University Hospitals Bristol and Weston NHS Foundation Trust

Heatwave

UHBW Severe Weather Plan – Part 2 of 2

In receipt of an Amber "Heat health alert" or above activate this plan and go the Appendices for action cards

This is a version controlled document with the latest version stored on the Document Management System (DMS).

Document Owner: Emergency Planning Manager

Document Control

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Change Control

Version	Status	Date	Reviewer	Comments and datix number if reviewed post incident
1.2	Draft	June 2010	[redacted]	New Plan
1.3	Final	June 2010	[redacted]	Plan Accepted
2.0	Final	May 2011	[redacted]	Annual Revision
3.0	Final	June 2013	[redacted]	Revision with amendments
4.0	Final	May 2014	[redacted]	Revision with amendments
4.1	Final	May 2015	[redacted]	Date amend
4.2	Draft	June 2016	[redacted]	Minor updates following publication of the PHE and NHS England Heatwave plan.
5.0	Final	July 2016	[redacted]	Plan ratified at CCSG
5.1	Draft	June 2017	[redacted]	Revision to update for 2017
5.2	Final	July 2017	[redacted]	Updated and signed off post July heatwave
5.3	Final	July 2019	[redacted]	Annual review and administrative changes
5.4	Final	June 2020	[redacted]	Updated to incorporate Weston
5.5	Final	July 2021	[redacted]	Updated to reflect monitoring and process obtaining for portable Air Conditioning units
5.6	Review	June 2023	[redacted]	Update to reflect changes from new NHS England Heatwave Plan.

Document Distribution

- Printed Copy in Incident Coordination Centre, Trust HQ
- Document Management System (master copy)
- On-call manager teams space

University Hospitals Bristol and Weston NHS Foundation Trust

Document Amendment Form (minor amendments)

No.	Date	Page no	Amendment	Authorised by
1	22.05.2025	5-7-10-11(Action Card) Section	SD added Links and additions from UKHSA 2025-2026 Adverse Weather and Health Plan.	[redacted]
2	21.05.2025	7-11	SD Edited the reference to the resilience inbox to the current incident response and EPRR generic inbox.	[redacted]
3	21.05.2025	12	New link into Standing Action Log to identify vulnerable people's guidance.	[redacted]
4				
5				
6				
7				
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10				

Ten or less minor amendments can be made before the document is revised. Major changes must result in immediate review of the document

If printed, copied or otherwise transferred from the Trust intranet, procedural documents will be considered uncontrolled copies. Staff must always consult the most up to date version– located on the Document Management System.

Contents

1. Introduction

1.1. Aim and objectives.

This plan has been developed to provide guidance when normal business activities have been affected by severe weather namely a Heat period which prevents staff, patients and visitors from attending the Trust or its periphery clinics, or which creates heat related problems for staff and in patients. Additional information is available from Heat - GOV.UK @2025-2026.

This guidance is part of the Trust's Business Continuity Planning and can be used either as part of the overall plan for severe adverse weather or in isolation to deal with specific instances adverse heat.

The aim of these procedures is to maintain safe staffing levels, maintain patient safety, safely manage a potential increase of patients presenting through the Emergency Departments and to rebalance the emergency and elective activity.

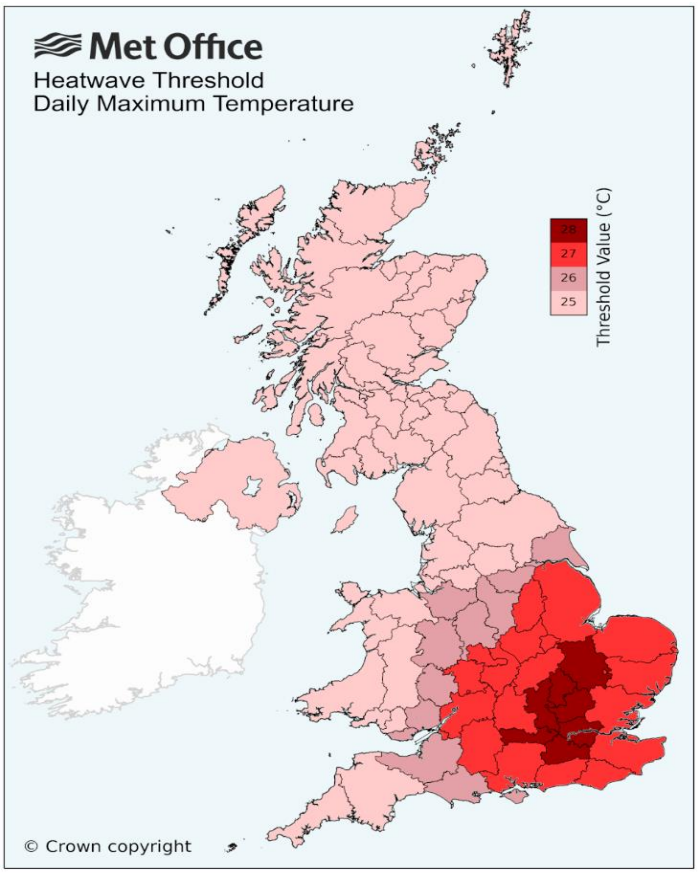
Actions are required by all clinical staff during a heatwave event and must be considered early based on weather intelligence received by the Met office .

1.2. Scope

The scope of this document details the operational processes for taking practicable action to respond to severe heat weather. There is the potential to impact upon routine services whilst implementing effective control measures.

1.3. Definition

A UK heatwave threshold is met when a location records a period of at least three consecutive days with daily maximum temperatures meeting or exceeding the heatwave temperature threshold. The threshold varies by UK county, see the UK temperature threshold map below.



(Met office, 2023)

1.4. Supporting documents

UHBW Overarching Business continuity plan
Trust process for obtaining portable air conditioning units

2. Plan activation

2.1. Triggers

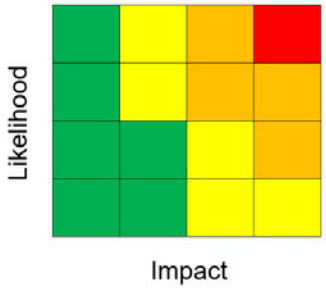
Amber (enhanced response)

An amber alert would represent a situation in which the expected impacts are likely to be felt across the whole health service, with potential for the whole population to be at risk and where other sectors apart from health may also start to observe impacts, indicating that a coordinated response is required. In addition, in some circumstances a National Severe Weather Warning Service (NSWWS) Extreme Heat warning may be issued in conjunction with and aligned to the UKHSA HHA. This situation would indicate that significant impacts are expected across multiple sectors.

Red (emergency response)

A red alert would indicate significant risk to life for even the healthy population. A red warning would be issued in conjunction with and aligned to a red NSWWS Extreme Heat Warning. Severe impacts would be expected across all sectors with a coordinated response essential.

Figure 2. Impact and likelihood risk matrix



2.2. Who is most at risk?

The heat can affect anyone, but some people run a greater risk of serious harm. These include:

- Older people, especially those over 75.
- Babies and young children.
- People with serious mental health problems.
- People on certain medication.
- People with a serious chronic condition, particularly breathing or heart problems.
- People who already have a high temperature from an infection.
- People who misuse alcohol or take illicit drugs.

- People with mobility problems.
- People who are physically active, like manual workers and athletes.

2.3. Alerting

The Trust is linked directly into the Met Office Severe Weather alert system and the Met Office

The Trust EPRR Unit via the [redacted] and the [1]generic incident response in box [redacted] receives the following Severe Weather Warnings (SWW)

- From the Environment Agency via email for Flood alerts
- From the Met Office weather health watch - via email alert for changes to the alert level both Heatwave and Cold Weather.
- https://ukhsa-dashboard.data.gov.uk/weather-health-alerts

Clinical site management teams, Communications Team, and Estates and Facilities receive the following Severe Weather Warnings (SWW)

- From the Met Office weather health watch - via email alert for changes to the alert level both Heatwave and Cold Weather.

Forecasts of an alert level change are provided 2-3 days in advance, so that on a Friday the weekend Forecast should be known to the Trust.

- If the weekend forecast states that the current weather health watch level is changing e.g. from yellow to amber the on-call Manager and the Strategic on call must be alerted by the EPRR Unit.
- The Trust switchboard holds on-call rotas and contact numbers.

If the Alert level reaches red , this will be declared as a Major Incident Nationally via NHSE

Additionally, as a member of the LHRP, the Trust may be alerted via the commissioning body BNSSG ICB or by NHSE when weather impacts require special arrangements to be implemented.

2.4. Activation

This plan will be activated using the established business continuity incident response command and control process when disruption is likely. Out of hours the plan can be activated by the Strategic on-call following an assessment of disruption with on call managers and Clinical operational teams .

Upon the receipt of an Amber heat health from the national severe weather warning service the Trust must assess the impacts and take appropriate steps to mitigate risks. Appendix 1 identifies the severe weather response team that will be assembled if a severe weather alert is assessed by the Trust as having an impact.

Severe Weather Incident Tactical Co-ordinator

This role will be assumed by the Operational lead or EPRR manager in hours or an on-call manager (OCM) out of hours. They may be contacted by the UHBW operations centre /clinical site manager because weather conditions have deteriorated sufficiently to warrant the instigation of the Severe Weather plan or the response is pre-planned due to weather warnings and/or forecast.

The Incident Co-ordinator will liaise with the Executive Team, Divisional representatives, Inpatient/Outpatient leads and Communications lead to review whether normal service delivery can

[1] The [redacted] is no longer in use but has been kept as archive for Covid-19 items.

be achieved. These decisions will be carried forward by Divisions who will undertake the appropriate actions

Divisional Silvers

Each division has a nominated divisional Silver who is designated in advance to deal with disruptive incidents and mange issues. The divisional silver will be the representative of the division as part of the incident response team.

2.5. Stand down

In the case of a heat health incident the incident will be stood down when the alert is no longer in place and will have a natural end to response

3. Managing the response

3.1. Command and control

Command and Control will be handled in two different ways depending on whether decisions around activating severe weather procedures occur in core hours or out of hours.

The Trust will be linked directly into the Met Office Severe Weather alert system. This will enable the Trust to begin to consider their plans in advance of changing weather.

In the event that a heat related event is declared and the impact on the Trust is significant, the Trust will activate the command-and-control structure as detailed in the Trust Business Continuity Plan.

Core Hours

The Deputy COO or EPRR Manger will assume the role of Tactical Incident Coordinator, will follow the appropriate action card in the appendices and establish the severe weather -Heat incident response team. The EPRR Unit will set up briefing meeting according to the issue using Action Cards as and when required. All actions will be recorded in the event action log.

The operational lead will assume the role of Operational Liaison Lead and will follow the appropriate Action Card for this role, which involves liaising internally to support discharge and help resolve problems and externally, liaising with partner organisations to alert them to the state of the hospital.

The Incident Co-ordinator will liaise with the Strategic incident manager, Divisional representatives, Inpatient and Outpatient leads and the Communications lead to review whether normal service delivery can be achieved. These decisions will be carried forward by Divisions who will undertake the appropriate actions.

The Communications lead will ensure that consistent messages are communicated to staff, patients, public and press through the usual channels.

Out of Hours

It is unlikely that a heatwave severe weather incident will manifest during night time hours however at other out of hours times the Clinical Site Manager operations team receive severe weather health alerts and will ensure that the on call manger team are briefed from the information in the alert following using the well-recognised SBAR briefing tool.

The on call manager will assume the roles of Tactical Incident Commander for their sites of responsibility as per the Trust overarching business continuity plan.

The Incident Coordinator will liaise with the Strategic level incident lead, Divisional representatives, Inpatient and Outpatient leads and Communications lead to review whether normal service delivery can be achieved. These decisions will be carried forward by Divisions

who will undertake the appropriate actions. The Communications lead will ensure that consistent messages are communicated to staff, patients, public and press through normal channels.

4. Principles of the response .

- Identity at risk individuals and respond through planned action to ensure care is enhanced to these individuals.
- Identify cool areas in the UHBW environment and where practicable ensure at risk persons have periods of time in these cooler areas.
- Maintain medicine management principles

5. Temperature Recording

All patient areas (wards and Clinics) should be able to record room temperatures regularly during the period of a heat health alert as this is part of the Health and safety and general wellbeing of all staff, patients and visitors .

Recording temperatures is designed to identify the coolest and warmest areas of the clinical environment so that staff can take appropriate action (where practicable) to move the most at risk individuals to cooler areas. There will be constraints to this in relation to clinical care and infection prevention and control / isolation however, the principles remain the same.

These temperatures are to be recorded on the temperature record in the appendices and held locally.

6. Communications

Managing expectations is key to the response to a heat health incident in relation to climate control of areas in particular clinical areas. The constraints of the building estate, electrical loading and ventilation safety will govern whether an area can apply for a portable air conditioning unit. These units have a very limited impact in temperature control. Estates teams have a key role in the customer service element of managing request and taking time to explain the rational e for declining a request for portable air conditioning units in non-suitable areas.

The Trust communications team will support Trustwide communications messaging and maintain the heat incident intranet page with regular weather updates and hoist a copy or link to the trust heatwave plan made available by the EPRR unit plus any additional information such as the ordering process for portable air conditioning units .

Normal communication routes will be in effect through the incident with areas escalating issues to their normal points of contact and upwardly

7. Recovery

In relation to a heat related incident recovery actions will be directed by the incident itself. Standard principles of incident management will apply and if needed a recovery group should be set up at the earliest opportunity.

8. Further information

The UKHSA adverse weather health plan supported by a series of Information Guides published online, including:

- Looking After Yourself And Others During Hot Weather (for Individuals, families and carers);
- Weather-Health Alerting System - GOV.UK
- The supporting evidence document (SED) https://www.gov.uk/government/publications/adverse-weather-and-health-plan
- Supporting Vulnerable People before and during a Heatwave: - Advice for Health and Social Care Professionals Supporting vulnerable people before and during hot weather: social care managers - GOV.UK
- The Weather Ready campaign is a year-round campaign run by the Met Office.
- The National Risk Register also signposts advice and guidance on what members of the public can do to prepare for these events.

Check the weather forecast and any high temperature health warnings at: www.metoffice.gov.uk @2025-2026.

Appendices

Action Card –Tactical Incident Coordinator- Heat incident

Role to be undertaken by: DCOO or other Operational Lead

Notification
Receipt of an OFFICIAL: Amber Heat-Health Alert and above from the Met Office or the United Kingdom Health Security Agency to the Trust EPRR Unit via the [redacted] and the generic incident response inbox [redacted]

Key Outputs:

- JESIP
- Maintain safe staffing levels and patient safety
- Manage increased patient presentations with heat related complaints

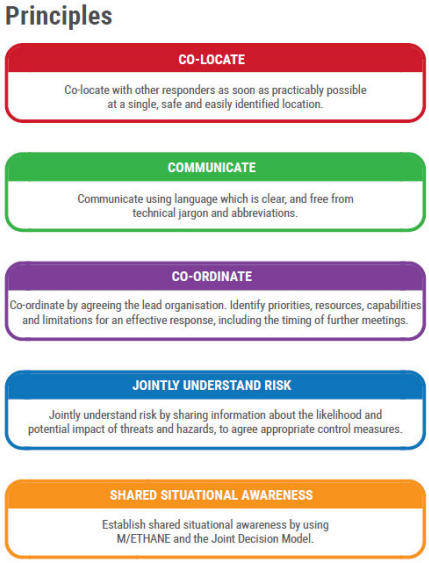
Actions:

- The EPRR Unit will establish a briefing and further regular meetings throughout the incident if necessary, to update on situation and escalate any concerns.
- Set up the Incident Coordination Centre if required. Ensure all initial actions are completed below:

The following will need to be contacted:

- Divisional Silvers/Duty Managers
- Health and Safety department
- On-Call / On-Site Communications Lead
- On-Call / On-Site Estates Manager
- On-Call / On-Site Head of Hotel Services
- Clinical Site Teams
- EPRR Manager
- Digital Services
- Outpatients lead
- Operations matron / CSM

- The Discharge Lounge Lead is responsible for ensuring the safe discharge of patients is managed effectively but will flag up with the Operational Liaison Lead if patient transport becomes overwhelmed.
- When appropriate and in liaison with the Divisional Managers the Emergency Planning manager or Deputy Incident Coordinator will stand down the Heat Alert planning group.



JESIP,2023.

Standing Actions log

Action	Owner	Comments	Status
Confirm process for requesting Portable air con units	Ventilation group / estates and IPC		
Communications trust wide on connect to include process for requesting portable air con units, risk assessments and copy of current heat wave plan	Communications		
Confirm mitigations in place for Medicines management	Pharmacy via DT silver		
Review impacts and potential mitigations for MRI overheating	DT Silver		
Review issues related to heat on data centres colling and mitigations	Digital services		
Confirm discharge plans include return to home with consideration for heat impacts.	Divisional Silvers	Divisional Silvers to cascade within divisions.	
Confirm Health and safety risk assessors are communicating message through network – recording temperature at least 1 per day at peak 12:00-14:00 to identify areas +26C	Health and safety rep		
Div silvers to cascade message to areas regards	DIV silvers/ manager of the day BRHC	Sharing message and confirmation for identification of patient and taking actions required. [redacted]	

identifying patients at risk and updating care plans according to heatwave plan			
Confirm plans in place for increased ward support refreshments available/ ICE	Facilities		
Confirm additional actions	All		
Confirm next meeting	All		

Action Card – Severe Weather Operational Liaison Lead

Role to be undertaken by: **Operations Matron Clinical Site Manager (Adult's and Children's) or other designated member of staff**

Role

The Clinical Site Team email inbox will receive alerts from the Met Office confirming severe weather is expected. In receipt of an Amber heat health alert this is to be highlighted on internal operational meeting and includes in operational sitreps including weekend plans.

On declaration of a Severe Weather Event assume the duties of the Operational Liaison Lead.

Actions:

- Liaise with the Incident Co-ordinator to gather data in order to inform the Ambulance Service of the Trust's ability to admit patients if affected.
- Work with the Discharge Lead and Transport Manager to ensure that discharged patients are able to be transported to their home or alternative accommodation.
- Responsible for liaising with the Ambulance Service and other transport providers to ensure that discharge is effective.

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Action Card – All Patient Wards and Clinics

Role to be undertaken by: **The Person in Charge**

Notification: **Severe Weather Incident Coordinator**

It is the responsibility of the person with 24-hour accountability for this area to ensure that actions outlined below are undertaken / complied with and that all staff are familiar with these actions and are aware of their roles and responsibilities in the event of a heatwave.

Outline Responsibilities:

1. Person in charge to assess the environment and identify at risk patients on a shift by shift basis
2. Person in charge to ensure actions, below, are completed and escalate accordingly.
3. Collaboration with the families and informal carers, of at risk individuals due for hospital discharge, to ensure awareness of the dangers of heat and how to keep cool and to put simple protective measures in place.

Specific Action Points:

1. Identify particularly vulnerable individuals (those with chronic/severe illness, on multiple medications, or who are bed bound) who may be prioritised for time in a cool room; Hospitals should aim to ensure that cool areas are created that do not exceed 26°C, especially in areas with high risk patients.
2. Include reschedule of Physio and mindful of medicines management. Emergency dept use of SWASFT queuing heatwave SOP.
3. Indoor thermometers should be installed in each room that vulnerable individuals spend substantial time in and, during a heatwave, indoor temperatures should be monitored at least four times a day. Results are to be recorded on the temperature record in the appendices and retained locally.
4. Ensure that cool rooms are ready and consistently at 26°C or below;
5. Identify naturally cooler rooms/areas that vulnerable patients can be moved to if necessary;
6. Obtain supplies of ice/cool water;
7. Ensure that staffing levels will be sufficient to cover the anticipated heatwave period;
8. Repeat messages on risk and protective measures to staff, patients and visitors.
9. Due to the additional risk of psychiatric medications affecting thermoregulation and sweating, acute and mental health trusts and teams need to ensure that hospital environments have a cool room (26°C or below)
10. Identify departments that could potentially be affected by raised temperatures, particularly where there is no air conditioning
11. If temperatures exceed 26°C, high risk individuals should be moved to a cool area that is 26°C or below.
12. Cool areas can be developed with appropriate indoor and outdoor shading, ventilation and, if necessary, air conditioning.
13. During the summer months, sufficient staff must be available so that appropriate action can be taken in the event of a heatwave.

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University Hospitals Bristol and Weston NHS Foundation Trust

Temperature Record

Area :

Temperatures should be recorded at least once per day at peak heat during an Amber heat health alert if operational pressures do not allow for 3 times per day.

Date	Morning temp	Mid afternoon temp	Evening temp	Action taken	Signature

Date	**Morning temp**	**Mid afternoon temp**	**Evening temp**	**Action taken**	**Signature**