

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 OCTOBER 2016

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:	
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:	27 October 2016
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BOARD OF DIRECTORS

THURSDAY 27 OCTOBER 2016

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 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.

The Trust has completed the annual self-assessment national EPRR core standards and has declared to be fully compliant. The results are available the Appendix to this paper.

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.

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 a table top exercise, exercise Tristar (reported on below), the Major Incident will be revised following the lessons learned from the debrief.

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 Monday 5th September 2016 at 20.00 hours. The test was carried out for only 5 departments/areas and involved a call being made to 70 staff. A call out was also carried out for the Consultant anaesthetists on Friday 16th September at 20.00 hours. This involved a call to 103 staff. Previously when a communications call was carried out the message only recorded if the member of staff had received the call. This did not give an indication of how many staff would be able to attend if a Major Incident had been declared. The message has now been changed to reflect this and also records the staff estimated time of arrival (ETA).

Results

Department/area	No/ staff called	No/ staff responded	% staff responded	Average ETA in minutes
RCDM	2	1	50%	54
Corporate Nursing	28	14	50%	31
On call manager	32	17	53%	46
Clinical site manager	6	3	50%	26
Emergency planning	2	1	50%	30
Anaesthetists	103	50	48.5%	25
Total	173	86	49.7%	

As can be seen the only department that did not achieve the expected 50% response was the Consultant Anaesthetists, however on discussion with them a number of them were in theatre working that night and therefore were not able to respond. The clinical site managers at this time only had 6 members of staff on the system. This has now been rectified to include all 37 members.

4.2.2 Table Top Exercise

The Emergency planners have held 1 table top exercise in the last 6 months. This was:

- Exercise Tristar. This table top exercise is took place on the 25th April 2016 with The Trust, Heart of England Foundation Trust and the Birmingham Children's hospital. Attendees also included, NHS England, Birmingham cross city CCG, West Midlands Ambulance Service and a number of facilitators and observers. The exercise consisted of a 'Paris style' attack on the Birmingham footprint. The exercise was well attended and the respective Trusts have each conducted their own debrief sessions.

The debrief from the University Hospitals Birmingham Trust has resulted in significant revision of the Major Incident plan mainly in theatres and the Emergency Department. The revision will be completed by December 2016.

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.

The Trust took part in a formal on-site audit in May 2016 with the West Midlands Ambulance Service. The report following this audit was a positive one with only one main recommendation to replace the water pump which was found to be not working on the day. This has now been replaced.

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 region wide table top to test the Mass casualty plans for the West Midlands conurbation was due to take place summer 2016, however this has not been arranged as yet.

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 Trust continues to experience a number of service interruptions which have only been minor in their impact and these incidents have been reviewed and learning fed into the system's operational plans.

All Business continuity plans are currently being revised with more areas to be involved in formulating plans specific to their areas.

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 due to the plans being revised.

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.

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 would be the chosen hospital and currently the Emergency planners and RCDM staff are working closely with staff at the John Radcliffe to formulate such a plan.

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 2015/2016 this plan has not needed to be invoked.
- The suspicious package plan, which has been approved by the Emergency Preparedness steering group and is available on the Trust intranet.
- The workforce approval plan, which has been approved by the Emergency Preparedness steering group and is available on the Trust intranet.
- The lock down procedure which has been approved by the Emergency preparedness steering group and is available on the Trust Intranet.

8. 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.

Also a main focus over the last 6 months has been a continuation of revision of most of the Emergency plans either because they were due for revision or because of a change in national policy.

Due to service interruptions to the Trust there has also been a focus on ensuring Business Continuity plans are revised and updated to include lessons learned from incidents.

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
October 2016