

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 OCTOBER 2019

Title:	Update on Emergency Preparedness, including Emergency Preparedness Resilience and Response Core Standards self-assessment outcome.
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Lynn Hyatt, Head of Emergency Preparedness and Resilience Kellie Jervis, Head of Emergency Preparedness & Business continuity

Purpose:	To present the 6 monthly update to the Board on progress with Emergency Preparedness and to provide a high-level summary of the outcome of the Trust's self-assessment for 2019.
Confidentiality Level & Reason:	None
Board Assurance Framework Ref: / Strategy Implementation Plan Ref:	SIP - #20 Align emergency preparedness and business continuity planning across our sites
Key Issues Summary:	As a category 1 responder, the Trust has a statutory duty to ensure that it can respond to emergency situations and to provide essential services at times of operational pressure in the event of an internal emergency.
Recommendations:	The Board of Directors is asked to: <ol style="list-style-type: none"> 1. endorse this report summarising the Trust's current position of the completed EPRR self-assessment; and 2. accept this update on Emergency Preparedness and agree to receive a further update in 6 months' time.

Signed: David Burbridge	Date: October 2019
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BOARD OF DIRECTORS

THURSDAY 24 OCTOBER 2019

UPDATE ON EMERGENCY PREPAREDNESS, INCLUDING EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE CORE STANDARDS SELF-ASSESSMENT OUTCOME

PRESENTED BY THE DIRECTOR OF CORPORATE AFFAIRS

1. Introduction

- 1.1 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.
- 1.2 Following the launch of the EPRR Core Standards in April 2013, all NHS Trusts, Foundation Trusts and Clinical Commissioning Groups (CCG's) were asked to complete a self-assessment against these Core Standards. This report includes a high-level summary of the outcome of the Trust's self-assessment for 2019.

2. Executive Summary

- 2.1 This paper builds on the report presented to the Board of Directors in April 2019 and 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.
- 2.2 All existing emergency plans are in the process of being aligned across all 4 sites of the Trust but some will have to remain site specific e.g. the Major Incident plans. Most of the Emergency plans have now been aligned across all 4 sites of the Trust and the few remaining emergency plans will be combined where possible over the coming 6 months.
- 2.3 The Trust's EPRR team has undertaken the self-assessment against the EPRR Core 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 standards and not in the work plan in the next 12 months). The provisional review was considered at the EPRR Group and approved for onward submission to the NHS England EPRR locality Team for Birmingham, Solihull and the Black Country (BSBC) and the Cross City CCG. As part of this year's Core Standards assessment the Trust's Trauma Unit will be visited by NHS England & Improvement and partner agencies.

3. Emergency Preparedness Policy

The Emergency Preparedness Policy is available on the Trust intranet and acts as a framework to support the procedures which set out practical steps to ensure an adequate response by the Trust. This policy has been approved at the Policy Review Group and is now available on the Trust Intranet.

4. Emergency Incident plans and testing

4.1 Extensive training and awareness of the Major Incident and supporting plans remains ongoing throughout the Trust.

4.2 Major Trauma Centre (MTC) Queen Elizabeth Hospital

4.2.1 At the Queen Elizabeth Hospital (QE) the Major Incident Plan (MIP) is complemented by a video which is available on the Trust Intranet site which demonstrates the actions of some key roles.

4.2.2 The QE Major/Mass Casualty plan was revised in August 2018, incorporating some of the lessons learned from UK terrorist events.

4.2.3 The plan has been tested a number of times both as table top and live exercises and revised as necessary following these exercises.

4.3 Trauma Unit (TU) – Heartlands Hospital (BHH)

4.3.1 In June 2019 the BHH MIP was reviewed to align the plan with national terminology and reflect the Trust restructure.

4.3.2 The TU/Mass Casualty plan details the Mass Casualty response at BHH. To support these plans a two Moodle training packages are available – Emergency Planning Awareness & Command and Control.

4.4 Local Emergency Hospital (LEH) – GHH & Sol

The LEH MIP covers both GHH & Sol sites and was reviewed in June 2019 to align the plan again with national terminology and reflect the Trust restructure.

4.5 Major Incident testing

There is a requirement under the Civil Contingencies act to undertake a communications exercise every 6 months; a table top exercise annually and a live exercise every 3 years. A live activation of an Emergency Incident Plan supersedes these requirements. The Trust has fulfilled its statutory obligations for this requirement.

4.5.1 Communication call out tests

- (a) On the QE site a communications call out test was carried out on August 14th 2019 at 16.00 hours. The test was carried out across 7 departments, involving a call being made to 89 staff, and the results were as follows:

Department/area	Number of staff called	+ve response	% +ve staff responded	Number able to attend within 30 minutes
On call managers	29	16	55%	10
Clinical site team	17	5	29%	2
Security	1	1	100%	1
Engie	3	1	33%	1
Surgeons	34	24	70.5%	22
Ward 412	3	2	66%	1
Emergency planning	2	2	100%	1
Total	89	51	57%	38 (74%)

- (b) Of the departments tested, there were only 2 areas that fell below the expected 50% response standard. Engie only had 1 person who responded and this was due to 1 other person being on annual leave and 1 person was in an area where he did not have a signal on his phone. This person was in his office in the security department, so if this was a live incident he would have received it on the mass bleep.
- (c) The other area that did not achieve the 50% standard was the Clinical site managers. On reflection the Clinical site team have reduced the number of staff on the call out as they need to

ensure that they have sufficient staff to cover the shifts following the incident. When the reduced number of staff was observed the result would have been 4 out of 7 staff responded which gives a result of 57%.

4.5.2 Table top exercises

- (a) Across the Trust. 27 table top exercises have been carried out with 152 staff from key groups attending which include on call/senior on call managers; Emergency Department & Senior Nurses.
- (b) A significant number of these have been incorporated as part of the annual training programme and cover a number of different incident types.
- (c) The Trust was represented at a NHS England Regional Cyber table top exercise on the 10th October 2019.

4.5.3 No live exercises have been carried out in the last six months.

5. Emergency Incident Training Programme

- 5.1 Across the Trust, 75 training sessions have been delivered with 479 staff from key groups attending. This includes the staff previously mentioned and those from Estates, Community Services, Administration staff & attendance at regional events.
- 5.2 The training programme covers CBRN response & equipment, emergency incident response & Logistics training

6. Business Continuity planning

- 6.1 The Business Continuity plans are in the process of being amalgamated across the 4 sites. This is work that is ongoing and due to the radical differences between the Business Continuity plans at the QE and the ones at Heartlands, Good Hope and Solihull hospitals a complete overhaul of all plans is required. This work will be ongoing over the next 12 months and the progress will be reported in the next Board paper.
- 6.2 The Trust has completed 3 BCM table top exercises which have covered loss of water; Cyber-attack & ED patient registration failure. Reports & action plans were written post exercises and are available upon request from the Emergency Planning Team.
- 6.3 The Trust was also represented at both local & regional Cyber table top exercises.

7. Incidents & Plan Activation

There are no incidents or plan activations to report during this reporting period.

8. Additional Emergency Plans

There are a number of supporting incident response plans which form part of the Trust's wider emergency incident planning process such as Fuel, Prison & Cold Weather amongst others. The majority of these are now aligned across the Trust with the remaining plans to be aligned during 2020.

9. EU exit operational readiness

9.1 Following on from the board report that was submitted at the September Trust board meeting, work remains ongoing to prepare for a 'no deal' exit from the European Union (EU). There continues to be uncertainty within Parliament around an agreed deal for the UK to exit the EU.

9.2 Plans have been put in place by the Department of Health and Social Care for daily SITREP reporting which will begin on 21st October 2019.

10. Annual EPRR NHSE Core Standards submission

10.1 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 aspect of EPRR. This year the deep dive is severe weather.

10.2 The Trust is required 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 standards and not in the work plan in the next 12 months)

10.3 A provisional self-assessment was completed by the Emergency Planning team, followed by review and agreement by the Accountable EPRR officer for UHB. The results of the self-assessment were then forwarded to the NHS England EPRR locality Team for Birmingham, Solihull and the Black Country (BSBC) and the Cross City CCG.

10.4 NHS England EPRR locality Team (BSBC) requires each Trust Board to endorse a report summarising the Trust's current position of Emergency Preparedness, the completed self-assessment. The annual NHS England Core Standards self-assessment review was submitted to NHS England in August 2019.

10.5 The Emergency Planning team, with the approval of the Accountable Emergency Officer, has rated the Trust as fully compliant. A high-level

summary of the self-assessment is at Appendix 1 and full details are available in the virtual Board Room. As the Trust has self-assessed as fully compliant, no action plan was required, although work will continue to ensure that we remain compliant over the next 12 months.

- 10.6 As part of this year's Core Standards assessment, the Trust's Trauma Unit will be visited by NHS England & Improvement and partner agencies. This visit was due in October but is now expected to take place in November or December 2019.

11. Conclusion and recommendations

- 11.1 The Trust has maintained its statutory obligations under the Civil Contingencies Act 2004 and is currently fully compliant with the NHS England national core standards. The Emergency planning annual work programme will continue to ensure ongoing compliance with these standards.

- 11.2 The Board of Directors is asked to:

11.2.1 endorse this report summarising the Trust's current position of the completed EPRR self-assessment; and

11.2.2 accept this update on Emergency Preparedness and agree to receive a further update in 6 months' time.

David Burbridge

Director of Corporate Affairs

October 2019

Appendix 1 – EPRR Self-assessment

Please select type of organisation:

Publishing Approval Reference: 000719

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	14	14	0	0
Command and control	2	2	0	0
Training and exercising	3	3	0	0
Response	7	7	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	14	14	0	0
Total	64	64	0	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe Weather response	15	15	0	0
Long Term adaptation planning	5	5	0	0
Total	20	20	0	0

Overall assessment:	Fully compliant
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Instructions:

- Step 1: Select the type of organisation from the drop-down at the top of this page
- Step 2: Complete the Self-Assessment RAG & remaining columns in the 'EPRR Core Standards' tab
- Step 3: Complete the Self-Assessment RAG & remaining columns in the 'Deep dive' tab
- Step 4: Ambulance providers only: Complete the Self-Assessment in the 'Interoperable capabilities' tab
- Step 5: Click the 'Produce Action Plan' button below

Produce Action Plan (Populate Action Plan tab)