

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 23 APRIL 2015**

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| <b>Title:</b>                | <b>UPDATE ON EMERGENCY PREPAREDNESS</b>               |
| <b>Responsible Director:</b> | Kevin Bolger, Director of Strategic Operations        |
| <b>Contact:</b>              | Lynn Hyatt, Head of Emergency planning and Resilience |

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| <b>Purpose:</b>                            | To present the six monthly update to Board of Directors on progress with Emergency Preparedness.  |
| <b>Confidentiality Level &amp; Reason:</b> | N/A   |
| <b>Annual Plan Ref:</b>                    | Aim 1: Always put the needs and care of patients first.   |
| <b>Key Issues Summary:</b>                 | <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> |
| <b>Recommendations:</b>                    | The Board of Directors is asked to accept this update on Emergency Preparedness, and agree to receive another update in 6 months' time.   |

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| <b>Approved by:</b> | Kevin Bolger | <b>Date:</b> | 13 April 2015 |
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 23 APRIL 2015

### UPDATE ON EMERGENCY PREPAREDNESS

#### PRESENTED BY THE EXECUTIVE DIRECTOR OF STRATEGIC OPERATIONS

##### 1. **Introduction**

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

##### 2. **Executive Summary**

This paper builds on the report presented to the Board of Directors in October 2014. 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.

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. There are plans over the next 6 months to produce further video footage of other significant roles within the plan.

#### 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 7th January 2015 at 20.00 hours. The test was carried out for only 6 departments/areas and involved a call being made to 96 staff.

#### **Results**

| Department/area       | No/<br>staff called | No/<br>staff responded | %<br>staff<br>responded | %<br>Expected<br>response |
|-----------------------|---------------------|------------------------|-------------------------|---------------------------|
| Cofely                | 4                   | 2                      | 50%                     | 50%                       |
| Communications        | 4                   | 2                      | 50%                     | 50%                       |
| Corporate Nursing     | 28                  | 19                     | 68%                     | 50%                       |
| Emergency<br>planning | 2                   | 2                      | 100%                    | 50%                       |
| Exec on call          | 19                  | 17                     | 89%                     | 50%                       |
| Facilities            | 20                  | 12                     | 60%                     | 50%                       |
| Pharmacy              | 19                  | 10                     | 52%                     | 40%                       |
| Total                 | 96                  | 64                     | 66%                     |                           |

Managers of the areas were asked what response rate they would expect from the call outs and this is displayed in the end column. As can be seen most areas response rates were higher than the expected response rate.

##### 4.2.2 Table Top Exercise

A table top exercise to test the RAMP plan took place on 21<sup>st</sup> October 2014. This was to test the capability of Nottingham to admit Military patients if Birmingham was unable to due to exceptional circumstances.

The exercise was attended by a significant number of Nottingham University Hospital staff, RCDM staff, University Hospital Birmingham (UHB) staff, Nottinghamshire Police, West and East Midlands Ambulance service and staff from the Birmingham and Black Country Area team.

The scenario started with a terrorist incident aimed at Military personnel at UHB which rendered the hospital incapable of taking any Military patients for at least 1 week.

Over that week a total of 40 military patients were admitted to Queens Medical Centre at Nottingham. These patients ranged from critically ill to patients requiring Out Patients appointments. The Nottingham staff then managed these patients through their Trust from managing their injuries to managing the press, the relatives, the welfare issues and security.

The outcome of the exercise was that the Nottingham University Hospitals were confident that they could safely manage these patients but that they now had to put more robust plans in place. This exercise will also inform the rewriting of the national RAMP plan.

#### 4.2.3 Live Exercise

The Trust has a statutory duty to carry out a live exercise every 3 years, and although a live unannounced CBRN exercise was carried out on 8<sup>th</sup> July 2014 a further live exercise will take place end of September/ beginning of October 2015. This exercise will involve a mass casualty incident which will be preceded by a table top exercise. The results of these 2 exercises will be reported in the October 2015 board report.

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

Training for a CBRN incident takes place in the Emergency Department on a rolling monthly basis now (previously 2 monthly). Due to a change in central government policy training now has to reflect the Initial Operational Response (IOR) plan.

The IOR plan introduces disrobing followed by dry decontamination for the management of patients contaminated with non-caustic chemicals. Dry decontamination is scientifically proven to cause less systemic absorption of non-caustic chemicals compared to wet decontamination.

The Trust will carry out dry decontamination where appropriate but this will then be followed by a shower in the decontamination tents as it is as yet unclear whether a dry process alone is effective for the decontamination of hair.

The Trust undertook an annual CBRN audit on 7 April 2014; this was in the form of a self-assessment questionnaire and was followed by a formal on-site audit on 23 March 2015.

### 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 Trust Emergency planners formed part of a region wide group looking at revising the casualty load for a mass casualty incident which will follow the Major Trauma Centre (MTC) philosophy. This is now completed and is in place. The effect on the Trust will mean that we will probably have fewer numbers of casualties but as a Major Trauma Centre we will be expected to take a share of the more seriously injured casualties (P1 patients) along with Coventry and Stoke hospitals.

## 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.

### 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 and these incidents have been reviewed and learning fed into the system's operational plans.

A 'black start' exercise is due to take place on Saturday 25<sup>th</sup> April where the power to the whole of the Queen Elizabeth Hospital (not including the old hospital site) will be switched off and placed on generator power.

The results of this will be reported in the October 2015 board report.

A table top exercise at the University Hospital Birmingham warehouse on Melchett Road will take place on 23<sup>rd</sup> April 2015. This will test the Business continuity plans if the warehouse becomes uninhabitable due to a fire. The results of this will be reported in the October 2015 board report.

## 6. **The Trust response to the Ebola outbreak**

Following the outbreak of the Ebola epidemic in 2014 in West Africa the Trust has implemented measures to ensure the safety of staff members who may come in to contact with a person suspected of being infected with the Ebola virus.

An Infection Control Action group was set up led by the Emergency planners in conjunction with the Infection control team.

The purpose of the group was to map out all procedures that need to be followed when a patient presents with suspected Ebola. The procedures include the correct usage of full Personal Protective Equipment (PPE), the removal of category A waste, safe transportation of blood samples to the laboratory and safe removal of the deceased infected with the Ebola virus.

Extensive training has been carried out in the areas that are likely to care for a patient with suspected Ebola.

Two walkthroughs of the procedures to test all elements of the plan have been carried out to ensure that staff are fully protected. These walkthroughs have provided valuable learning that has been reflected in the plans.

#### **7. Self-assessment of the EPRR Core standards**

Following the launch of the EPRR core standards in April 2013 all NHS Trusts and CCG's are asked to complete a self-assessment annually against the standards. The assessment of the core standards is to provide assurance that the Trust is fulfilling its statutory duties, and can demonstrate resilience in relation to Emergency planning and preparedness.

The self-assessment was completed by the Emergency planning team followed by agreement of the Accountable EPRR officer for UHB. The results of the self-assessment were that the Trust was rated as being fully compliant against the standards.

#### **8. Additional Emergency Plans**

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

- a. The Heatwave plan, which has been approved by the Emergency Preparedness steering group and is available on the Trust Intranet.
- b. The Inclement Weather plan, which has been approved by the Emergency Preparedness steering group and is available on the Trust Intranet.
- c. The suspicious package plan, which has been approved by the Emergency Preparedness steering group and is available on the Trust intranet.
- d. The workforce approval plan, which has been approved by the Emergency Preparedness steering group and is available on the Trust intranet.
- e. The lock down procedure which has been approved by the Emergency preparedness steering group and is available on the Trust Intranet.

#### **7. Conclusion**

Over the last 6 months the focus has been on continuing to ensure that training and education relating to the Major Incident and Mass Casualty plans was accessed by all disciplines throughout the Trust.

In the last 6 months focus has also been to ensure that staff were trained to care for a patient in a safe environment who may present at the Trust suspected of being infected with the Ebola virus.

Due to service interruptions to the Trust there has also been a focus on ensuring plans are in place to deal with the incidents as they arise but also to mitigate against the risks.

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.

## **8. Recommendations**

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

Kevin Bolger  
Director of Strategic Operations  
April 2015