

Report on the Ebola Preparedness Surge Capacity Exercise 10 March 2015






The report on the Ebola Preparedness Surge Capacity Exercise

The Ebola Preparedness Surge Capacity Exercise was delivered on 10 March 2015, supported by the Department of Health, NHS England, Public Health England and the National Ambulance Resilience Unit. This exercise was commissioned by NHS England to confirm a shared understanding of National Health Service and Public Health England capabilities and resources to manage multiple confirmed Ebola cases within England.

This report was prepared by Public Health England and agreed with NHS England and Public Health England.

Executive summary

On 10 March 2015, a discussion-based exercise considered the current arrangements and capabilities of the four designated National Health Service surge centres in England to respond to multiple positive cases of Ebola in England. Participants in the exercise included representation from the Department of Health, Public Health England, NHS England, the National Ambulance Resilience Unit, appropriate Ambulance Services, Local Authority, the Health & Safety Executive, Public Health Wales and the Ministry of Defence 

The exercise was considered to be very relevant and a valuable opportunity for participants to share experiences and learning from the Ebola response. All participants confirmed the importance of building on the legacy from this response in order to maximise the benefit of all the training and work undertaken and the knowledge and skills gained over this period, which may have future benefit and broader applicability.

The key findings from this exercise included:

- A mechanism is required for sharing the learning from all the exercising, training, testing and real life experience that has come out of the response to Ebola
- As part of the legacy from the Ebola response, the Infectious Diseases Clinical Reference Group should consider the establishment of an Infectious Diseases Network to support the sharing of common standards and practices. This should be supported by future training plans and the development of a generic infectious diseases plan
- A review of capacity and capability of the surge centres is required, especially around the management of paediatrics
- Clarity is required on the triggers to move to a cohort model
- Clearer public messaging and information to other professional partners is required, especially regarding how the system works with stakeholders, local communities and Other Government Departments
- Training and exercising: ongoing investment in training and exercising is required, including the identification of national standards for infectious disease training across the NHS system. This should link to commissioning and staffing resilience

A full list of recommendations is included at Appendix A.



1. Introduction

This report describes the design, delivery and outcomes of an Ebola preparedness exercise that was held on Tuesday, 10 March 2015. The exercise was designed to consider the current arrangements and capabilities of the four surge centres in England and their options for surge capacity in response to multiple positive cases of Ebola Virus Disease (EVD). The four surge centres are: the Royal Free Hospital London NHS Foundation Trust; the Newcastle upon Tyne Hospitals NHS Foundation Trust; the Royal Liverpool and Broadgreen University Hospitals NHS Trust; and the Sheffield Teaching Hospitals NHS Foundation Trust. Representatives from the following Ambulance Services also participated: North East Ambulance Service; the North West Ambulance Service; the Yorkshire Ambulance Service and the London Ambulance Service.

The exercise provided participants with the opportunity to assess and review current clinical capabilities, protocols and resources as well as options for surge capacity arrangements that might be required in the management of multiple cases of confirmed EVD in England. Participants also considered the interdependencies between Health with Other Government Departments and the coordination of public messaging. The exercise was designed by Public Health England (PHE) with support from NHS England.

1.1 Background

There have been more than 24,000 cases of Ebola since the outbreak started in West Africa more than a year ago. Nearly 10,000 people have died. The most seriously affected countries are Sierra Leone, Liberia and Guinea. International agencies, including staff from the United Kingdom, continue to support the effort to contain the world's worst epidemic of the disease since 1976.

UKMed and the Liverpool School of Tropical Medicine have provided more than 2,000 staff to support the response activities in West Africa, and up to 700 UK defence personnel are based in Sierra Leone as part of efforts to tackle the largest ever outbreak of Ebola.

PHE continues to provide international staff volunteers for the Ebola Treatment Centre (ETC) laboratories sourced from PHE, the NHS, Public Health Wales, the Defence Science and Technology Laboratory and UK universities.

According to PHE's fortnightly Ebola update to partner organisations dated 10 February 2015, 177 people in the UK have been tested for Ebola and 3,447 people have been screened at ports of entry. The United Kingdom has robust, well-developed and well-tested systems for managing Ebola and the overall risk to the public in the UK continues to be very low. However, two UK patients have been successfully treated at the Royal Free Hospital, London during this current response to the Ebola outbreak.

Public Health England's Emergency Response Department was commissioned by NHS England to organise an exercise to consider the current arrangements and capabilities of the four designated surge centres in England and their options for surge capacity in response to multiple positive cases of Ebola in England.

2. Aim and objectives

2.1 Aim




The aim of the exercise was to confirm a shared understanding of NHS and PHE capabilities and resources to manage multiple confirmed Ebola cases within England.

2.2 Objectives

The objectives for the exercise were:

- a) To explore and confirm the available clinical capabilities, protocols and resources
- b) To explore and confirm the national outbreak control and coordination processes
- c) To confirm surge capacity arrangements for multiple positive EVD cases
- d) To explore interdependencies between Health and Other Government Departments
- e) To explore and confirm the coordination of public messaging associated with multiple positive EVD cases

Summary of recommendations

Serial	Surge Capacity Exercise - Recommendations	Responsibility
Preparation, notification and alerting		
1	Directors of Public Health should review on call rotas, including splitting full weeks, to ensure staff resilience	Directors of Public Health
2	Ongoing investment in training and exercising should continue in order to improve resilience and to build on the learning gained from the Ebola response	All organisations
3	A national standard for training staff in infectious disease treatment and management needs to be identified and this should link to commissioning.	DH / PHE / NHS England 
4	To consider a mechanism to enable trained staff to be deployed from one surge centre to another	NHS England
5	The ID Clinical Reference Group should consider the proposal for the development and establishment of an Infectious Diseases Network to support the sharing of common standards and practices, and this should be supported by future training plans	NHS England
6	A mechanism and system should be put in place for sharing the learning and experience from all the testing, exercises and live cases during the Ebola response. This information should be made available via an online forum or similar and through regular training and exercising	DH / Cabinet Office 
7	To consider how returning Health Care Workers can be brought into the system as additional resource to the surge centres	DH / NHS England / DFID 
8	Early identification of the impact on resources, staffing and surge capacity arrangements would be of benefit, including the identification of services and surgeries that can be postponed/cancelled	Trusts / NHS England
Clinical capabilities, protocols and resources		
9	DH/NHS England to consider formalising the process of patient allocation to surge centres by the Royal Free Hospital, London, acting as Bed Bureau	DH / NHS England / Royal Free Hospital
10	Further work is required between ID and paediatric consultants and nurses to improve clinical capability and to raise current standards	DH / NHS England / Trusts
11	Surge centre trusts to identify and consider the issues regarding movement of in-hospital ID patients to create capacity for VHF admission, and to develop a protocol to address these issues	NHS England / Trusts
12	NHS England to develop a forward staffing model to support the surge centres	NHS England / Trusts
13	Clarity on the role and structure of the cohort model, including triggers, should be shared with the surge centres	DH / HSE / NHS England / PHE
14	Trusts to develop a protocol for bringing services back into use once a patient has been discharged	Trusts

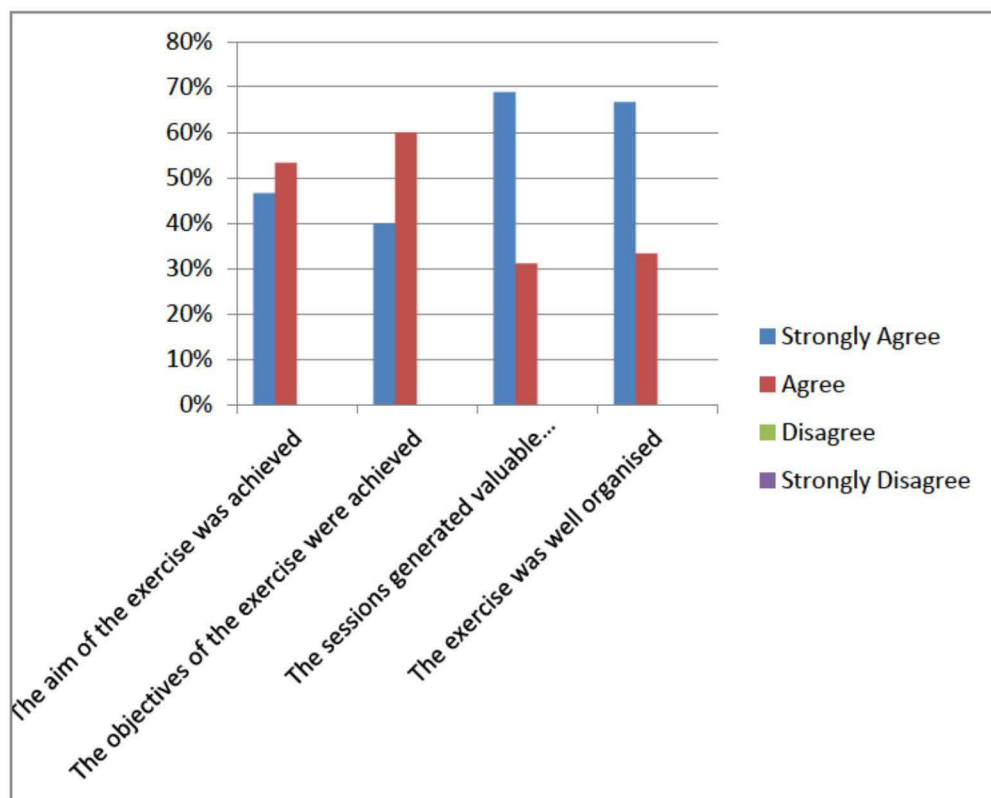
15	To maintain regular teleconferences between NHS England and the four surge centres until the current response ends	NHS England / Trusts
16	Further investment in training is required to increase paediatric capability and capacity	DH / NHS England
17	Ambulance Service to develop an Action plan / protocol in partnership with NARU and MoD for the transportation of paediatric cases	NARU / MoD / Ambulance Service
National outbreak control and command, control and coordination processes		
18	DH, NHS England and PHE to discuss and develop an ID outbreak plan, to include and take forward the learning from this Ebola response	DH / NHS England / PHE
19	Based on current guidance regarding the handling and management of Hazard Group 4 pathogens and similar human infectious diseases of high consequence, further exercising is required regarding the management of the deceased, to include LA, Ambulance Service and PHE	PHE / LA / AS
Surge capacity arrangements for managing multiple positive EVD cases		
20	Further discussion is required between DH and the MoD/RAF regarding paediatric transfer arrangements	DH / MoD
21	Future training requirements should be consolidated and be consistent across England and be proportionate to the response required	DH / NHS England / PHE
Interdependencies between Health and Other Government Departments		
22	Clarification is required regarding reporting requirements and information sharing across partner organisations and government departments	DH
Coordination of public messaging associated with multiple positive EVD cases		
23	NHS England, PHE and DH national Communications teams to liaise and share the UK Ebola Communications Plan and to feed into the development of a generic Infectious Diseases Plan	DH / NHS England / PHE
24	The Royal Free Hospital London NHS Foundation Trust to share key learning on communications issues	Trust
25	DH, PHE and NHS England Communications to develop guidance for surge centre local Communications liaison with families	DH / NHS England / PHE / Trusts
26	DH, NHS England and PHE Communications to develop prepared messaging on paediatric cases; on challenges around capacity; and patient death	DH / NHS England / PHE / Trusts
27	DH, NHS England and PHE Communications to develop guidance for the surge centre trusts on how families should deal with social media	DH / NHS England / PHE / Trusts



28	DH, PHE, NHS England and surge centre trusts to consider the resource and allocation of communications personnel, including the development of a pool of trained staff to help build resilience	DH / NHS England / PHE
29	PHE to consider how to raise awareness of available messages for the local community	PHE
30	DH to consider clarification and sharing with the surge centres of the protocol for sign-off of messages	DH

Participant feedback on the exercise

There were 75 attendees at the exercise. This comprised 51 participants; 13 Subject Matter Experts; and 11 members of Exercise Control. Feedback on the exercise is displayed below. 100% of responding participants strongly agreed or agreed that the aim and objectives of the exercise were achieved and that the sessions generated valuable discussion as well as highlighting areas for improvement.




	Strongly Agree	Agree	Disagree	Strongly Disagree	Did Not Answer	
The aim of the exercise was achieved	47%	53%	0%	0%	0%	100%
The objectives of the exercise were achieved	40%	60%	0%	0%	0%	100%
The sessions generated valuable discussions and highlighted important areas for development	69%	31%	0%	0%	0%	100%
The exercise was well organised	67%	33%	0%	0%	0%	100%

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Disclaimer

The exercise scenarios are entirely fictitious and are intended for training and exercise purposes only. The exercise report is provided by Public Health England and is subject to © Crown Copyright 2015.

This report has been compiled from the comments made by the participants during the exercise 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 is then quality checked by the senior management within PHE's Emergency Response Department before it is released to the commissioning organisation.

The recommendations made 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 recommendations are reviewed by the appropriate organisations to assess if any further action is required.