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NHS England

Exercise Northern Light
Final Report

24 and 25 May 2016

[Images removed under Section 40 of the FOI Act]

Exercise Northern Light

Exercise Northern Light was commissioned by NHS England to explore the challenges that are likely to arise for The Newcastle upon Tyne Hospitals NHS Foundation Trust when the Royal Victoria Infirmary (RVI) becomes the UK's main High Level Isolation Unit (HLIU) facility during the period July to August 2016. The Royal Free Hospital's HLIU will be offline for planned refurbishment and upgrade during this period and the intention is that on completion, The Royal Free Hospital will revert to being the UK's main HLIU facility.

The exercise explored the roles and responsibilities of the RVI and key partner organisations in supporting the hospital and the wider health community during the receipt of patients in to the HLIU. The exercise was delivered on 24 and 25 May 2016 supported by NHS England, The Newcastle Upon Tyne Hospitals NHS Foundation Trust and Public Health England.

This report was prepared by Public Health England's Emergency Response Department and was agreed with NHS England.

Head of Emergency Response Department /
Director of Emergency Preparedness, Resilience and Response
Public Health England June 2016

Executive summary

The Royal Free's High Level Isolation Unit (HLIU) is scheduled for capital projects during July and August 2016 and during this period The Royal Victoria Infirmary (RVI) in Newcastle will provide the NHS's first-line HLIU capability.

Exercise Northern Light was designed to assess The Royal Victoria Infirmary's preparedness for and activation of its HLIU capability. The first phase of the exercise was a walk-through of the transfer and admission of a simulated confirmed Ebola Virus Disease case to be treated at the Royal Victoria Infirmary and Day 2 was a table top exercise to discuss and review the broader implications and impact on health and supporting partners.

Participants in this exercise included representation from The Newcastle upon Tyne Hospital NHS Foundation Trust, The Royal Free London NHS Foundation Trust, NHS England, Ambulance Services, Public Health England, Local Authority, Police and the Royal Air Force.

The exercise was considered by the participants to be a valuable opportunity to explore the significant challenges in the command, control and coordination in response to the admission of a confirmed positive Viral Haemorrhagic Fever case in to the HLIU (the chosen scenario for the exercise was Ebola) and to rehearse specific response roles and responsibilities.

The exercise did not identify any immediate risks to staff or patient safety and highlighted the following areas that would improve resilience:

Communications: It was agreed by the participants that there is a lack of a robust communications process to warn and inform members of the public & staff and respond to media enquiries in the activation of the RVI's HLIU.

Staffing levels: The table top exercise explored the staffing levels required to treat an additional confirmed positive VHF case in the RVI's HLIU. With the existing staff levels of appropriately trained staff within the RVI, the hospital would only be able to support the admission of one confirmed positive case and one highly suspected case. If a situation arose where the requirement was for more than one confirmed positive VHF case to be admitted, the surge centres in Liverpool Royal and Sheffield Teaching Hospitals would need to be activated.

NHS HLIU surge centres: Current arrangements with supporting surge centres and partner organisations would benefit from future development in preparedness for multiple VHF cases.

A full list of the agreed actions is included at Appendix A

1. Introduction

The exercise was designed to explore the challenges likely to arise for The Newcastle upon Tyne Hospitals NHS Foundation Trust, the wider health community and multi-agency partners as a result of a confirmed positive VHF case requiring admission to the High Level Isolation Unit at the RVI.

The scope of the exercise did not include an in depth exploration of aspects relating to recovery and the return of services to normal across the health economy. However, the exercise provided participants from both health and multi-agency partners with the opportunity to explore the complex operational and tactical challenges of the receipt of a confirmed positive VHF case in to the High Level Isolation Unit at the RVI.

2. Aim and objectives

2.1 Aim

The aim of the exercise was to exercise and review the Royal Victoria Infirmary's High Level Isolation Unit activation plan.

2.2 Objectives

1. To review the RVI's HLIU activation plan.
2. To exercise the RVI's HLIU patient care pathway including death.
3. To review the RVI's HLIU Hospital Control processes and wider health preparedness and response arrangements including surge capacity.
4. To confirm the processes and arrangements for public messaging.

Summary of Lessons from walk through exercise

Ser	Description of Lessons identified
RAF ATI Transfer	
1	Map of route to the back of the lift required for RAF personnel. SOP required to incorporate comprehensive map from Newcastle airport to the RVI loading lift.
2	Implement messaging service to alert all appropriate staff about admissions
3	Hold activation meeting – this is essential to identify issues prior to patient arrival
4	Nurse to be involved in initial handover from the RAF – at The Royal Free handover is normally done from nurse to nurse
5	Runner to take trolley to transport waste from Jumbulance
6	Longer and more robust ties to be used in the HLIU to improve dexterity
7	ATI decontamination process needs to be agreed with the RAF and RVI
HLIU Patient management	
8	Keep to normal roles e.g. blood taking – if nursing staff are familiar with taking bloods from a central line then they should continue to do so.
9	MDT handovers at each 12 hour shift change
10	Communication within the Trexler is difficult – investigate technologies to improve this
Patient death	
11	Re-confirm processes with Local Authority, funeral directors and PHE NE for management on death
12	Re-confirm arrangements with Bioquell around decontamination

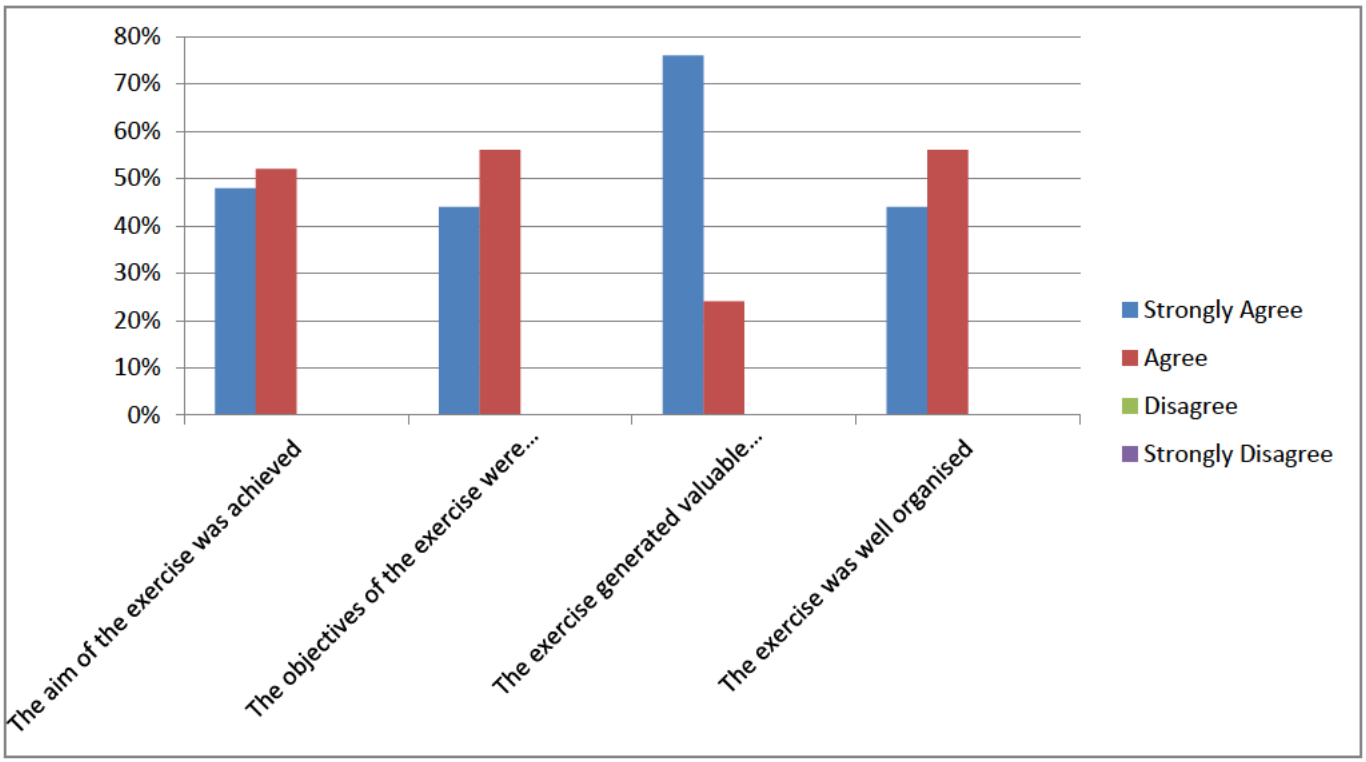
Participant feedback on the exercise

There were 46 attendees at the exercise. This comprised 31 participants, 10 Evaluators, and 5 members of Exercise Control. Feedback on the exercise was received from 25 participants and is displayed below. 100% of responding participants Strongly Agreed or Agreed that the aim of the exercise was achieved and 100% Strongly Agreed or Agreed that the objectives were met.

Feedback from participants confirmed they felt the exercise was a valuable experience and the two exercises combined allowed participants to work through operational elements as well as to inform useful areas for discussion. From the 31 participants who attended the exercise 25 completed and returned participant evaluation forms (81% return). From these 100% of responses strongly agreed or agreed that the aim of the exercise was achieved; 100% strongly agreed or agreed that the objectives were met; and 100% of responses strongly agreed or agreed that the exercise generated valuable discussions and highlighted important areas for development.

All responding participants Strongly Agreed or Agreed that the exercise generated valuable discussion and also highlighted important areas for development.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Did Not Answer
The aim of the exercise was achieved	48%	52%	0%	0%	0%
The objectives of the exercise were achieved	44%	56%	0%	0%	0%
The exercise generated valuable discussions and highlighted key points for the action plan	76%	24%	0%	0%	0%
The exercise was well organised	44%	56%	0%	0%	0%



Subject Matter Expert feedback

Feedback from Health and Safety Executive subject matter expert who attended the exercise:

"Exercise Northern Light gave me and those observing a unique insight as to how the unit operates and was an ideal opportunity for the team at the RVI to really showcase their ability to work as an effective team in managing a patient in a Trexler facility. Though the event was simulated it gave staff the ideal opportunity to practice their skills and undertake unfamiliar procedures under the intense spotlight of onlookers - in my opinion they did a commendable job and showed immense professionalism in this undertaking. The feedback from assessors was both positive and constructive and will only serve to enhance and develop the overall preparedness of the team in the event of a real admission.

The table top exercise on the second day was a useful exercise for the RVI; it gave the team an opportunity to make an honest and open assessment of the current capability of the unit if faced with the scenario of multiple patient admission. The current numbers of trained clinical and nursing staff in the HLIU was closely scrutinised and based on The Royal Free Trexler model the current RVI staffing is not the same.

A suggestion that additional staff support could be drawn from The Royal Free London in the event of a second admission was explored. Whilst the Royal Free agreed to provide an advisory role to the RVI - the movement of staff from The Royal Free to a largely unfamiliar site (with its own variations in protocols and procedures) at the RVI would need a period of training in the RVI to ensure that The Royal Free staff were safe to operate within the HLIU.

Following discussion with HSE, NHS England and RVI it was agreed that whilst The Royal Free is off line the RVI would accept a single patient who would be managed in the Trexler facility. A second admission to the hospital would be assessed at the RVI and then transferred to one of the surge facilities at either Sheffield or Liverpool if necessary.

As a regulatory body HSE's primary focus is on health and safety in the workplace; and the overarching systems in place to ensure the safety of the staff in this instance those managing a HCID patient in the Trexler unit in the HLIU. It is clear from the open and frank discussions held during Exercise Northern Light that there is a shortfall in the number of trained staff available to manage more than one patient in the facility at any one time. Staff safety is paramount and stretching the limited staff resources in order to manage a second patient would not be advisable under the current circumstances. The Ebola crisis served to highlight the importance of having suitable trained staff and safe systems of work and unfortunately reported cases where staff became exposed in other countries emphasised the importance of properly managing the risk."

[redacted] from the NUTH briefed the RVI staff on his findings from discussions with staff at The Royal Free around the role and responsibilities of their communications team when treating a confirmed positive VHF case and the key points are below:

- Director of Comms takes overall responsibility for all interaction with media as well as information sharing with staff, patients and family of patients.

- Attend daily 1pm operational meeting for daily update on all logistical aspects of isolation unit running and any upcoming significant VHF events (i.e. news of potential extra cases etc).
- Also attended by PHE and NHS England representatives

Internal Communications

- On admission of confirmed case; provide brief information and advice for all hospital staff members and every in-patient within the hospital. They physically walked round all wards and distributed information leaflets and gave advice at the bedside.
- Information along the lines of "a patient with confirmed VHF has been admitted to our high level isolation unit. That unit is specifically designed and set-up to managed patients with illnesses such as Ebola. All staff who work within the unit are highly trained to ensure the safety of the patient in the unit and to maintain the strictest isolation of the patient to prevent any escape of contaminated material. The rest of the hospital outside the high level isolation unit is continuing to run all normal activities…"
- They will act as a source of advice and support for hospital staff and patients as required.
- They provided the necessary pastoral care for the patients family and close relatives such as finding suitable hotel accommodation, advice on how to manage any media interest, how to deal with questions arising from children's schools or social contacts regarding continued integration of the family in the community.
- The team also discussed directly with the patient (having donned PPE) what their wishes would be regarding disclosure of medical information about them, and if necessary obtained consent to divulge certain aspects of their condition to the media. They gave advice to the patient on dealing with media attention post hospital discharge.

External Communications.

- Team take responsibility for managing all interaction with the media and outside agencies.
- Set up and manage any media conferences.
- Avoid any one to one medical staff; journalist interviews.
- The Royal Free only held 2 live press conferences during the whole outbreak. Both were closely stage-managed, well planned with rules for Q+A session agreed with press before the start.
- They deliberately stated at the start of the process that they would not be giving daily updates on clinical condition of the patient but also made it clear that if there were any significant changes they would notify the Press (after CMO, NHS England, PHE etc were made aware). That measure was considered very necessary so that it prepared the ground for any serious even leading to death so that would not be such a headline. "significant deterioration" was defined by unit medical staff.
- Comms team trained all medical staff who might be involved with the media and provided plenty of coaching immediately before any interviews or media statements [redacted].

Communications regarding the generic aspects of Ebola ie infectivity, transmission, local outbreaks, risk of attending hospital with EVD patient in it etc was all dealt with by PHE, NHSE, DH Comms team or CMO office, RF did not take any part in that.

Communication with Chief Medical Officer (CMO)

- Managed by lead clinician in direct contact with CMO. Immediate notification when first and any subsequent patient admitted (or high risk identified).
- Notify by direct discussion of any significant changes in clinical condition before any other agencies notified and well before any Press release.
- All updates to CMO instigated by Lead Clinician.

Other important aspects of Comms

- Likely to get great pressure from politicians not directly involved with DoH, military personnel in particular senior medical officers as well as Press. All staff involved in the care of the patient need to be advised / trained in refusing to give any information and to refer all such inquiries to the communications team. Useful to give all staff the appropriate phone number to direct enquiries to.
- Direct discussions between NUTH team and The Royal Free Communications Director is a clear need for advice on minimum standards and staffing levels needed as well as specifics of communications for EVD from their experience.
- The Royal Free has a large Comms team (7 staff?) already in place to manage all aspects of hospital media relations.

Disclaimer

The exercise scenario is entirely fictional and is intended for training and exercise purposes only. The exercise report is provided by Public Health England and is subject to

This report has been compiled from the comments made by the participants during the exercises and the observations of facilitators and note takers. The report's author has tried to assimilate this information in an impartial and unbiased manner to draw out the key themes and lessons: the report is not a verbatim account of the exercise. The report has been quality checked by the senior management within PHE's Emergency Response Department before being released to the commissioning organisation.

The lessons identified in the report are not therefore necessarily PHE's corporate position; they are evidenced on the information gathered at the exercise and interpreted in the context of ERD's experience and judgement. It is suggested that the lessons identified are reviewed by the appropriate organisations to assess if any further action is required.

