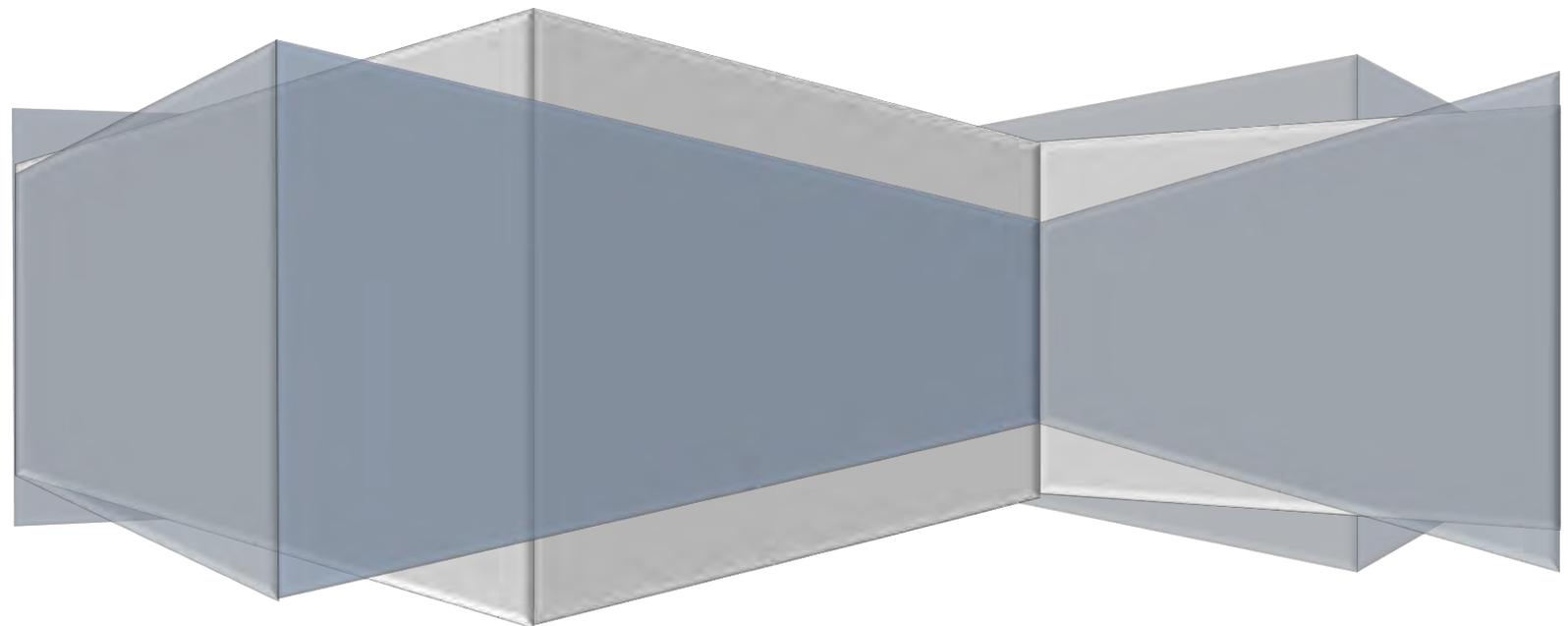


UHB EPRR Annual Report

1st April 2019 – 31st March 2020
Emergency Planning Team



1. Position Statement

- 1.1 This annual report details the work carried by the University Hospital's Birmingham NHS Foundation Trust (UHB) Emergency Planning Team (EPT) to ensure that the Trust is able to meet its Statutory Obligations as an NHS Category 1 Responder and to support the local NHS structures within the NHS England and Improvement West Midlands area (NHSE&I).
- 1.2 The financial year of April 2019 – March 2020 is the first year of the newly merged Trust and has seen many changes to the Trust & Team Structures, plan review as well as the uncertainty of the EU Exit.
- 1.3 During this time the EPT has undergone a number of changes to the team's structure with both staff joining and leaving the Trust. In April 2019 we welcomed Sundass Mahmood to the team as Team Administrator but in December 2019, Lynn Hyatt left the team due to retirement. We would like to take this opportunity to thank Lynn for her many years of service to the Trust and especially in ensuring the Trust met its statutory obligations. In November 2019 Samantha Long's Emergency Planning Officer (EPO) post became a full time secondment and is in the process of becoming a substantive post. Appendix 1 demonstrates the EPRR structure within the Trust.
- 1.4 To ensure that the Trust meets its obligations the EPT has focused on the following work streams.
 - 1.4.1 2019 review of NHS England Core Standards
 - 1.4.2 Commonwealth Games 2022 Resilience Group
 - 1.4.3 EU Exit Operational Readiness Group
 - 1.4.4 Full Training Program for all staffing groups
 - 1.4.5 Membership of the following local & national work groups
 - (a) Local Health Resilience Forum
 - (b) Local Health Resilience Partnership
 - (c) National planning group for implementation of National Occupational Standards
 - (d) National planning group for implementation of Strategic & Tactical training programme for all NHS Trusts
 - 1.4.6 New Business Continuity Plan template
 - 1.4.7 Review of Emergency Incident Plans
 - 1.4.8 Support during Incidents & Exercises
 - 1.4.9 Supporting other organisations with their Live & Table Top exercises
 - 1.4.10 Table top exercises
- 1.5 The following sections cover these work streams in greater detail.

2. 2019 National Core Standards

- 2.1 In 2013, NHS England released the National Core Standards for all NHS Healthcare providers in order for Trusts/Organisations to assess themselves against a set of National Core Standards. This was the first time that all NHS Organisations in England were assessed against the same set of standards for Emergency Planning and Business Continuity.

2.2 The 2019 Core Standards was the first time a singular report was compiled & completed by the EPT and the report was submitted by the Trust to NHSE&I. The Trust reported to be fully compliant.

3. **2019-20 Emergency Incident Plans Review**

Since the merger, the EPT have been working on the alignment of the Trusts Incident Response plans to ensure a robust and coordinated response to any incident. These have been reviewed during the 2019-20 period and are split in to two types of plans:

4. **Trust Wide Plans**

4.1 Site Specific Plans

4.1.1 These plans are available in the following areas and on the Intranet sites:

- (a) Command & Control rooms
- (b) Emergency Department's
- (c) Minor Injuries Unit (MIU)

4.1.2 The following plans have been reviewed and approved over the past 12 months:

4.2 Trust Wide

- 4.2.1 CBRN
- 4.2.2 Cold Weather (Aligned)
- 4.2.3 Critical Incident (BHH, GHH & Sol Hospitals only)
- 4.2.4 Fuel (Aligned)
- 4.2.5 Heatwave (Aligned)
- 4.2.6 Operation Consort (Aligned)
- 4.2.7 Operational Pandemic Flu Plan (Aligned)
- 4.2.8 Threat Plan (BHH, GHH & Sol Hospitals only)

4.3 Site Specific

- 4.3.1 Local Emergency Hospital (LEH) – GHH & Sol
- 4.3.2 Major Trauma Centre (MTC) – QEHB
- 4.3.3 Prison Plan – GHH
- 4.3.4 Trauma Unit (TU) & Mass Casualty Plan – BHH

4.4 The incident response plans are submitted to the Trust Emergency Planning Group (EPG) for approval & ratification. A number of these will also require ratification by the Trust Strategic Emergency Preparedness Steering Group.

4.5 The incident response plans listed below have been postponed until 2020 due to the amount of work required to align them within the Trust structure. The current versions of these plans will be used in the response to an incident.

- 4.5.1 BCM overview
- 4.5.2 Evacuation & Shelter Plan

4.5.3 Lockdown Plan

5. Training Programme

- 5.1 This is the first year where the training figures have been reported in one annual report. For the year April 2019 – March 2020 136 training sessions have been delivered across the Trust to which 756 staff members attended.
- 5.2 These training figures are detailed in Appendix 2
- 5.3 Due to the Trust's response to COVID-19 in February 2020, all training sessions have been cancelled until further notice. Cancellation of training sessions by the Emergency Department's throughout the year has resulted in a drop in training figures again this financial year.
- 5.4 The EPT have continued to use the Kahoot training platform within our training programme and this has now been included in the Loggist training package. The EPT will continue to trial and use new technologies support the training programme to enhance the delegates learning experience.
- 5.5 Prior to the COVID-19 outbreak, the EPT had already received requests and booked over 60 training sessions across the Trust for the new financial year.
- 5.6 With the response to COVID ongoing we are currently reviewing how we can adapt our 2020/21 training programme to ensure we continue to meet our statutory obligations under the Civil Contingencies Act 2004.
- 5.7 All training programmes for 2019-20 had been reviewed and rewritten to reflect changes to plans, guidance & lessons learnt from both actual events and exercises locally and nationally.
- 5.8 A full breakdown of the training sessions & numbers across the Trust is available through the EPT.
- 5.9 Since 2017 the EPT & Moodle Team have created & updated a Command & Control module for staff that are either part of the On Call rota or have a lead role within an incident as well as a generic Emergency Planning Awareness Moodle training package for all staff.
- 5.10 Currently these packages are not relevant to the QEHB site and are currently being reviewed to make them Trust wide.
- 5.11 In 2019, the EPT & Moodle Team started to produce an Emergency Department Moodle training package. This is currently being reviewed to see if it can be adapted to ensure it is Trust wide.
- 5.12 For the financial year April 2019 – March 2020, the following staff numbers have successfully completed these training packages
 - 5.12.1 Command & Control – 108 staff (+26)
 - 5.12.2 Emergency Planning Awareness – 160 (-204)
- 5.13 Development Training
 - 5.13.1 To support with development of the Trusts training & exercise programme the EPT have attended the following Public Health England (PHE) & West Midlands Ambulance Service (WMAS) training sessions. This training will be implemented through the training programmes, in particular the Command & Control and Loggist training programmes.

- (a) CBRN Workshop (WMP)
 - (b) Diploma in Health Emergency Preparedness, Resilience & Response
 - (c) Loggist train the trainer (PHE)
 - (d) Loggist training (PHE)
 - (e) Powered Respirator Protective Suit (PRPS) (WMAS)
 - (f) Training design workshop (PHE)
- 5.14 Kellie Jervis remains on the national working group developing a National Command & Control, Strategic and Tactical levels, training programme which will be implemented across all Trusts and likely to be linked to the Core Standards once complete. This work has not progressed during 2019/20 due to EU Exit workstreams and now the National Level 4 COVID19 response.

6. Exercises

6.1 As part of the Trust's statutory obligations within the Civil Contingencies Act 2004, it is a mandatory requirement for the Trust to carry out the following exercises:-

- 6.1.1 Live exercise, once every 3 years or activation of the Trusts Emergency Incident Plans to respond to an incident
- 6.1.2 Desk Top exercise, once a year
- 6.1.3 Communications exercise, twice yearly

Any activation of plans supersedes the need for a live exercise.

6.2 Live Exercise

No live exercises have been undertaken during this financial year. Exercise Prodigy was a live exercise held at Solihull Hospital on the 22nd July 2018. This keeps the Trust compliant for live exercise play until July 2021. However, the ongoing Level 4 National Incident for COVID19 from February 2020 supersedes the need for a live exercise in 2021.

6.3 Desk Top Exercise

- 6.3.1 The Trust has completed a number of table top exercises which have covered loss of water, excess water and resulting IT failure, Cyber-attack & ED patient registration failure. Reports & action plans have been written post exercises and are available upon request from the EPT. These are detailed in Appendix 3
- 6.3.2 The Trust has also been represented at local & regional Cyber table top exercise during this reporting period.
- 6.3.3 Table top exercises & scenarios are incorporated into all on call & ED training sessions

6.4 Communications Exercise

- 6.4.1 Under the Civil Contingencies Act, the Trust must carry out a minimum of 2 communication exercise per year.
- 6.4.2 A small number of specific communication exercises have been undertaken but have been limited initially due to changes to the on-call structure, upgrades to the automated call in system and then activation of a live response to COVID19. The On-call element of both the strategic and tactical level on call has been used regularly throughout the response to

date.

7. Incidents

In February 2020 we activated a rising tide incident for Coronavirus and continue to be in full response to this in line with the National Level 4 activation of the pandemic response. This continues to be a protracted incident and as such the Trust is expecting to be in response mode for the next 12-18 months.

8. Business Continuity Management & Lockdown Plans

8.1 Project

8.1.1 Following the restructuring of the divisions across the Trust a decision was made to suspend the Business Continuity Management (BCM) project for this year. This decision was not taken lightly and based on two main factors; the higher completion of the BCM plans in 2018 at ward/department level and the need to overhaul the process and templates to make it fit for purpose.

8.1.2 Those wards/departments that have undergone significant change or change in their speciality have been reviewed, amended & uploaded to the respective intranet sites.

8.2 Work has been undertaken with the EPT & IT to review the top twenty critical systems used across the Trust and ensuring the robust plans are in place to support departments/wards during the loss of these services. This is ongoing due to the complexity of trying to identify the critical Trust systems.

8.3 Incidents

FK Calea Parenteral Nutritional feeds

8.3.1 Due to the Medicines and Healthcare products Regulatory Agency amendment to the production process for Parenteral Nutritional feeds, produced by FK Calea, a reduced number of Parenteral Nutritional feeds can be produced.

8.4 The EPT is still the single point of contact for the Trust in relation to information & data requests from NHS E&I. During the period August 2019 to February 2020, the team coordinated & submitted the weekly Sitreps up the National NHS E&I working group.

9. Team Expenditure

9.1 As in the previous financial years, the Trust has been under financial constraints and the EPT budget had restrictions in place. As the EPT has been under two different budget codes/holders during this period the expenditure detailed within this document are based on the BHH, GHH & SH sites. The expenditure for this financial year is £13,220.06 with £12,992.74 of that being for response equipment.

9.2 The yearly revalidation programme for the Powered Respirator Protective Suit (PRPS) at BHH, GHH & SH has been the largest expenditure for the team at a total cost of £7,566.06.

9.3 Additional EPT funding will need to be reviewed for the period April 2020 – March 2021 due to the additional PRPS cost pressures identified in January 2019. The long term future costing is expected to continue to rise due to the number of PRPS

across the Trust and the change to the revalidation/servicing periods.

- 9.4 A full breakdown list of all items purchased & expenditure by the team is available upon request.

10. Local Health Resilience Partnership (LHRP)

- 10.1 As part of the NHS England & NHS Improvement (NHS E&I) Emergency Planning Structure, David Burbridge attends the LHRP as the AEO for the Trust with Kellie Jervis deputising in his absence.
- 10.2 The role of the LHRP is to deliver the National Emergency Planning, Response & Resilience (EPRR) Strategy at a local level and to establish a local Health Risk Register.
- 10.3 Since 2017, Kellie Jervis has continued to represent both the Trust and the provider trusts nationally with the implementation & creation of the NHS wide National Occupation Standards (NOS). Publication of this has been postponed until the National Command & Control training package has been developed to sit alongside.

11. Local Health Resilience Forum (LHRF)

The LHRF is a forum of Emergency Planning Officers from NHS & Local Authority and forms the LHRP working group which meets monthly. A member of the EPT continues to support and attend the LHRF meetings.

12. Joint Emergency Services Interoperability (JESIP)

The EPT continues to work with partner agencies to ensure the national JESIP strategy of collaborative working continues. The Trust incorporates the JESIP model through the following.

- 12.1 Including JESIP in on call training
- 12.2 Sharing plans
- 12.3 Supporting partners with their training & exercises

13. Risk Assessment

- 13.1 In line with the National Risk Assessment, the Local Resilience Forum (LRF) and West Midlands Conurbation LHRF the EPT has created a risk assessment document.
- 13.2 This document details the plans which mitigate the risks to the Trust and scoring is based on the number of incidents. This document is available upon request through the EPT and is reviewed annually.

14. EU Exit

- 14.1 In December 2018 the Trust formed the EU Exit Operation Readiness Group which initially met fortnightly to discuss issues raised from guidance received from National teams, risk assessments & Regional returns ensuring the Trust was prepared in the event of a no deal exit. Prior to each of the possible EU Exit dates, the national EU Exit group had mandated that all NHS Trust must complete a daily & weekly Sitrep and these were uploaded to the NHS Digital website.

14.2 The EPT has coordinated and supported the response and mitigation in relation to both EU Exit dates by ensuring all Sitreps have been submitted on time; dissemination of new guidance in a timely manner; collating information required for both Sitreps and freedom of information requests as they arrive with the trust; and providing the administrative support to the operational readiness meetings held fortnightly.

15. COVID-19

15.1 Since the outbreak of COVID-19 in February 2020, the EPT have helped support the Trusts response to this pandemic. Initially this was to provide guidance to the Strategic Group during the daily meetings and then the setting up of the COVID-19 coordination centre (CCC) in the Wolfson building at QEHB with support from the IT Team.

15.2 The CCC has been running from 08:00-20:00, 7 days a week since the beginning of March 2020 and was initially set up to coordinate the regional response for swabbing of patients within the Birmingham & Solihull Community Services footprint. Shortly afterwards this was stood down and the CCC adapted to become the Trust Coordination Centre and remains in place. Initially this required the support of staff from across the Trust to cover the required numbers and mandated hours of operation.

15.3 Staff cover the CCC from 07:45 - 20:00 (over two shifts) and the numbers of staff working in the centre during the response phase has been regularly reviewed to match the demand on the service and to meet social distancing guidance. Whilst working in the CCC the staff roles & responsibilities included the follows:

15.3.1 Coordinated & submitted the multiple daily reports to NHS E&I & other NHS partners

15.3.2 Signal point of contact for Q&A's from NHS E&I Regional Coordination Centre

15.3.3 Forward information & guidance received to the appropriate Staff, Department, etc.

15.3.4 Staff advice for non-Occupational Health questions

15.4 One of the main duties of the CCC is to coordinate & submit the numerous of mainly daily returns nationally via various IT based systems; this requires the support of several departments across the Trust to provide the relevant information daily.

15.5 Once the incident has stood down and the Trust has returned to normal business a full debrief report will be compiled and shared with the Trust with the lessons learnt being incorporated into an updated pandemic plan.

16. Work Programme: April 2020 – March 2021

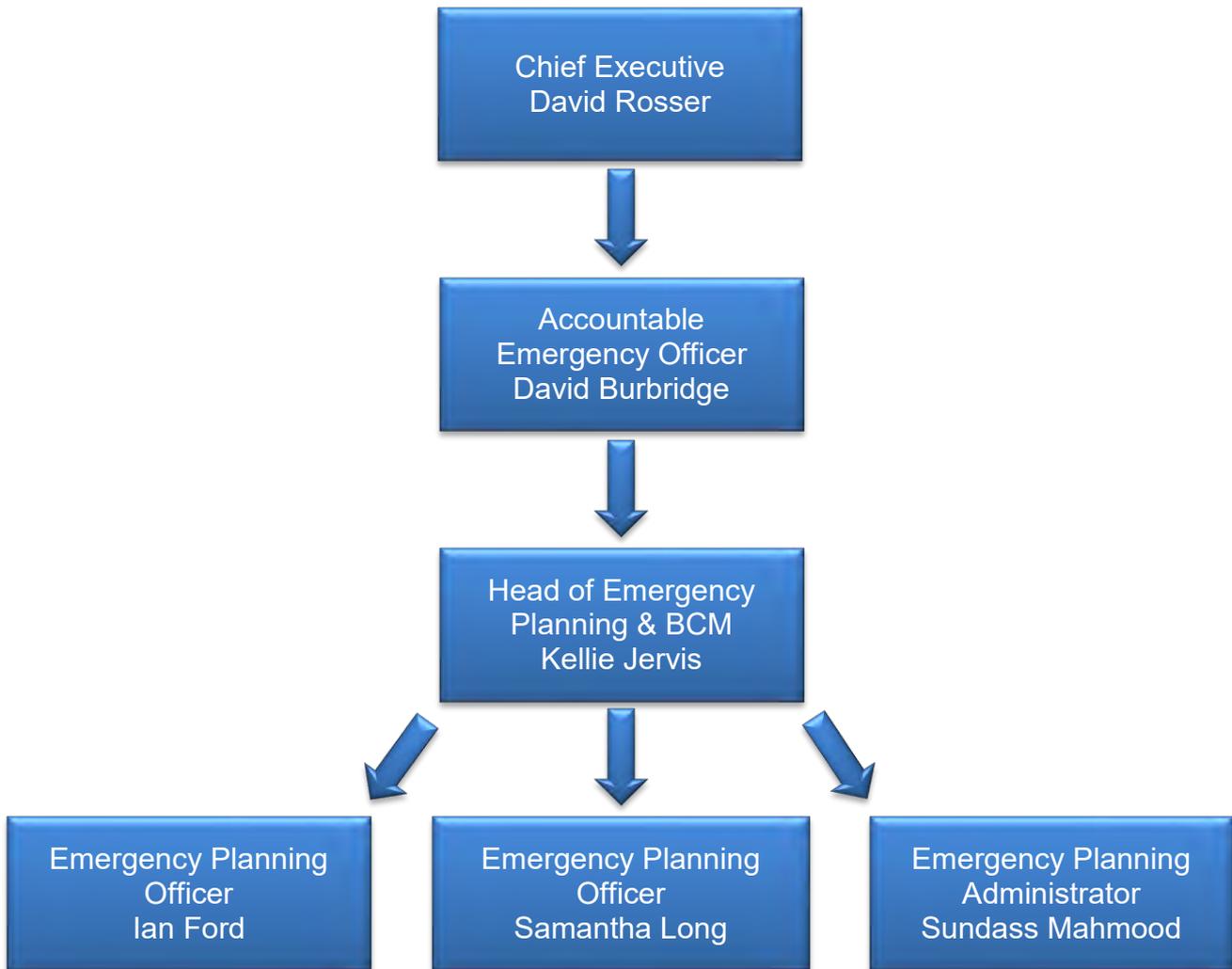
16.1 As mentioned previously the work programme for the forthcoming financial year has been postponed due to the response to the COVID-19 outbreak and once the Trust returns to 'new' normal business the work programme will be reviewed and prioritised.

16.2 The response to COVID-19 could have an impact on the work programme into the 2021/22. The main focus will be on ensuring the plans are now fit for purpose following internal & external debriefs and changes to national plans & the BCM

project.

- 16.3 One of the new work streams for 2020 would have been the rollout of the Community IOR boxes across many of the Trusts Community & Satellite sites that were pre-existing UHB sites to ensure consistency across all trust sites.
- 16.4 These are designed to support front line staff outside of the four acute hospital sites when dealing with self-presenting contaminated patients.
- 16.5 The EPT will create these IOR kit boxes, deliver & train the staff on how to respond to deal with contaminated patients as well as how to report this to the Trust.

Appendix 1 – Emergency Planning Team Structure



Appendix 2 – Trust Training Figures

Type of Training		Number of Session	Number of Staff
Command & Control		23	153
Emergency Department		23	215
Table Top Training Sessions		9	71
External Training Sessions		6	14
Breakdown	Staff attending other organisations exercises	2	4
	Staff attending Training delivered by other organisations	4	10
Adhoc Training Sessions		75	303
Adhoc Training Breakdown	Radio	19	27
	Major Incident Awareness	15	47
	ED Reception Staff	5	21
	Estates Decon Shelter	8	52
	First On Nurse	13	39
	Initial Operational Response (Community Staff)	7	83
	Loggist	5	26
	Corporate Nursing	2	16
	Control Room	1	1
Total Numbers		136	756

Appendix 3 – Trust Exercise Timetable

date	Event	Type of Exercise	Location	Trust or other Agency	Delegates or Level	Comments
9 th Sept 2019	Cyber exercise	Table top	Trust	Trust	IT Department	Cyber-attack on the Trust services over 24 hours
16 th Sept 2019	IT Systems	Table top	Heartlands Hospital	Trust	ED Staff	Loss of patient IT booking system forcing staff to use paper system
10 th Oct 2019	Cyber exercise	Table top	Nottingham	Multi Agency	Multi Agency Tactical & IT	Cyber-attack on multiple agencies over prolonged period of time
11 th Dec 2019	ED Consultant	Table top	Heartlands Hospital	Trust	ED Staff	Response to a mass casualty event

Appendix 4 – Commonly used Acronyms

AEO	Accountable Emergency Officer
BHH	Birmingham Heartlands Hospital
BCM	Business Continuity Management
CBRN	Chemical Biological Radiological Nuclear
CCA	Civil Contingencies Act
CCC	COVID-19 Coordination Centre
COBR	Cabinet Office Briefing Rooms
COMAH	Control of Major Accident Hazards
DH	Department of Health
DPH	Director of Public Health
ED	Emergency Department
EPRR	Emergency Preparedness, Resilience and Response (DH)
EPG	Emergency Planning Group
EPO	Emergency Planning Office
EPT	Emergency Planning Team
EU	European Union
GHH	Good Hope Hospital
ICC	Incident Coordination Centre
ID	Identification
IMT	Incident Management Team
IOR	Initial Operational Response (Also known as Remove, Remove, Remove)
JESIP	Joint Emergency Services Interoperability
LEH	Local Emergency Hospital
LHRF	Local Health Resilience Forum
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
MIU	Minor Injuries Unit
MTC	Major Trauma Centre
NHS	National Health Service
NHS E&I	NHS England & Improvement
PHE	Public Health England
PRPS	Personal Respiration Protection Suits
QE or QEHB	Queen Elizabeth Hospital
SAGE	Scientific Advice to Government in Emergencies
SCG	Strategic Coordinating Group (Multiagency Strategic Command)

SITREP	Situation Report
Sol or SH	Solihull Hospital
SR	Sub Region - the local presence of the NHS E&I
STAC	Scientific and Technical Advice Cell
Trust	UHB
TU	Trauma Unit
UHB	University Hospitals Birmingham (Trust)
WMAS	West Midlands Ambulance Service
WMFS	West Midlands Fire & Rescue Service
WMP	West Midlands Police