

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 23 OCTOBER 2014**

<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 Resilience and Business Continuity

<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 Pan 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.

<b>Approved by</b>	Kevin Bolger	<b>Date:</b>	13 October 2014
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 23 OCTOBER 2014

### UPDATE ON EMERGENCY PREPAREDNESS

#### PRESENTED BY THE 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 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 now also available on the Trust Intranet.

## 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 automated ENERA call out system enables the Emergency planning team to carry out communication exercises more frequently. These are now done adhoc every 3 – 4 months to selected groups of staff.

A test was carried out on October 7th at 7pm for the Trauma Consultants and the Emergency Department Doctors. The response was 5 out of 9 Trauma Doctors responded (55%) and 14 out of 23 Emergency Department Doctors responded (60%). Previous call out for the whole of the ED was 40% but this included the Nursing and reception staff as well as the Doctors. This was done at 2pm and the lower response was accounted for by the number of staff on duty at that time.

The Trauma Doctors have not been tested before therefore there is no comparative figure.

### 4.2.2 Table Top Exercise

2 table top exercises have taken place in the last 6 months.

The 1st one was a business continuity table top involving a number of Trust staff responding to a fire in level -1 on July 7<sup>th</sup> 2014. The exercise involved a fire followed by an explosion which rendered level -1 inoperable. The incident affected the service yard, the post room, portering, catering, the Mortuary, the Laboratory and Out – patient Pharmacy.

The key learning points from this exercise were:

- OPD Pharmacy would be affected therefore require resilience to be built in to the Business Continuity plans to redirect to Pharmacy in old QE
- Oxygen store would be affected therefore require back up stocks to be available in other areas in Trust.
- The post room would be affected which would include the franking machine therefore may need to keep stock of stamps in Trust to enable posting of letters. Letters already in the process would need to be resent.
- The catering stock would be affected require more robust resilience built in to Business Continuity plans
- Deliveries that would normally come via the service yard will need to be redirected. A secondary store will need to be identified and deliveries redirected there.

- Collection of waste and rubbish will be affected therefore need to identify alternative area.

The 2<sup>nd</sup> one was a business continuity exercise involving a number of Trust staff both clinical and non-clinical responding to an incident involving the IT department housed in the Wolfson building. The exercise took place on July 16<sup>th</sup> 2014 and involved a lorry crashing in to the side entrance of the Wolfson building and then exploding on impact.

The key learning points from this exercise were:

- There are no red phones in the Disaster recovery site, these need to be installed.
- IT unsure of all systems that would not be recovered therefore IT to formulate list of the systems that could not be recovered so that contingency plans can be formulated.
- Laboratory may have a long recovery time therefore the Trust will need to revert to hard copy requests and printing of results for all clinical areas.
- IT unsure of the impact of loss of Cardiology PACS therefore requires a recovery plan.
- IT staff in this scenario would require an alternative area to work from. Alternative areas to be explored and written in to recovery plans.

Debrief reports were formulated following each of the exercises and action plans drawn up to address the issues.

A table top exercise to test the RAMP plan was due to take place in June 2014 with the Ministry of Defence and Nottingham Queens Medical Hospital. However this was cancelled by Nottingham and this is now due to take place on 21<sup>st</sup> October 2014. This is to test the capability of Nottingham to admit Military patients if Birmingham was unable to due to exceptional circumstances. The results of this will be reported in the April Board report.

#### 4.2.3 Live Exercise

The Trust has a statutory duty to carry out a live exercise every 3 years, and a live unannounced CBRN exercise was carried out on 8<sup>th</sup> July 2014. The live 'casualties' for this exercise were provided by RCDM. The exercise involved the decontamination of 12 casualties. From the first presentation of the casualties to complete decontamination and triage by the Emergency Department (ED) staff took 50 minutes which was an improvement on the previous exercise. Video footage from the incident is now being used as part of the CBRN training for ED staff.

A live exercise at the Trust is planned for 2015 which will be a Major Incident or Mass Casualty type exercise.

#### 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 2 monthly basis and this was tested by a live exercise in July 2014.

The Trust undertook an annual CBRN audit on 7 April 2014; this was in the form of a self-assessment questionnaire and a formal on site audit is due to take place later in the year. The results from this audit will be reported in the April board report

#### 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 attending the Trust. Recent exercises have been undertaken with larger numbers of casualties to test the arrangements made by this plan.

The Emergency planners are currently 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 a region wide table top exercise is planned for 21<sup>st</sup> November. The results of this will be reported in the April 2015 board paper.

### 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 and these incidents have been reviewed and learning fed into the system's operational plans. Workshops have also taken place in the Business Continuity and Major Incident group meetings (a sub group of the Emergency Preparedness Steering Group Committee) which involves table top exercises with clinical and support staff to address Business continuity issues. After each Major Incident table top exercise a Business Continuity element is exercised.

## 6. **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 now been approved by the Emergency Preparedness steering group, is available on the Trust Intranet.
- The Inclement Weather plan is currently being revised and will be reviewed by the Emergency preparedness Steering group.
- 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, 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.
- The Emergency planners are currently working with infection control to produce a seasonal Flu plan and a Viral Haemorrhagic Fever plan. These will both be formulated in the next 4 weeks for approval at the Emergency Preparedness Steering group.

## 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. The testing of these plans using both table top and live exercises has been invaluable to ensure that the Trust has maximum resilience.

Due to significant 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 are reducing 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  
October 2014