The Newcastle upon Tyne Hospitals NHS Foundation Trust

Emergency Preparedness, Resilience & Response Policy

1. Introduction

The Civil Contingencies Act 2004 (CCA) (UK Government, 2004) imposes a statutory duty on Newcastle Upon Tyne Hospitals NHS Foundation Trust (the Trust) to have in place arrangements to enable a response to incidents and emergencies. Under the terms of the CCA the Trust is a Category 1 Responder. This places a statutory duty upon the Trust to be able to respond to internal or external disruptive events that might impact on the Trust’s ability to deliver its services.

The CCA also places other duties on Category 1 responders, including the requirement to:

- Assess the risk of emergencies occurring and use this knowledge to inform contingency planning.
- Ensure emergency plans and business continuity management arrangements are in place.
- Communicate with the public to ensure they are warned, informed and advised in the event of an emergency.
- Share information and cooperate with other local responders to enhance coordination and efficiency.

The NHS Emergency Preparedness, Resilience and Response (EPRR) Guidance (NHS England, 2015) requires the Trust to:

- Have suitable and up-to-date incident response plans which set out how the Trust would respond to and recover from a major incident/emergency which is affecting the wider community or the delivery of services; and
- Have business continuity plans that enable the Trust to maintain or recover the delivery of critical services in the event of a disruption.

The purpose of the policy is to describe the Trust framework for meeting, the requirements of the Civil Contingencies Act (2004) and the NHS England EPRR Core Standards (2015) and also to align with EPRR requirements set out in the NHS Standard Contract(s) and other applicable legislation and guidance set out in the NHS England EPRR Framework 2015.
2. **Scope**

The policy applies to all Trust directorates and departments, premises and staff.

3. **Aim & Objectives**

The aim of this policy is to describe the Trust’s EPRR framework, plans, roles, responsibilities and processes which aim to ensure the continuity of services, business operations, protection of patients and staff and the Trust’s reputation.

The objectives of this policy are to:

- Ensure that the Trust can meet the requirements in EPRR guidance and standards and the CCA (2004).
- Define the roles and responsibilities of directorates and departments with regard to the management of incidents.
- Outline the provision of support and advice to directorates and departments to facilitate their compliance with standards.
- Describe the process by which EPRR is monitored and reviewed.
- Describe how the Trust is assured that it complies with relevant standards.

4. **Roles and responsibilities**

1.1 **Chief Executive**

The Chief Executive has overall responsibility for EPRR, on behalf of the Board of Directors of the Trust. The Chief Executive is responsible for ensuring that the Trust is in a position to provide an overall assurance that the organisation has in place the necessary EPRR Framework.

1.2 **Executive Lead for EPRR**

The Medical Director is the Trust’s designated Accountable Emergency Officer for EPRR and has delegated responsibility for ensuring that the Trust is in a position to provide assurance that it has in place the necessary EPRR Framework. The Accountable Emergency Officer for EPRR is also a member of the Trust Board and chairs the EPRR Strategy Group.

Designated leads responsible for EPRR work programmes provide reports to the EPRR Strategy Group – see diagram on page 3.

Responsibilities of the Executive Lead for EPRR:

- To ensure that the organisation is compliant with the EPRR requirements as set out in the Civil Contingencies Act (2004) the Health and Social Care Act (2012), the NHS EPRR Framework 2015;
- To ensure that the organisation is appropriately prepared and resourced to respond to a significant incident or emergency;
- To ensure that the organisation has plans to deal with surges in activity;
- To provide regular updates from the EPRR Strategy Group to the Corporate Governance Committee;
To provide annual assurance to the Trust Board that the organisation has strategies, systems, training, policies and procedures in place to ensure an appropriate response from the Trust in the event of a major incident or civil contingency event.

**Diagram 1 – NUTH EPRR Committee Structure**

4.3 EPRR Team

The Trust has a small core team of staff and clinicians responsible to the Accountable Emergency Officer for:-.

- Ensuring that the Trust meets its statutory obligations under the Civil Contingency Act 2004 and EPRR core standards and complies with all relevant EPRR guidance;
- Ensuring the development and maintenance of the Trust’s emergency and business continuity plans and, improving standards of emergency preparedness across the Trust;
- Providing leadership/advice on specialist emergency preparedness and resilience issues;
- Reviewing emergency preparedness in the light of new and emerging risks, recommendations, guidance and statutory requirements and maintaining the EPRR Risk Register;
- Keeping the Accountable Emergency Officer up dated on matters related to emergency preparedness;
- Ensuring that the organisation maintains up to date major incident and business continuity plans/processes and has suitably equipped Incident Response Rooms available;
- Providing advice and training to appropriate staff in relation to emergency preparedness, resilience and response;
- Liaising with partners from other emergency responder organisations and within the Trust to ensure that the Trust can support the response to a major incident or emergency affecting the wider community;
- As appropriate ensuring post incident reviews/debriefs are conducted so that lessons may be learned;
- In liaison with the EPRR Accountable Emergency Officer provide information to NHS England and Clinical Commissioning Groups in support of assessment of the Trust’s EPRR preparedness.
4.4 On-Call Corporate Team

The Trust has a corporate team on call team 24/7, 365 days a year comprising a director, medical director and an on call senior manager.

The On-Call Corporate Team is responsible for:-

- Ensuring personal attendance at EPRR training when requested;
- Maintaining skills and competencies appropriate for their role in the Trust’s response;
- Leading the Trust’s response to a significant disruption to incidents or emergencies at a corporate level.
- Responding following role related action cards in the event of a major incident (mass casualty).

4.5 EPRR Directorate and Department Major Incident Responsible Officers and Business Continuity Leads

Directorate and departments have identified leads for business continuity and in key response areas identified major incident responsible officers who have delegated responsibility for ensuring that the EPRR Policy is followed and implemented as follows:-

- Facilitate the provision of training, exercising and support to those directorate managers and staff with a designated role in the planning for and responding to incidents.

- Provide assurance to the EPRR Strategy Group that training & exercises have been completed in line with recommendations made in the NUTH EPRR Training & Exercising Strategy.

- Provide assurance to the EPRR Strategy Group that debriefs are carried out following exercises or real incidents and that lessons learnt are identified and action plans put in place to reduce future risk and improve resilience.

4.6 All staff

It is the responsibility of all Trust staff, who may be involved in contributing to an emergency response, to be aware of their role and the role of others by ensuring that they:

- Participate in the Trust’s induction programme and training in EPRR as instructed by their manager;
- Have an awareness of emergency plans that are in place for their own area of work and understand what would happen if they were invoked;
- Are familiar with and adhere to current Trust policy and guidance on EPRR.
4.7 Loggists

The Trust is required to provide a trained loggist to support the corporate incident response team in an emergency or incident response in order to keep a record of decisions taken and relevant context.

Arrangements are in place to provide in hours and out of hours trained loggist cover.

The loggist arrangements are activated when the Major Incident Control Team or Continuity Operational Group are activated.

The incident response lead is responsible for ensuring that all decisions and rationales are recorded by the Loggist.

5. Command & Control Arrangements

The Trust's Major Incident Plan outlines the process, in the event that an external / internal mass casualty major incident is declared, for call in of response staff via the hospital switchboard. This includes the Incident Control Team and key response staff.

The Business Continuity Management Policy outlines the process and responsibility for command and control of business continuity incidents.

Trust Business Continuity and Major Incident Action Cards provide advice / instructions to Corporate on call staff.

There are specific incident management plans, guidance and action cards for the Incident Control Team. The Incident Control Team will be responsible for coordinating the Trust's response to significant incidents and emergencies.

6. Plans and Policies

<table>
<thead>
<tr>
<th>Documents</th>
<th>Objective of the Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Preparedness, Resilience and Response (EPRR) Policy</td>
<td>Sets out the EPRR framework and strategic direction for the Trust</td>
</tr>
<tr>
<td>NUTH Major Incident Plan</td>
<td>Outlines how the Trust co-ordinates its response to a Major Incident (mass casualty)</td>
</tr>
<tr>
<td>NUTH Business Continuity Management Policy</td>
<td>Outlines how the Trust plans for and co-ordinates its response to a business continuity incident</td>
</tr>
<tr>
<td>EPRR Risk Register</td>
<td>Assesses the implications to the Trust of the EPRR threats and hazards</td>
</tr>
<tr>
<td>Directorate/Department Business Continuity Plans</td>
<td>Outlines how critical services would be maintained in the event of a disruption</td>
</tr>
<tr>
<td>Directorate Major Incident Plans</td>
<td>Outlines how directorates will respond to major incidents</td>
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<td>--------------------------------</td>
<td>----------------------------------------------------------</td>
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<tr>
<td>EPRR Training Strategy</td>
<td>Outlines staff training requirements</td>
</tr>
<tr>
<td>Lockdown Policy</td>
<td>Covers all Trust owned and leased buildings and sites.</td>
</tr>
<tr>
<td>Evacuation Plan</td>
<td>Currently under development</td>
</tr>
</tbody>
</table>

7. **Risk Assessments**

Risk assessments of EPRR threat and hazards occurring which affect or may affect the ability of the organisation to deliver its functions will be undertaken annually and a summary presented to the EPRR committee.

The EPRR Risk Register takes account of Local Resilience Forum community risk registers and includes reasonable worst case scenarios specific to the Trust in the following areas:

- Severe weather
- Staff absence including industrial action
- The working environment, buildings and equipment (including denial of access)
- Fuel shortages
- Surges and escalation of activity
- IT and communications
- Utilities failure
- Response to a major incident. Mass casualty event
- Supply chain failure
- Associated risks in the surrounding area (COMAH sites),
- Internal risks (flooding etc.)

Actions to mitigate the assessed risks where required are agreed and form part of the EPRR work programme.

8. **Training and Exercising**

Continuing education and refresher training is vital to ensuring an effective response. Different groups within the Trust require different levels of education.

All staff need some degree of awareness of their roles and responsibilities during an incident.

It is important to exercise emergency response plans regularly to test that they will work effectively.

A live exercise will take place every three years to test the Trust's Major Incident Plan. Predominantly, this will test the initial hospital response - Control Room functioning, ED and directorate responses. Usually, these are multi-agency exercises (NEAS & NHS England).
A table-top exercise to test the Trust’s Business Continuity and Major Incident Plan will take place annually.

Directorates are required to ensure that they test business continuity and major incident plans annually and provide assurance to the EPRR Strategy Group that this has been done.

Internal directorate level testing of call in and cascade processes in major incident plans will be supplemented by periodic “cold call” testing of elements of directorate responses by members of the Major Incident Operational Group. Records of these tests will be compiled, along with details of hot and cold debriefs pertinent to plan review and revision.

Weekly testing and checking of the equipment in Trust Incident Rooms will be carried out by the IT department.

Appropriate trust staff will be required to participate in periodic external exercises facilitated by other agencies either in control room or advisor/observer positions.

The Trust EPRR Training and Exercise Strategy outlines the resources available and the requirements for staff training and exercising.

9. **Equality and Diversity**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff and the public entering our premises reflects their individual needs and does not discriminate against individuals on any grounds. This document has been appropriately assessed.

10. **Monitoring Compliance**

The EPRR Strategy Group will monitor compliance with the EPRR policy and review annual EPRR work plan progress.

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Trust Board assurance on</td>
<td>Review by EPRR</td>
</tr>
<tr>
<td>EPRR arrangements</td>
<td>Strategy Group</td>
</tr>
<tr>
<td>Trust EPRR arrangements</td>
<td>Internal Audit</td>
</tr>
<tr>
<td>Compliance with role</td>
<td>Evaluate reported</td>
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<tr>
<td>responsibilities</td>
<td>incidents</td>
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<tr>
<td>When responding to MI</td>
<td></td>
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<tr>
<td>or BC Incidents</td>
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</table>
11. Consultation and review

Members of the Business Continuity, Major Incident Operational Group and EPRR Strategy Group have been consulted on the content of this policy.
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis  Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. Assessment Date: 05.09.16

2. Name of policy / strategy / service:
   Emergency Preparedness, Resilience and Response

3. Name and designation of Author:
   Mrs T. Glennie

4. Names & designations of those involved in the impact analysis screening process:
   Mrs T Glennie, Head of Business Continuity, Mrs C Mathieson, Business Continuity and Emergency Planning Manager

5. Is this a:   Policy X   Strategy   Service
   Is this:      New x   Revised
   Who is affected Employees x   Service Users x   Wider Community

6. What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)

   The aim of this policy is to describe the Trust’s EPRR framework, plans, roles, responsibilities and processes which aim to ensure the continuity of services, business operations, protection of patients and staff and the Trust’s reputation.

   The objectives of this policy are to:

   - Ensure that the Trust can meet the requirements in EPRR guidance and standards and the CCA (2004).
   - Define the roles and responsibilities of directorates and departments with regard to the management of incidents.
   - Outline the provision of support and advice to directorates and departments to facilitate their compliance with standards.
   - Describe the process by which EPRR is monitored and reviewed.
   - Describe how the Trust is assured that it complies with relevant standards.
7. Does this policy, strategy, or service have any equality implications?  Yes ☐ No ☒

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

This policy describes arrangements for the Trust to meet legislation and national guidance on emergency planning and response, how they aim to improve resilience to disruptions and incidents and to be ready to deal with the impact by planning and preparing staff.

The underlying aim supported by legislation and NHS England guidance is to preserve the ability to continue to provide all patient care services and where there needs to be any prioritisation that critical services can continue to be provided to inpatients and emergency services can continue to be provided.
8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
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<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
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<td>Sex (male/ female)</td>
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<td>Religion and Belief</td>
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<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
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<td>Age</td>
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<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
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<td>Gender Re-assignment</td>
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<td>Marriage and Civil Partnership</td>
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<tr>
<td>Maternity / Pregnancy</td>
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9. **Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?**

[Blank space for answer]

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

Do you require further engagement?  
Yes [ ]  No [ ]

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?**

[Blank space for answer]
PART 2

Name:

Date of completion:

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)