co-ordination with supporting agencies especially MoJ 	<p>Alternative ICC available on-site with separate mains grids.</p>	<p>Green</p>
	<p>Do the organisation emergency plans explain how the co-</p>	<p>MTC</p>	<p>Plans to specify a co-ordination role and indicate:</p> <ul style="list-style-type: none"> • the role's responsibilities • the processes to be utilised to manage the co- 	<p>Plans in place for Trauma networks and ambulance plans to co-ordinate transportation.</p>	<p>Green</p>

	ordination of trauma patient transport to the MTC will be organised and co-ordinated?		ordination of trauma patient transfer to MTC <ul style="list-style-type: none"> the link with the relevant ambulance provider(s) 		
CS 33 - Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.	Evidence that the organisation has a pre identified process for capturing and storing information in an emergency or business continuity incident	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> ICC plan IR Plan Organisations EPRR policy Evidence that the process has been tested in the last year Incident/ exercise Log books 	<p>Ecopy records stored on SharePoint with alternative back up on data centre.</p> <p>Business case for second data centre in progress for HEFT</p>	Green
CS 34 - Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture	Evidence that the organisation has a process to compile, sign off at executive level and submit situation reports	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> ICC plan IR Plan Organisations EPRR policy Evidence that the process has been tested in the last year 	<p>Executive Action Card in place to support sign off.</p> <p>Table top exercise scheduled for 27 Sep 2017.</p>	Green

(COP) during the emergency or business continuity incident response.					
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DOMAIN 4 - DUTY TO COMMUNICATE WITH THE PUBLIC					
Core Standard Capability	Key Line of Enquiries	Organisation	Evidence	Review Findings	Capability Rating Green/Amber/Red
CS 37 - Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Evidence that the organisation has a process to communicate to staff and the public in the event of an emergency or business continuity incident	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Communications plan • IR Plan • BC plan • Organisations EPRR policy • Communications/media training records for organisations spokesperson/s 	<p>Comms plans in place.</p> <p>Executives are media trained.</p> <p>Incident response media spokespersons are documented as CEO and Medical Director.</p> <p>Comms Director simulates press to aid media training.</p> <p>Social media policy in place.</p> <p>Local 'WhatsApp' in development.</p>	Green

DOMAIN 5 - INFORMATION SHARING – MANDATORY REQUIREMENTS

Core Standard Capability	Key Line of Enquiries	Organisation	Evidence	Review Findings	Capability Rating Green/Amber/Red
CS 39 - Arrangements contain information sharing protocols to ensure appropriate communication with partners.	Evidence that the organisation has a process and protocol to share information with partners in the event of an emergency	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Information sharing protocol/MOU • Vulnerable people plan • IR Plan • BC plan • Organisations EPRR policy 	<p>Protocols in place.</p> <p>Example of collaborative working with Police.</p>	Green

DOMAIN 6 - CO-OPERATION

Core Standard Capability	Key Line of Enquiries	Organisation	Evidence	Review Findings	Capability Rating Green/Amber/Red
CS 40, DD 6 - Organisations actively participate in or are represented at the Local Resilience Forum (or Borough	Evidence that the organisation has attended the LHRP at executive level at least 75% of meetings in	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Minutes of meetings • LHRP terms of reference 	<p>Meeting Minutes available.</p> <p>Good representation at LHRP.</p> <p>Good practice of peer to peer visits to other trusts.</p>	Green

Resilience Forum in London if appropriate)	the last 12 months				
CS 42 - Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	Evidence that the organisation can make or support a mutual aid request. Specifically for specialist services.	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Mutual aid agreement 	Good practice of Mutual Aid Handbook in place.	Green
	Evidence that the organisation has mutual aid agreements with other NHS providers and/ or multi-agency partners to be implemented in the event of an incident that may overwhelm own resources/ capacity?	Remote	<ul style="list-style-type: none"> • Mutual aid agreement • Agreement with other TUs and MTCs • Agreement with ambulance services to distribute casualties 	MOU in place with Birmingham Children's Hospital re sharing of paediatric Burns patients. Good clinical support to Manchester Arena bombing incident.	Green
	Have the organisation's HR Governance processes incorporated	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Relevant HR/ Governance policy providing confirmation that staff resources deployed in support of the organisation could be utilised 	Information Governance and HROD represented on EP Steering group to aid Policy development.	Green

	the need for staff from other organisations deployed under mutual aid to be able to work upon their arrival?				
DOMAIN 7 - TRAINING AND EXERCISING					
Core Standard Capability	Key Line of Enquiries	Organisation	Evidence	Review Findings	Capability Rating Green/Amber/Red
CS 49 - Arrangements include a current training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	Evidence that the organisation has undertaken a training needs analysis, especially those specialist areas of work (Major Trauma, HCID, Burns, Mental Health)	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Training needs analysis • Organisations EPRR Policy 	<p>EPRR Training policy in place.</p> <p>EPRR training undertaken across the trust on monthly basis.</p> <p>There is positive uptake of the training particularly with new on call managers seeking training before going on the rota.</p>	Green
	Evidence that the organisation has a needs based training plan, including	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Training records • Training materials 	<p>Training records in place.</p> <p>Training material e.g. training PRPS in place.</p>	Green

	those specialist areas of Work (Major Trauma, HCID, Burns, Mental Health). This plan includes all levels within the organisation, including at executive level.				
	Evidence that the organisation has exercised Network policies and processes as part of their normal EPRR exercise programme	MTC, Burns	<ul style="list-style-type: none"> • Network policies and plans have been effectively exercised within the organisations' exercising programme 	<p>Table top exercise scheduled for 27 Sep 2017.</p> <p>Trusts has supported regional exercises.</p>	Green
CS 50 - Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	Evidence that the organisation has a good and robust exercising program	MTC, Remote, Burns, HCID, Mental Health	<ul style="list-style-type: none"> • Exercise program • Post exercise reports for the last: <ul style="list-style-type: none"> • Comex • Tabletop ex • Command post ex • Live ex • Participation in external agency exercises 	<p>Annual exercise programme in place.</p> <p>Live exercise scheduled for Dec 2017.</p>	Green
	Evidence that the	MTC, Remote,	<ul style="list-style-type: none"> • Post exercise/incident reports 	Evidenced that learning from London and Manchester	Green

	organisation has taken action against learning identified in exercises and real incidents	Burns, HCID, Mental Health	<ul style="list-style-type: none"> EPRR work program 	incidents has been incorporated into revised major incident plan.	
	Have lessons identified in network or organisational exercises or real events been implemented.	MTC, Remote, Burns	<ul style="list-style-type: none"> Evidence of lessons identified being incorporated into the latest versions of plans and policies. 	Clinical guidelines updated onto App.	Green

DOMAIN 8 – CBRN					
Core Standard Capability	Key Line of Enquiries	Organisation	Evidence	Review Findings	Capability Rating Green/Amber/Red
CS 56 - Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.	Evidence that there are sufficient CBRN trained staff on duty 24/7	MTC, Remote	<ul style="list-style-type: none"> Staff Rotas CBRN training records CBRN training program 	<p>CBRN trained staff available in ED.</p> <p>Radiation monitoring units and trained staff in place.</p> <p>Training records in place.</p> <p>CBRN training held monthly.</p>	Green
CS 58 - There is an accurate inventory of	Evidence of sufficient equipment to	MTC, Remote	<ul style="list-style-type: none"> Equipment list Servicing history Inspection regime 	Full CBRN equipment stored and maintained including IOR equipment.	Green

<p>equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.</p>	<p>decontaminate self presenting contaminated patients</p>		<ul style="list-style-type: none"> • Evidence of equipment • Easy access • Staff know how to deploy the equipment rapidly • Exercise program • Initial Operational Response (IOR) procedures and equipment 	<p>24 x PRPS purchased in 2015.</p> <p>Porters trained to erect decontamination shower tents.</p> <p>Limited discussions with Fire & rescue Services about decontamination support.</p>	
<p>CS 64 - Internal training is based upon current good practice and uses material that has been supplied as appropriate.</p>	<p>Evidence of a robust and regular program for training staff in this use of PPE and the safe decontamination of patients (both wet and dry decon)</p>	<p>MTC, Remote</p>	<ul style="list-style-type: none"> • Training program • List of those currently trained • Training materials 	<p>CBRN trained staff available in ED.</p> <p>Radiation monitoring units and trained staff in place.</p> <p>Training records in place.</p> <p>CBRN training held monthly.</p>	<p>Green</p>
	<p>Evidence of a robust and regular program for training staff in this use of PPE</p>	<p>HCID</p>		<p>N/A</p>	

PLENARY DISCUSSIONS

1. How do we ensure appropriate upskilling of Trauma Units and local hospitals' staff to support major incidents?

The national Mass Casualty Operating Framework sets out a patient distribution model that helps to ensure that trauma patients are triaged and transported to the most appropriate healthcare facility, first time. The basis of the distribution model is that local hospitals support incidents by providing as much of a business as usual service for those not involved in the incident. There will need to be a plan to help educate and develop on-scene staff to support the distribution model.

2. How do we support national burns capability?

Burns Networks should be actively engaged in supporting and co-ordinating capacity and capability and this can be helped with the aid of exercises and mutual aid agreements.

3. Is the elevated UHB Helicopter Landing Pad operational 24/7?

The air ambulance can land on a specifically built helipad on top of the multi-storey car park opposite the new hospital, which is close to the Emergency Department.

Operational limitations include the helipad is only for small ambulance aircraft, is subject to night flying restrictions and requires volunteers who require specialist training and equipment.

To support one heli-born patient requires a number of staff and resources. The aircraft requires at least two hours turnaround after the patient has been off loaded, but could be on site for longer.

A secondary landing position on the local cricket pitch has been retained for use in emergencies and offers a larger space for a wider variety of aircraft. Whilst the aircraft turnaround time may not be significantly quicker, it doesn't keep critical UHB staff away from other on-site duties at a time of crisis.

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.