

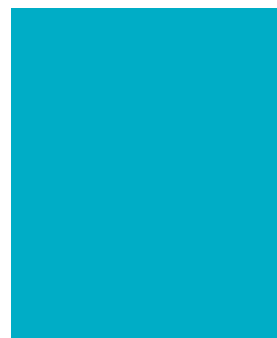


# Resilience

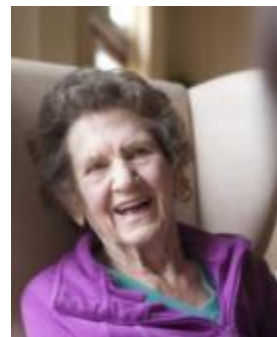
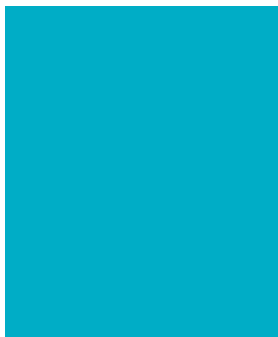
*Individually Robust - Collectively Resilient*

# Mass Casualty Planning

## Midlands Networks – 13 Oct 2017



**Pete Jefferson**  
EPRR Lead  
Birmingham, Solihull and the  
Black Country  
NHS England - WMidlands



# Content

- **The Reason Why**
- **The Journey**
- **Current Position**
- **Look Forward**
- **Reflection**

## Health Service Major Incident Definition

- An incident where the **NUMBER**, **SEVERITY**, or **TYPE** of **LIVE** casualties, or by its **LOCATION**, requires **EXTRAORDINARY** resources
- An incident that presents **a serious threat to the health of the community**
- An incident **that disrupts the Health Service in particular its inability to continue with core business activity**

# 12 May – 21 June 2017 – 41 days !



## **Health & Social Care Act 2012 (clauses 46 & 47)**

### **EPRR Framework:**

**To enable the NHS in England to ensure effective arrangements are in place to deliver appropriate care to patients affected during an emergency or incident**

### **Section 252a NHS Act**

**NHS England will take steps it considers appropriate for facilitating a coordinated response to an emergency by clinical commissioning groups and service providers**



# Response Plans – The Journey

**NHS**  
NHS West Midlands

# ERMA

Emergency and Resilience Management Arrangements

NHS West Midlands and  
all NHS and Foundation Trust organisations within the  
West Midlands Health Region

Concept of Operations  
Version 6.6 December 2010

1

RESTRICTED

**NHS**  
NHS West Midlands

## ERMA Addendum

Conops for large scale Mass Casualty  
and/or major Terrorism Incident

RESTRICTED  
VERSION 2.0  
1<sup>st</sup> February 2011

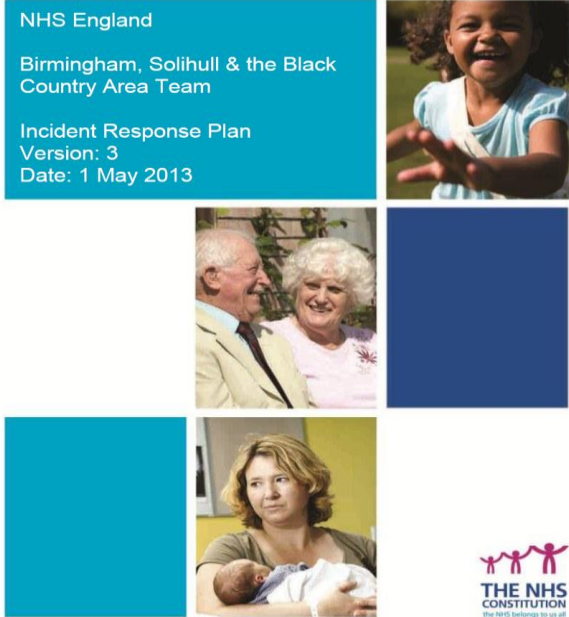
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2

**NHS**  
England

NHS England  
Birmingham, Solihull & the Black  
Country Area Team

Incident Response Plan  
Version: 3  
Date: 1 May 2013



**THE NHS**  
CONSTITUTION  
the NHS belongs to us all

3

# Extreme Threat Plans – Multi-Agency

RESTRICTED

**NHS**  
NHS West Midlands


**ERMA Addendum**  
Conops for large scale Mass Casualty  
and/or major Terrorism Incident

RESTRICTED  
VERSION 2.0  
1<sup>st</sup> February 2011

Numbered copy:

1

RESTRICTED




**Extreme Threat Initial Response  
Plan**  
(Policy T01)

If immediate activation of this plan is required  
please turn to the Response Flow Chart on **page 5**

Version 1.0      RESTRICTED      January 2011

2

RESTRICTED



**Ambulance Service Concept of  
Operations for  
Responding to a Marauding  
Terrorist Firearms Attack**

Approved by ACEG – December 2010  
To be reviewed in March 2011

3

RESTRICTED

**UK Multi-Agency Concept of  
Operations for  
Responding to a Marauding  
Terrorist Firearms Attack**

OSCT

4



# NHS Major Incident Response Arrangements

## The Mass Casualty Response

**NHS**  
England

NHS England  
Birmingham, Solihull & the Black Country Area Team

Incident Response Plan  
Version: 4  
Date: 21 August 2013

RESTRICTED  
VERSION 2.0  
1<sup>st</sup> February 2011

Numbered copy:

**THE NHS**  
CONSTITUTION

1

**NHS**  
England

NHS West Midlands

ERMA Addendum  
Conops for large scale Mass Casualty  
and/or major Terrorism Incident

RESTRICTED  
VERSION 2.0  
1<sup>st</sup> February 2011

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2

PROTECT

**NHS**  
Commissioning Board

ERMA NHS CB CONCEPT OF OPERATIONS TO SUPERCEDE ERMA ADDENDUM  
VERSION 2.4 (ISSUED 1 JUNE 2011)

SITUATION

**Background.** The Emergency and Resilience Management Arrangements (ERMA) CONOPS (Concept of Operations) for Large Scale Mass Casualty and/or Major Terrorism Incidents, known as the 'Addendum', was produced over winter 2010/11 and updated following Exercise ERIS in February 2011. The plan related to the NHS response following a large-scale mass casualty incident in the West Midlands and was briefed to limited audience due a restricted protective marking. The addendum was issued at version 2.4 on 1 June 2011. No evidence exists of a 6-month review that was specified. The addendum is supported by the West Midlands Ambulance Service (WMAS) Control Suite Plan (Version 3.1 dated 1 November 2010) and a Clinical Cadre Contact Directory (Version 1.1 dated Jul 2011).

**Context.** Given that Birmingham is the second city, it has a prominence and population size that requires the maintenance of specific plans to respond to a large-scale mass casualty event. More specifically, as the NHS Commissioning Board (NHS CB) stands up from 1 April 2013, there is a requirement to clarify how the 'Addendum' arrangements will be adjusted on an interim basis, pending tabular exercise. On issue this NHS CB CONOPS will supersede the addendum, and require the active support of WMAS and health providers in order that the NHS can deliver an integrated response to this challenging scenario.

**Area of Applicability.** This CONOPS is to be applied by the Birmingham, Solihull and the Black Country (BSBC) Area Team (AT), Shropshire and Staffordshire (SSS) AT, and the Arden, Herefordshire and Worcester (ARHW) AT. These 3 Area Teams are to implement the CONOPS and will be described collectively together with the area they cover as the '3AT'.

INTENT AND CONCEPT

NHS CB Area Teams that have responsibility for the West Midlands Conurbation and/or border must be prepared to respond with all health providers to a large-scale mass casualty event. These CONOPS address the anticipation for and response to an event in the City of Birmingham and more widely across the conurbation. Should the risk of a large-scale mass casualty event be judged by LRFs and/or Area Directors of Operations to have increased<sup>1</sup> then consideration should be given to enhancing preparedness. This should be implemented through the communication of a PREPARE message to action addresses who will take pre-agreed actions which as a minimum are to include: activation<sup>2</sup> of Incident Coordination Centres (ICCs) and full communications test; increasing on call arrangements to include 2 full Incident Management Team shifts; review of NHS CB allocated areas of Brierley Hill and Tollgate Control Rooms; confirmation of the Ambulance Service Gold rota.

<sup>1</sup> Large-scale high profile public events; visits of dignitaries or intelligence.  
<sup>2</sup> Where they are not already.

1 of 4

3

Covering PROTECT

[Headed paper from Paul Watson to Anthony Marsh (Chief Executive WMAS); cc to Area Directors and Area Directors of Operations and Delivery for Birmingham, Solihull and the Black Country, Arden, Hereford and Worcester, and Shropshire and Staffordshire.]

Dear Anthony

**Health Command of Control of Large Scale Mass Casualty Incidents in the West Midlands**

I am grateful for the support of WMAS and the work between our respective organisations that led to the issue of an interim concept of operations shortly before the formation of NHS England in April of this year. Whilst I know that further work is required to turn this concept into supporting plans, it is essential that we clarify the involvement of WMAS and the role of your Gold Commander and their interaction with NHS England Incident Director, in the wider health command of control required in response to this type of incident. My team have updated the concept of operations (enclosed) and I would be grateful if you could confirm formally that you are content to provide the following:

- Incident Director/Gold level command of health resources for any MFTA type incident, until such time as the threat is neutralised or removed.
- Incident Director/Gold level command of health resources for any large scale mass casualty incident, until the point in time when it is determined by the NHS England Incident Director and the WMAS Gold Commander, that command and control responsibilities can be transferred safely and effectively against a pre agreed transfer timeline.

There remains further work to be done to engage health partners in the development of plans that would stand up to the test of these types of incident. I have directed Birmingham, Solihull and the Black Country Area Team to take the lead going forward and hope that we can confirm an agreed timeline for the work, following your response to this request.

Enclosure:

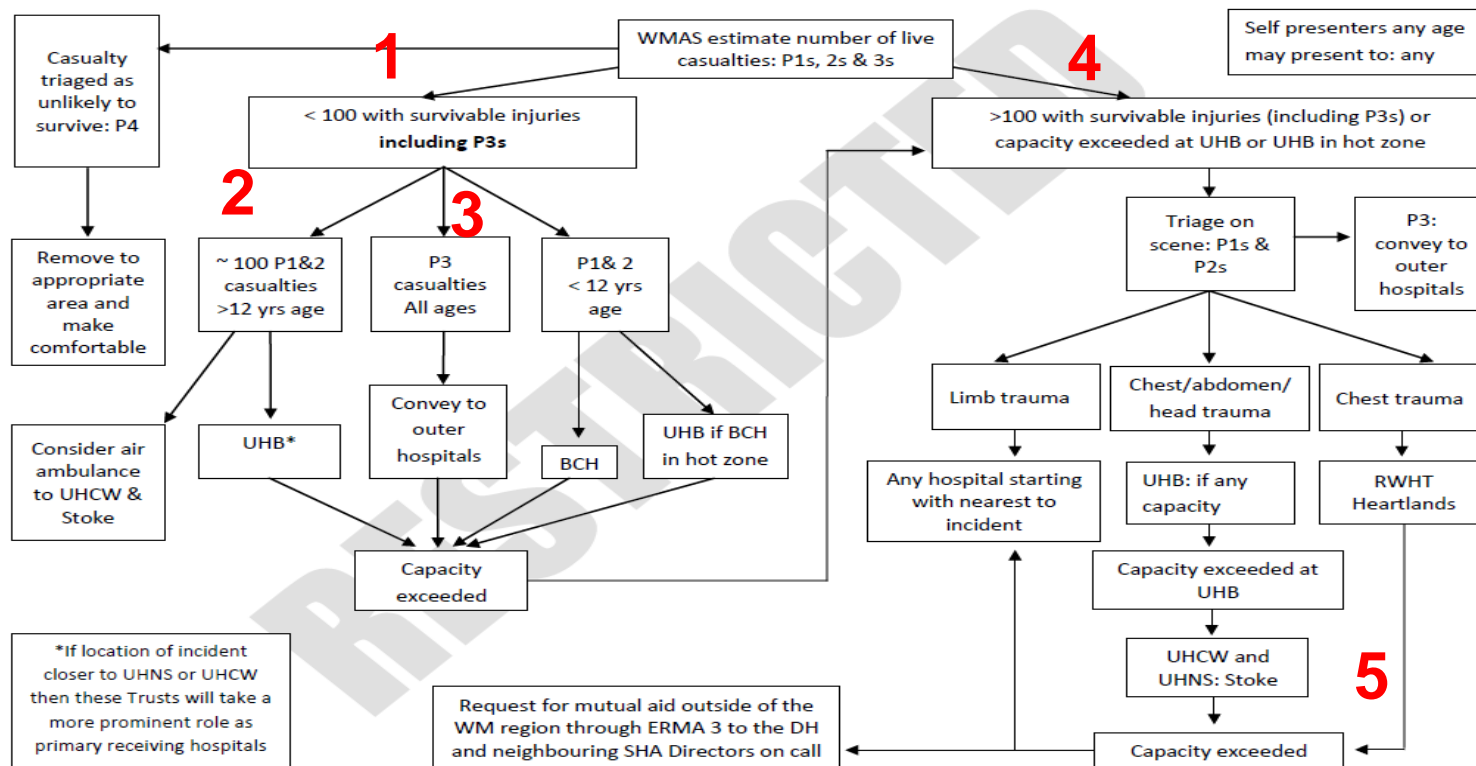
A. Health Command and Control of Large Scale Mass Casualty Incidents in the West Midlands.

4

# Patient Regulation – The Addendum

RESTRICTED

Appendix 2. Flow chart framework for casualty removal-high grade military weaponry.

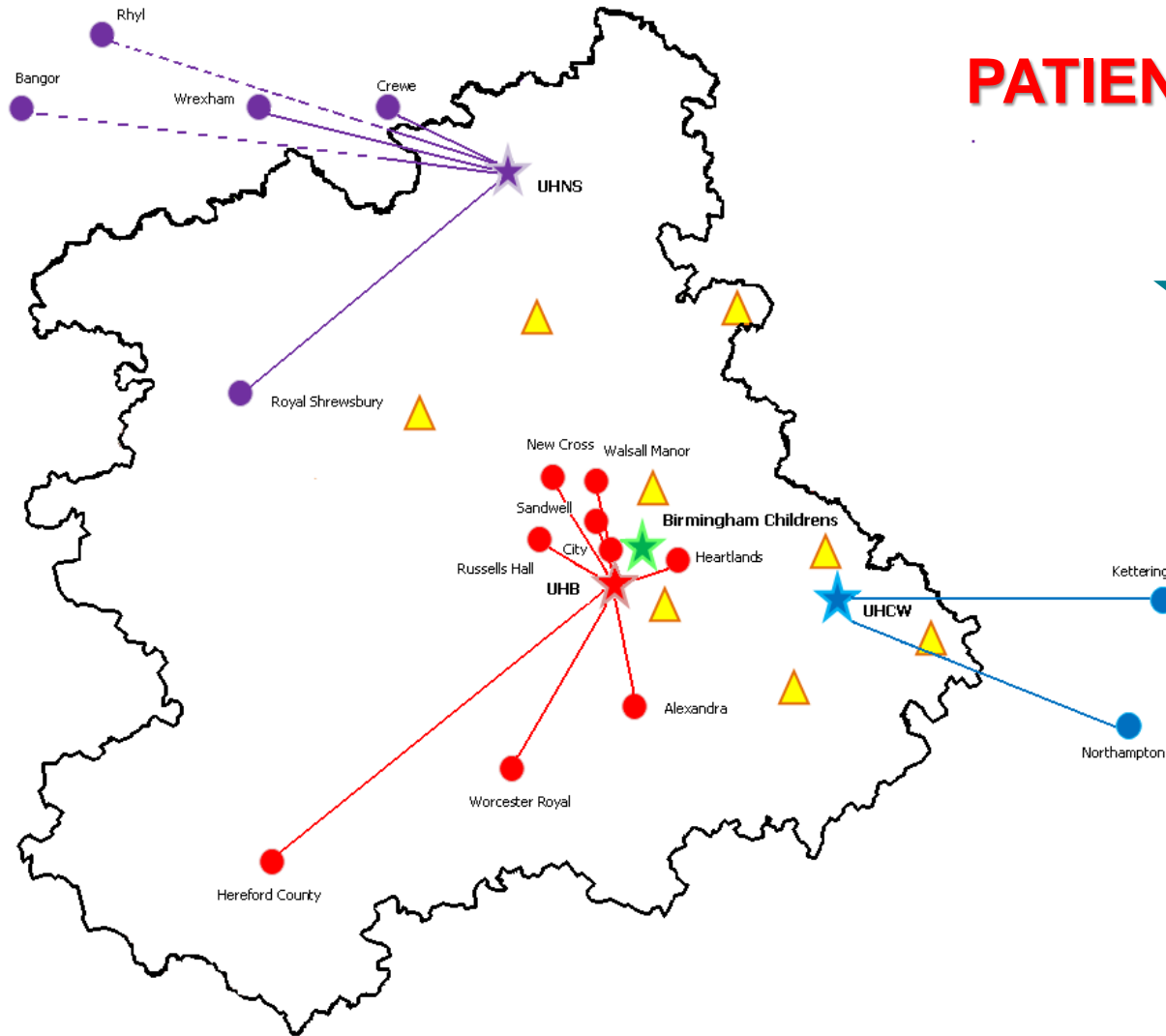


## Build On Current Arrangements

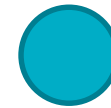
- **Latest Emerging Doctrine included**
- **Share with with Multi – Agency partners**
- **Incident Response Plan – Mass Cass Annex**
- **Establish bespoke C4I arrangements to support a specific Mass Cass Event**
- **Include Patient Distribution – ‘Hub and Spoke’ across the whole of the WM**
- **Include Mutual Aide**
- **Include Recovery**
- **Include Networks**



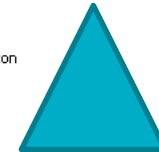
# PATIENT REGULATION



MTC x 4



TU x 9



LEH x 8

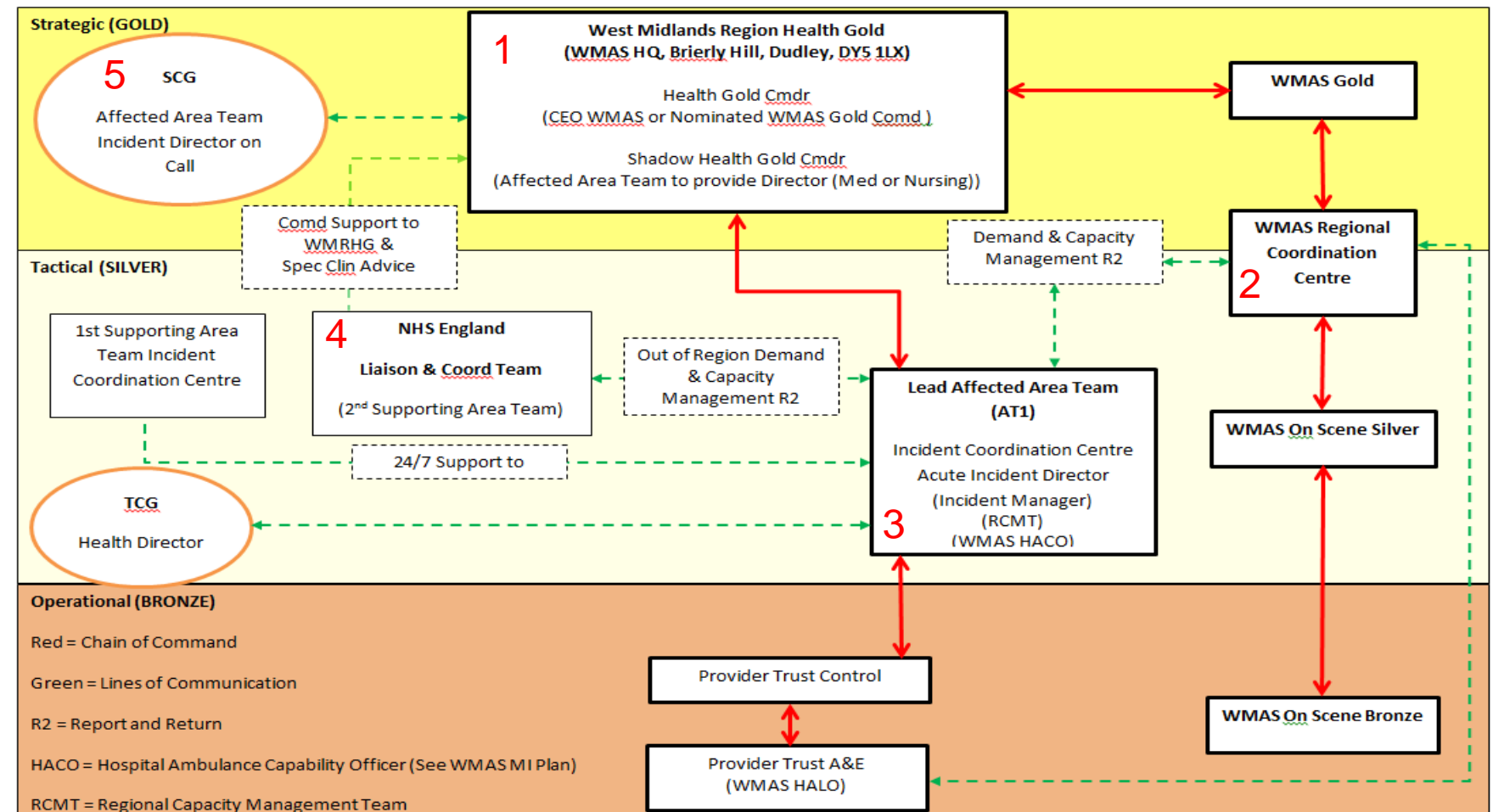
## Mass Cass WG - Stakeholders

- **NHS England – 3 WM Area Teams**
- **WMAS**
- **MTCs (UHNS, UHCW, UHB)**
- **Networks**
- **RCMT**
- **Clinical Sp provided by WMAS MIOs**
- **Shared the initial work with the Acute Trusts**






# C4I - Whole System Approach



# Patient Distribution – Pre-Determined – 1<sup>st</sup> Hour



West Midlands Ambulance Service   
NHS Foundation Trust



## JRB Casualty Regulation Chart 2014-2019

In West Midlands Regional Trauma System (map below)

Pre-determined first hour capability for P1s <b>45 (+6 Paediatric) to MTCs</b>	<b>UHB</b> 20	<b>UHNS</b> 10	<b>UHCW</b> 15	<b>BCH</b> 6
-----------------------------------------------------------------------------------	------------------	-------------------	-------------------	-----------------

Pre-determined first hour capability for P2s <b>204 to TUs</b>	<b>City</b> 20	<b>Heart</b> 12	<b>Walsall</b> 10	<b>New X</b> 9	<b>Russ Hall</b> 10	<b>Sand</b> 10	<b>Hereford</b> 4	<b>Royal Shrew</b> 14	<b>Worc Royal</b> 12	<b>Alex</b> 6
-------------------------------------------------------------------	-------------------	--------------------	----------------------	-------------------	------------------------	-------------------	----------------------	--------------------------	-------------------------	------------------

Pre-determined first hour capability for P3s <b>170 + to LEHs</b>	<b>Soli</b> 20	<b>Sth War</b> 20	<b>George E</b> 10	<b>Princess Roy</b> 60	<b>Mid Staffs</b> 20	<b>Good Hope</b> 40	<b>Burton</b> 20
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Total circa 425

# Patient Regulation

## PATIENT REGULATION & CAPABILITY CHART

CAD Number .....

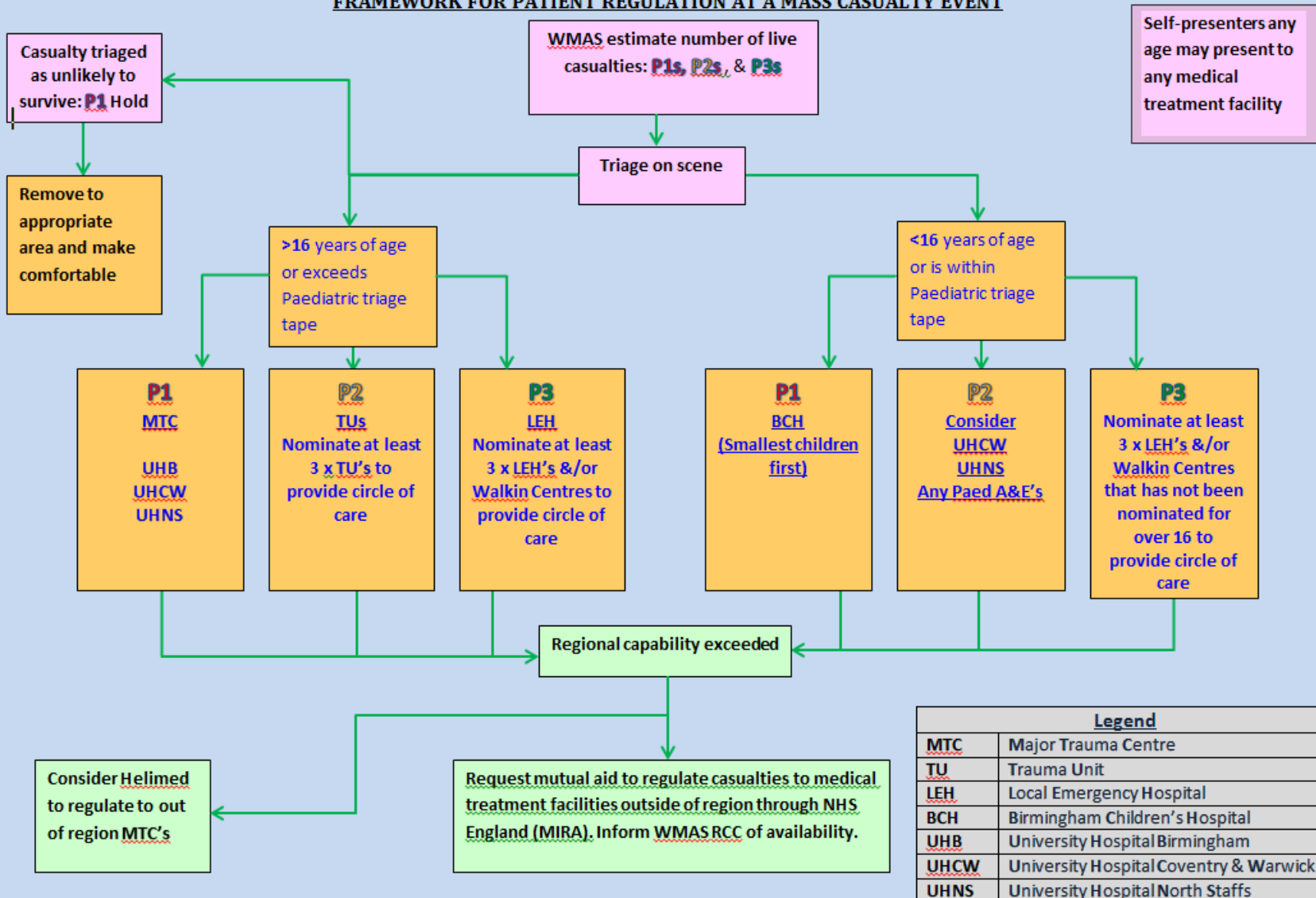
Date and Start Time .....

TRUST	CASUALTIES ATTENDED					Established	Pre-determined first hour capability for P1s	Capability Now	CAPABILITY REPORTING				
	P1	P2	P3	Died	Estimated Capability Prediction				1hr	2hr	4hr	6hr	
MAJOR TRAUMA CENTRE							20						
UNIVERSITY HOSPITAL - BIRMINGHAM	Dispatched from scene					RESUS beds ED		6					
	Previous Report					MAJORS beds ED (+5 assess)		16					
HELI LANDING SITE	Y	New Admission				OPERATING THEATRES – Full		27					
		Running Total				OPERATING THEATRES – Day Case		13					
VEHICLE TRANSFER REQUIRED	N	Notes				ICU beds		85					
LIGHTING	Y	No <16s				PICU beds		0					
						BURNS Specialist beds		15					
AIRCRAFT SIZE CAPABILITY						NEURO Specialist beds		72					
						ECMO capacity		4					

TRUST	CASUALTIES ATTENDED					Established	Pre-determined first hour capability for P1s	Capability Now	CAPABILITY REPORTING				
	P1	P2	P3	Died	Estimated Capability Prediction				1hr	2hr	4hr	6hr	
MAJOR TRAUMA CENTRE							10						
UHNS – STOKE ON TRENT	Dispatched from scene					RESUS beds ED		8					
	Previous Report					MAJORS beds ED		18					
HELI LANDING SITE	Y	New Admission				OPERATING THEATRES – Full		24					
		Running Total				OPERATING THEATRES – Day Case <b>NOT for GA pts.</b>		6					
VEHICLE TRANSFER REQUIRED	N	Notes				ICU beds		40					
LIGHTING	Y	Mortuary has 198 body capacity in total.				PICU beds		8					
						BURNS Specialist beds		0					
AIRCRAFT SIZE CAPABILITY						NEURO Specialist beds		32					
						ECMO capacity		0					

# Patient Regulation –

## FRAMEWORK FOR PATIENT REGULATION AT A MASS CASUALTY EVENT



Legend	
<b>MTC</b>	Major Trauma Centre
<b>TU</b>	Trauma Unit
<b>LEH</b>	Local Emergency Hospital
<b>BCH</b>	Birmingham Children's Hospital
<b>UHB</b>	University Hospital Birmingham
<b>UHCW</b>	University Hospital Coventry & Warwick
<b>UHNS</b>	University Hospital North Staffs

# NHS Major Incident Response Arrangements

## 'Incident Response Plan - version 7 dated Sept 16'


OFFICIAL - SENSITIVE

**NHS**  
*England*

**NHS England – West Midlands**

**Incident Response Plan**  
**Version 7**

1<sup>st</sup> September 2016




OFFICIAL - SENSITIVE

**NHS**  
*England*

**NHS England – West Midlands**

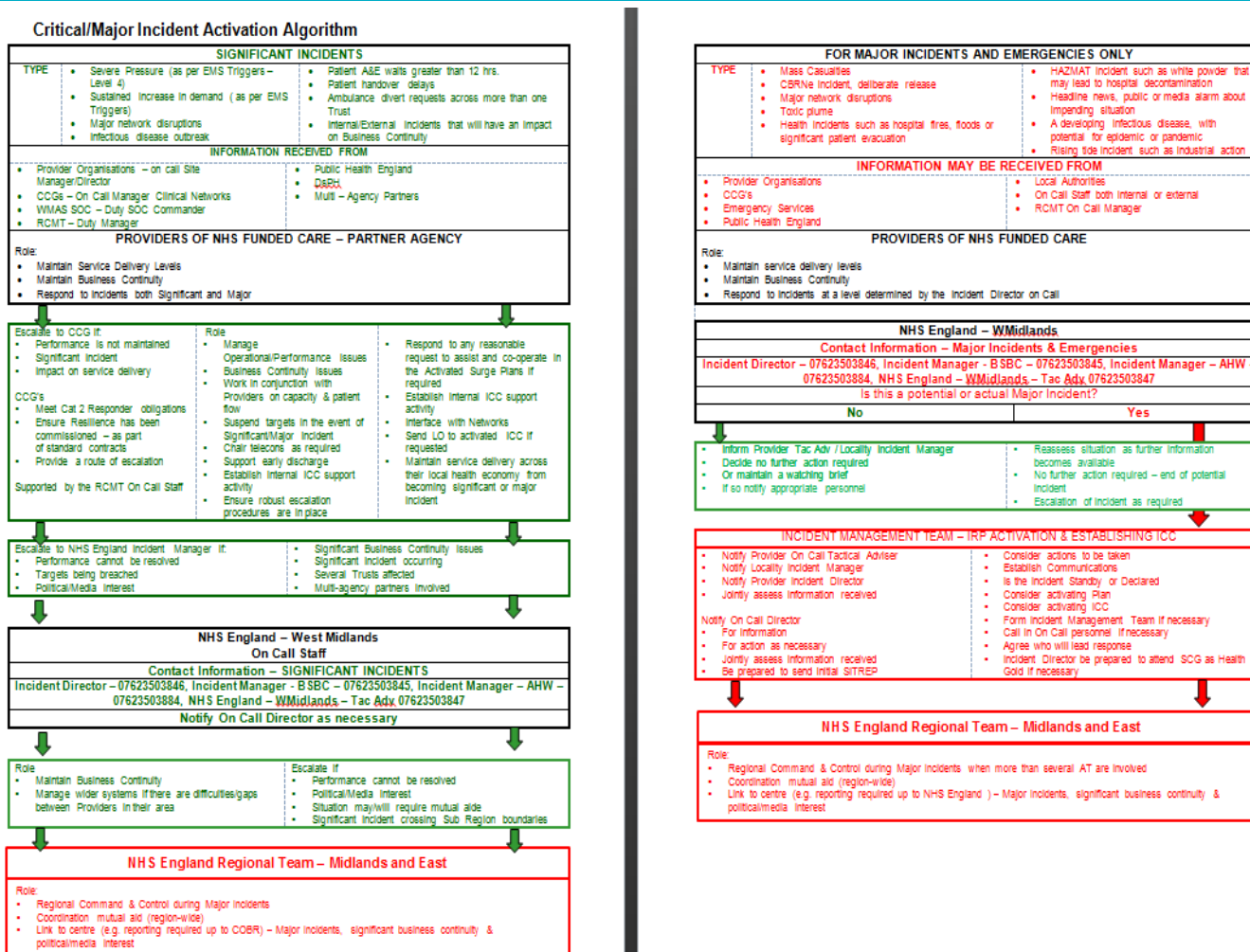
Birmingham, Solihull & the Black Country Locality  
Incident Coordination Centre Set Up Guide  
St Chads Court

Version 3  
Date: September 2016



1

# Critical/Major Incident Activation Algorithm





# Escalation Levels

## NHS England Response Levels

Response Level	Definition and Description of Level
1	<ul style="list-style-type: none"> <li>A health related incident that can be responded to and managed by single local health provider organisations within their respective business as usual capabilities.</li> <li>Local lead arrangements are in place, however the Director in charge at this level needs to contact the Incident Director and agree the incident is to be dealt with at this level.</li> <li>Escalation of the incident will be agreed between the local lead and the NHS England – Incident Director.</li> </ul>
2	<ul style="list-style-type: none"> <li>A health related incident, which requires the response of a number of health provider organisations across the BSBC/AHW Locality boundary and will require the Locality to co-ordinate the NHS local support.</li> <li>The On Call NHS England Incident Director will lead the NHS response to the incident within the Locality and take responsibility for directing NHS resources.</li> <li>The NHS England – Incident Director will be responsible for contacting the On Call Regional Incident Director to agree the level at which the incident will be dealt with and therefore who is in command.</li> </ul>
3	<ul style="list-style-type: none"> <li>A health related incident, which requires the response by a number of health provider organisations across NHS England, Midlands and East boundaries. This will require the NHS England Regional IMT to co-ordinate to meet the demands of the incident.</li> <li>The On Call Regional Incident Director will lead the NHS response to the incident and be responsible for directing the resources of NHS England, Midlands &amp; East.</li> <li>The Regional Incident Director will be responsible for notifying all other Localities within the NHS England, Midlands &amp; East an incident has happened and at what level the incident is being managed. They are also responsible for notifying neighbouring NHS England Regions as well as NHS England, National.</li> </ul>
4	<ul style="list-style-type: none"> <li>A health related incident, that requires NHS England National co-ordination to support the NHS and NHS England response</li> <li>The On Call National Incident Director will lead the NHS response to the incident and be responsible for directing the National NHS resources.</li> <li>They are responsible to notifying all other NHS England Regions an incident has happened and at what level the incident is managed.</li> </ul>

## Escalation Levels:

- 1 April 14
- National IRP
- Not new, WM designed
- Reflect other plans
- Page 23 of IRP
- Displayed in ICC

## How's it done - NHS Command Arrangements

- **Command**
- **Control**
- **Coordination**
- **Communication**
- **Information**

.....'C4I'.....

## Current Position and Next Steps

- **Prof Chris Moran - Post Incident Clinical Reports**
- **Keith Willits – NHS England - National Director of EPRR**
- **Several Study Days**
- **Incident Response Plans published with new Mass Cass Annex included – National IRP immanent**
- **Exercises – Regions, Ex Vital Sign – W&E Midlands**
- **Debriefs and Lessons Learnt conducted**
- **Partner Agencies – NHS Logistics, NHS Blood and Transplant**
- **CitizenAid**
- **NARU – Triage System**
- **Exercises – continues**
- **Bed Stock – 10% in first 6hrs, 20% in 12hrs**
- **Logistics – Orthopaedic Fixation Kits – Re-Supply in Rugby**

## Current Position and Next Steps

- **Psychosocial Resilience**
- **BCH - Paediatric Mass Casualty Concept**
- **Core Standards – Strategic Assets Visits**
- **Midlands Networks Mass Cass Event**
- **PECC**
- **RCMT**
- **SITREPs**
- **PRPS - role out commenced**
- **MACA**
- **RAMP Arrangements**
- **Role of the Networks – Clinical Impact Assessment Summary Sheet**
- **Recovery Process**
- **NHS England – WM – EPRR Compendium**
- **NHS England – EPRR Staff Consultation**

# Reflection

- **VIP Visits**
- **Calls to Ambulance Services**
- **WM Position Overall**
- **CCG Role – Grenfell Tower**
- **TUs**
- **Use of Resilience Direct**
- **Cyber Attacks**
- **Terminology**
- **Confusion – Distribution and Regulation**
- **Burns – CONOPS, Ex**
- **Patient Repatriation – PECC**

## End State

- **A Process, Procedure and Plan that works for all which encompasses Single, Multiple and Enduring Incidents**
- **Meets Clinical Timelines**
- **Integrated Response**
- **Better to plan and fail, than fail to plan !**





# Resilience

*Individually Robust - Collectively Resilient*

## Questions !



# Resilience

*Individually Robust - Collectively Resilient*

**“ It is wise to look forward but few can see beyond the horizon” !**

**Winston Churchill**



# Resilience

*Individually Robust - Collectively Resilient*

