

Board of Directors

31st March 2016

Preparedness of the NHS for a major incident

Introduction

In light of the recent tragic events in Paris, NHS England, together with the Department of Health and other National agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully within our established Emergency Preparedness Resilience and Response procedures (EPRR).

On 9th December 2015, Dame Barbara Hakin wrote to all Trusts (publications gateway reference 04494) with regards to the preparedness of the NHS for a major incident. As part of this preparedness, Trusts were required to take a statement of readiness to a public board meeting.

Statement of Preparedness

The communication presented four questions that Trusts were asked to consider as part of the statement of preparedness;

- 1. You have reviewed and tested cascade systems to ensure support from all staff groups, including Doctors in Training Posts, in a timely manner including in the event of a loss of the primary communications system.**

Response / Assurance

- The Trust Emergency Planning Lead is planning a systems resilience test with the DCOO and will report findings to the newly formed Trust Resilience and Assurance Committee (TRAC)
- The DCOO is planning a MAJAX test with the Trust Emergency Planning Lead and will report findings to TRAC.
- Systems Resilience / Majex Test / Cascade Systems Test – In line with the Civil Contingencies Act MI Cascade Call Out Tests must be undertaken every 6 months (September/March) both in an out of hours. A test was undertaken week commencing 7th March 2016. The findings will be shared at TRAC.
- Pager groups set up and tested weekly. The response findings are shared with the DCOO to tackle persistent non-responders.
- All doctors and junior doctors are contactable by the site wide Vocera communication system which is an independent system to that of the Trust telephony system.
- Senior doctors and senior managers have a Trust provided mobile phone and response is generally good to previous incidents. NHIS are working to develop a solution to extend mobile phone coverage to the FLOW coordination room at the back of the Emergency Department, King's Mill Hospital.
- Social Media arrangements in place to communicate with staff
- Screen Pop Ups used to distil awareness and key staff messages
- Local radio stations / local media organisation arrangements in place
- Runners identified to support communications within the trust

2. **You have arrangements in place to ensure staff can gain access to sites in circumstances where there may be disruption to transport infrastructure, including public transport where appropriate, in an emergency.**

Response / Assurance

- Utilisation of the CCG funded shuttle bus service between KMH and Newark Hospitals which operates twice daily.
- Abundance of hotels and accommodation close to the Hospital site/s where key personnel can stay. Leicester Housing on site for doctors/nurses to rent / utilise as required. Conversations have previously taken place with local Holiday Inn / Travel Lodge regarding Emergency Accommodation for staff. On site gym would be set up as temporary accommodation if required.
- Mansfield Community Hospital and King's Mill Hospital are within walking distance and porter / security escorts for staff can be arranged
- The Head of Estates & Facilities is working with the Soft FM provider to arrange access to a 4x4 vehicles to transport staff between sites in the event of inclement weather, following the inclement weather a few years ago (snow) Local authorities put on a request to 4 x 4 vehicle owners to voluntarily use their vehicles to move emergency services staff / hospital staff to their places of work. In the event of a terrorist related incident if routes were impassable, not suitable for normal vehicles or the only safe route / entry to the hospital was across rough terrain, then the 4 x 4 vehicle owner option may be activated.
- Arrangements for staff to pass through cordons etc – Was agreed at the Multi-agency Tactical Co-ordination Group (TCG) and then communicated to all staff of the arrangements / requirements to pass safely through emergency services cordons, normally a staff ID badge would suffice.

3. **Plans are in place to significantly increase Critical Care Capacity and Capability over a protracted period of time in response to an incident, including where patients may need to be supported over a period of time prior to transfer for definitive care.**

Response / Assurance

- Escalation policy in place for heightened demand, which was successfully tested during the weekend of the 20/21 February 2016.
- Step down arrangements in place for moving suitable patients into other areas of the hospital
- Increase available Critical Care Capacity via the Local / Regional / National Critical Care Networks

4. **You have given due consideration as to how the Trust can gain specialist advice in relation to the management of a significant numbers of patients with Traumatic Blast and Ballistic Injuries.**

Response / Assurance

- SFH has arrangements in place to transfer the most serious patients to our adjacent tertiary centre at NUH in Nottingham. NUH, in their emergency preparedness submission, have confirmed that they have 6 no. consultants with front line traumatic blast and ballistic injuries. It is anticipated that these consultants can be contacted to provide first line response. Further back up to NUH is provided by consultants at the Queen Elizabeth in Birmingham.

Conclusion

Through the responses above the Trust is able to demonstrate that robust arrangements are in place and practiced both as part of planned and day to day activity.

Furthermore, the Trust submitted its self-assessment against the requirements of the Emergency Preparedness Resilience and Response process in September 2015. This submission was subjected to confirm and challenge process conducted by NHS England and CCG's. The trust was awarded "amber" status to reflecting the gap in our Business Continuity Arrangement planning and IOR decontamination training for front line staff. An action has been developed and is being progressed with support from the NUH Business Continuity and Emergency Planning leads.