

I am writing to request the following information. This information relates to the NHS England Emergency Preparedness, Resilience and Response Framework in general and section 10, "Cycle of preparedness", in particular.

Please note that much of the information requested is only records of the existence of current procedures, training, resources and tests, and not the contents of the procedures, training, resources and tests themselves.

For clarity, to minimise the cost of my request and to prevent the disclosure of any sensitive information, I have enumerated the information I am requesting and specified how it could be provided.

If you do not hold some of this information then I ask you to confirm explicitly that you do not hold it.

Given the potentially sensitive nature of this information, I ask you to redact any exempt information instead of refusing disclosure. This would be in accordance with guidance on best practice from the Information Commissioner's Office.

Patient care and support services

Continuity of essential clinical support services

1. Any record of whether procedures exist to ensure operational continuity of essential clinical support or ancillary services (e.g. laboratory, radiology, pharmacy) during emergencies and disasters. (Can be answered yes / no.)

A1 No, the NHS (UHNM included) in no way refers to WHO EPRR tools, standards, or guidance.

NHS organisations, UHNM included, only refer to NHS E EPRR guidance, tools, and minimum standards. There is nil compunction for NHS organisations to refer to WHO guidance as NHS E EPRR guidance has been constructed with WHO guidance, standards, and tools considered when it was formed.

Q2 Any record of whether staff have been trained in the above procedures. (Can be answered yes / no.)

A2 No, the NHS (UHNM included) in no way refers to WHO EPRR tools, standards, or guidance.

NHS organisations, UHNM included, only refer to NHS E EPRR guidance, tools, and minimum standards. There is nil compunction for NHS organisations to refer to WHO guidance as NHS E EPRR guidance has been constructed with WHO guidance, standards, and tools considered when it was formed.

Q3 Any record of whether resources to implement the above procedures can be mobilized at all times. (Can be answered yes / no.)

A3 No, the NHS (UHNM included) in no way refers to WHO EPRR tools, standards, or guidance.

NHS organisations, UHNM included, only refer to NHS E EPRR guidance, tools, and minimum standards. There is nil compunction for NHS organisations to refer to WHO guidance as NHS

E EPRR guidance has been constructed with WHO guidance, standards, and tools considered when it was formed.

Q4 Expansion of usable space for mass casualty incidents

4. Any record of whether procedures and resources exist to expand space and provide access to extra beds in mass casualty incidents. (Can be answered yes / no.)

A4 No, the NHS (UHNM included) in no way refers to WHO EPRR tools, standards, or guidance.

NHS organisations, UHNM included, only refer to NHS E EPRR guidance, tools, and minimum standards. There is nil compunction for NHS organisations to refer to WHO guidance as NHS E EPRR guidance has been constructed with WHO guidance, standards, and tools considered when it was formed.

UHNM Mass Casualty Plan: upon notification from Ambulance Services, the UHNM Mass Casualty Plan makes detailed provision for managed proportionate expansion of beds, services, supporting consumable items, and delivery and temporary reduction as apt, of other less in demand areas during a declared Mass Casualty incident.

For UHNM, Mass Casualty plans are in draft awaiting a robust system-wide multi-agency testing regime to verify plan content.

Q5 Any record of whether staff have been trained in the above procedures. (Can be answered yes / no.)

A5 No, the NHS (UHNM included) in no way refers to WHO EPRR tools, standards, or guidance directly..

All NHS commissioner and provider organisations UHNM included, only refer to NHS E EPRR guidance, tools, and minimum standards. There is nil compunction for NHS organisations to refer to WHO guidance. The reasoning is NHS E EPRR guidance has been constructed with WHO guidance, standards, and tools and industry best practice considered when the NHS E EPRR guidance, core and occupational standards, and associated assurance processes were formed.

Please note, all NHS staff are subject to mandatory and statutory training (MAST). This nationally coordinated system demands all NHS staff regardless of role, function, employer, or pay grade all UHNM staff included, complete standardised training modules and evidence skillset maintenance annually.

Q6 The date(s) of the most recent test(s) of the above procedures. (Can be answered with a date or dates.)

A6 The **UHNM Mass Casualty Plan** upon activation makes provision for planned and proportionate expansion of beds, services, associated supporting consumable items, and patient care delivery. This includes a step-managed temporary reduction as apt., of other less in demand areas during a declared Mass Casualty incident.

The UHNM, Mass Casualty Plan is currently undergoing a full review and rewrite in view of identified learning from Covid, live exercising, and recent larger scale casualty incidents.

UHNM undertook an EMRGO event 10th December 2022. This event tested the whole-trust Major Incident Plans, and draft CBRNe and Mass Casualty arrangements. Outcomes identified for action are being applied to existing plan-review-test-refresh EPRR planning cycle

Q7 Triage for major emergencies and disasters

7. Any record of whether space has been designated and procedures exist to carry out triage during emergencies and disasters. (Can be answered yes / no.)

A7 UHNM is a Major Trauma Centre. During BAU, declared Mass Casualty and other risk-specific incident responses, triage capabilities may be expanded to proportionally manage the triage needs of incoming patients. This is in supplement to triage procedures implemented at scene by Ambulance Services.

Q8 Any record of whether staff have been trained in the above procedures. (Can be answered yes / no.)

A8 UHNM is a Major Trauma Centre. During BAU and declared Mass Casualty and other incidents, triage capabilities may be expanded to proportionally manage the triage needs of incoming patients. This is in supplement to triage procedures implemented at scene by Ambulance Services.

Please note, all NHS staff are subject to mandatory and statutory training (MAST). This nationally coordinated system demands all NHS staff regardless of role, function, employer, or pay grade all UHNM staff included, complete standardised training modules and evidence skillset maintenance annually.

Q9 The date(s) of the most recent test(s) of the above procedures. (Can be answered with a date or dates.)

A9 **The UHNM Mass Casualty Plan** makes provision for planned and proportionate expansion of beds, services, and delivery. This includes temporary reduction options as apt, of other less in demand areas during a declared Mass Casualty incident.

The UHNM Mass Casualty and Major Incident Plans are in undergoing a rewrite in view of identified learning from recent activity. Both are scheduled for robust system-wide multi-agency testing which aims to verify and further improve plan content as part of the UHNM EPRR cycle.

Q10 Triage tags for mass casualty incidents

10. Any record the existence of triage tags for mass casualty incidents. (Can be answered yes / no.)

A10 UHNM employs the use of triage tags (Black, red, amber, green) during times of elevated triage demand incl declared Mass Cas incidents.

System for referral, transfer and reception of patients

Q11 Any record of whether procedures exist for the reception, referral and transfer of patients to and from other health facilities within and outside the geographical area

where the hospital is located during emergencies and disasters. (Can be answered yes / no.)

A11 UHNM is a Major Trauma Centre with a service footprint covering three English health regions (North West, West Mids, East Mids). Patients transfers occur continually across the NHS, including UHNM between and outside of UHNM sites and services. This aspect of BAU is expandable as detailed in draft Mass Casualty plans.

Q12 Any record of whether staff have been trained in the above procedures. (Can be answered yes / no.)

A12 UHNM has invested in EMERGO as a Mass Casualty, CBRN and Evacuation plan development and training tool. UHNM underwent an EMERGO on 10 December 2022, the outcomes of which have fed in to subsequent planning, training, and exercising activity.

All NHS staff are subject to mandatory and statutory training (MAST). This nationally coordinated system demands all NHS staff regardless of role, function, employer, or pay grade all UHNM staff included, complete standardised training modules and evidence skillset maintenance annually.

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Q13 The date(s) of the most recent test(s) of the above procedures. (Can be answered with a date or dates.)

A13 UHNM is a Major Trauma Centre with a service footprint covering three English health regions (North West, West Mids, East Mids). Patients transfers occur continually across the NHS, including UHNM between and outside of UHNM sites and services. This aspect of BAU is expandable as detailed in draft ED Mass Casualty plans. Staff are trained in triage as part of professional qualification, induction, and annual refresher training.

Infection surveillance, prevention and control procedures

Q14 Any record of whether procedures exist for infection prevention and control during emergencies and disasters. (Can be answered yes / no.)

A14 Infection prevention and control (IPC) is paramount in UHNM's every day BAU and at times of enhanced service delivery regardless of cause. During incident response, identical levels of IPC precautions and management are maintained, and considered fully as part of incident-specific 'emerging threat/risk' dynamic and planned risk assessment.

Q15 Any record of whether staff have been trained in the above procedures. (Can be answered yes / no.)

A15 UHNM staff are trained in IPC as part of professional qualification, induction, and annual refresher training. This skillset may be expanded, reconfigured, or focused during times of Mass Casualty and other plan activations.

All NHS staff are subject to mandatory and statutory training (MAST). This nationally coordinated system demands all NHS staff regardless of role, function, employer, or pay grade all UHNM staff included, complete standardised training modules and evidence skillset maintenance annually..

Q16 Any record of whether resources are available for implementation of the above procedures. (Can be answered yes / no.)

A16 No

Psychosocial services

Q17 Any record of whether procedures exist for provision of psychosocial support, assessment and treatment services to patients, families and staff during emergencies and disasters. (Can be answered yes / no.)

A17 Yes. There is clear evidence that early psycho-social support for those directly impacted by an incident reaps benefit in the medium and longer terms. UHNM is well versed in signposting patients and staff to all types and formats of psycho-social support, be that charitable, through one on one, network, and/or more formal mental health service offerings.

Counselling support and signposting for further specialised mental health service access is provided as standard to those affected by incident/s. This is regardless of site, size, nature, cause, type, duration or location. For patients and/or staff and/or the public displaying acute mental health needs, BAU links to mental health specialisms are used.

All NHS staff are subject to mandatory and statutory training (MAST). This nationally coordinated system demands all NHS staff regardless of role, function, employer, or pay grade all UHNM staff included, complete standardised training modules and evidence skillset maintenance annually.

Q18 Any record of whether staff have been trained in the above procedures. (Can be answered yes / no.)

A18 All NHS staff are subject to mandatory and statutory training (MAST). This nationally coordinated system demands all NHS staff regardless of role, function, employer, or pay grade all UHNM staff included, complete standardised training modules and evidence skillset maintenance annually.

Q19 Any record of whether resources are available for implementation of the above procedures. (Can be answered yes / no.)

A19 UHNM staff are trained in provision of psychosocial support, assessment and treatment services to patients, families and staff during emergencies and disasters as part of professional qualification, induction, and annual refresher training. This key skillset may be expanded, reconfigured, or focused during times of Mass Casualty and other plan activations/mobilisations. Predetermined options are considered within ED Mass Casualty plans (currently under review).

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 671612.

Yours,



Rachel Montinaro
Data Security and Protection Manager - Records



University Hospitals
of North Midlands
NHS Trust

