Emergency Planning Policy

	POLICY

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Approving Body	Resilience Assurance Committee
Date Approved	17th March 2022
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Version	MS/007/02-22
Summary of Changes from Previous Version	Minor alterations to capture suggestions made in the EPRR Core Standards process of 2021 and 2022 by NHSE/I.
Supersedes	MS/005/05-19 and MS/006/2022
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Target Audience	Incident Command Teams (gold, Silver & Bronze) Communications Team Local Partner Agencies
Review Date	1st April 2022
Sponsor (Position)	Chief Operating Officer
Author (Position)	Mark Stone – Emergency Planning Officer
Lead Division/ Directorate	Corporate
Lead Specialty/ Service/ Department	Emergency Planning
Position of Person able to provide Further Guidance/Information	Emergency Planning Officer

Associated Documents/ Information		**Date Associated Documents/ Information was reviewed**
None		

CONTENTS

Item	Title	Page
1.0	INTRODUCTION	3
2.0	POLICY STATEMENT	3
3.0	DEFINITIONS/ ABBREVIATIONS	4
4.0	ROLES AND RESPONSIBILITIES	5
5.0	APPROVAL	7
6.0	DOCUMENT REQUIREMENTS	7
7.0	MONITORING COMPLIANCE AND EFFECTIVENESS	12
8.0	TRAINING AND IMPLEMENTATION	13
9.0	IMPACT ASSESSMENTS	13
10.0	EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS	14
11.0	APPENDICES	14

APPENDICES

Appendix 1	Equality Impact Assessment	15
Appendix 2	Environment Impact Assessment	17

1.0 INTRODUCTION

The Civil Contingencies Act 2004 (CCA) places a number of statutory duties on NHS organisation which are classed as either Category 1 or Category 2 Responders.

As a Category 1 Responder, Sherwood Forest Hospital NHS Foundation Trust (SFHFT) is required to prepare for emergencies in line with its responsibilities under the CCA

Other requirements are captured in the CQC Outcome 6(D) and HIS Operating Framework, as well as the   NHS Standard Contract (section 30) which stipulates all staff will comply included in NHSE/I Core Standards for emergency Preparedness, resilience and Response (EPRR) and the associated NHSE/I EPRR Framework.

This Policy outlines how SFHFT will meet the duties set out in legislation and associated guidelines, as well as any other issues identified by way of risk assessments and identified capabilities.

This Policy is not intended to be used for the response to a Major Incident in those circumstances staff should refer to the Trusts **MAJOR INCIDENT PLAN** which details the Trusts operational response to a Major Incident.

2.0 POLICY STATEMENT

SFHFT has a responsibility to ensure that it is capable of responding to Major Incidents of any scale in a way that delivers optimum care and assistance to the victims, that minimises the consequential disruption to healthcare services and that it brings about a speedy return to normal levels of functioning.

SFHFT will meet this responsibility through:

- Building upon the existing strengths of current multi-agency and Health Trusts co-ordination and co-operation in Emergency Planning.

- Fully integrating with partner agencies emergency arrangements, in particular providing Mutual Aid in supporting NHS England and other Acute Trust with receiving Emergency Departments and other local NHS Providers (MOU).

- Reviewing the Trusts state of readiness and operability to deal with a Major Incident 24 hours per day, seven days per week, with the assistance of new and improved partnerships, to ensure the Trusts capability to handle any new kind and potential magnitude of threat.

- Ensuring that plans for Business Continuity (BC) are in place right across the organisation, with special emphasis on critical functions. (Lead for BCM is Estates)

- Engendering a culture within SFHFT to make emergency preparedness, resilience and response an intrinsic element of management and operations.

- <mark>Having a process in place for learning from incidents and exercises from both within the Trust and from external agencies.</mark>

<mark>In order to deliver this, the Board is committed to maintaining a dedicated EPRR asset within the organisation, which it will review on a regular basis to ensure it has both the required competencies and capacity</mark>.

The policy has also been subject to an Equality Impact Assessment as per Trust policy. No equality issues were identified as a result of this check and the policy has been registered on the Equalities database as having a "Low" impact (see Appendix One).

3.0   DEFINITIONS/ ABBREVIATIONS

Acronym	Term/Definition
AEO	Accountable Emergency Officer
BCM	Business Continuity Management
BCP	Business Continuity Plan
BoD	Board of Directors
RC	Risk Committee
CB	Commissioning Board (NHS England)
CCG	Clinical Commissioning Group
CQC.	Care Quality Commission
CBRN	Chemical, Biological, Radiological & Nuclear
CCA	Civil Contingencies Act - 2004
CE	Chief Executive
CRR	Community Risk Register
DH	Department of Health
EPRR	Emergency Preparedness, Resilience and Response
EMAS	East Midlands Ambulance Service
EPO	Emergency Planning Officer
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum (Nottinghamshire)
MOU	Memorandum of Understanding
NCS	National Capability Survey
NHS	National Health Service
PQSB	Patient Quality & Safety Board
RAC	Resilience Assurance Committee
SFHFT	Sherwood Forest Hospitals NHS Foundation Trust

4.0   ROLES AND RESPONSIBILITIES

The following roles and responsibilities relate to how SFHFT and key individuals will prepare for emergencies.

Emergency response roles and responsibilities are provided in the Trust's generic Major Incident Plan.

4.1   Chief Executive

The Chief Executive (CE) has overall responsibility for emergency planning and is accountable to the Trust's Board of Directors for ensuring systems are in place to facilitate an effective Major Incident response. The CE will:-

Ensure that the Chief Operating Officer is nominated as the Accountable Emergency Officer (Executive Lead for Emergency Preparedness)

4.2   Accountable Emergency Officer

The Chief Operating Officer is nominated by the CE to act as the Accountable Emergency Officer as required by the NHS England (Commissioning Board) Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

The Accountable Emergency Officer will:

- Act as chair for the Trust's Resilience Assurance Committee, or delegate to another person of competence.
- Work closely with the EPO to implement the Emergency Planning Policy.
- Prepare and submit, with the assistance of the EPO, an annual report to the Trust Board summarising the current state of preparedness.
- Attend meetings of the Local Resilience Forum (LRF) if requested or send a nominated deputy.
- Attend meetings of the Local Health Resilience Partnership (LHRP) if requested or send a nominated deputy.

Ensure, with the assistance of the EPO, that an on-call rota is developed and maintained for the provision of Senior Managers.

4.3 Emergency Planning Officer

The main duties of the EPO are:

- To ensure the Trust is prepared to respond to incidents and emergencies.
- To advise the Executive Team and/or the Risk Committee of emerging and/or escalating risks and threats, as and when required.
- To provide assurance to the Board about Trust preparedness and the working of the Resilience Assurance Committee.
- To develop tests and exercises of trust-wide and service level plans
- To provide on-going training to all relevant staff.
- To ensure relevant plans, policies and procedures are kept up to date.
- To represent the Trust on external meetings, training and exercises related to emergency preparedness.
- To lead the process of learning from incidents which occur within the Trust and those which occur within partner agencies

4.4 Resilience Assurance Committee (RAC)

The Resilience Assurance Committee is a multi-disciplinary team representing all key areas of the Trust who have responsibility for emergency response, including all divisions, specific clinical areas and other departments.

Their role is to develop the organisations statutory responsibility as a Category 1 Responder to plan and respond to a major incident/incidents or emergencies and manage recovery within the context of the Civil Contingencies Act 2004 (CCA) and NHS Guidance through robust planning and associated activities.

Also to provide objective assurance to the Executive that systems and processes are in place to ensure emergency preparedness and that any resource implications are identified to enable the Trust to discharge its legal responsibilities.

To provide a forum for, the exchange of information and discussion and debate concerning strategic, operational, educational, clinical and professional issues relating to emergency preparedness

4.5 The Patient Safety Committee (PSC)

The role of the PSC is to support the RAC in escalating specific issues relating to quality or safety concerns to the Trust Board of Directors.

4.6 The Risk Committee (RC)

The role of the Risk Committee is to ensure the Trust Board of Directors are kept informed of EPRR matters escalated from the RAC and to provide support in resolving issues. New

policies related to Emergency Planning and Business Continuity Management should be approved by the RC.

4.7   Generic Trust Roles and Responsibilities

The following generic roles and responsibilities have been identified within the EPRR guidance.

- To mobilise and direct healthcare resources within the hospital at short notice.
- To sustain patient care in the hospital throughout a Major Incident a period.
- To ensure clinicians, nursing and other staff can respond to an incident.
- To assess the effects of an incident on and consider the needs of vulnerable care groups, such as children, dialysis patients, elderly, medically dependent or physically or mentally disabled.
- Plan to harness and effectively utilise the widest range of resources needed to treat any casualties transported to hospital by EMAS or Self Presenters.
- Have systems and facilities in place to ensure the health safety and welfare of all staff during a Major Incident
- Provide suitable and sufficient training arrangements to ensure the competence of staff in performing emergency planning roles.
- In preparing for emergencies, it is essential to develop and embed a culture of resilience within the organisation. As such, emergency preparedness should be a consideration for all of the Trust's staff.

4.8   Trust Staff will:

- Ensure that they are familiar with the arrangements detailed in the Trust's Major Incident Plan and related documents.
- Ensure that they are familiar with their roles and responsibilities.
- Undertake training commensurate with their emergency response role.

5.0   APPROVAL

The Policy, which has only minor amendments from the 2017 iteration was submitted to the Resilience Assurance Committee on 17th March 2022 and was **APPROVED.**

After further amendment for compliance with the 2022 Core Standards, and following ratification at Risk Committee in April the document is due to be formally approved at the September 2022 Board meeting.

6.0   DOCUMENT REQUIREMENTS

The Trust has statutory duties as a Category 1 responder, under the CCA to assess local risks and put in place emergency plans, co-operating with other local responders to enhance co-ordination and efficiency.

The Trust is also required to have in place contingency plans that allow it to continue to provide services during a Major Incident, so far is practicable and to recover from the additional pressure that an incident would place on the organisation.

6.1   Statutory Duties / Risk Register

The Civil Contingencies Act (2204) delivers a single statutory framework for civil protection in the United Kingdom capable of meeting the challenges of the 21st century.

The Act is separated into two substantive parts:

- Part 1: focuses on local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders.
- Part 2: focuses on emergency powers, establishing a modern framework for the use of special legislative measures that might be necessary to deal with the effects of the most serious emergencies.

The Act defines an Emergency as:

'An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war, or terrorism which threatens serious damage to the security of the UK'

The definition is concerned with the consequences rather than the course or source.

6.2   Definition: **NHS Major Incident**

A major /significant incident is any event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS, or a Local Authority to respond to it.'
For the NHS, Major Incident is the term in general use

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The Trust is also required to have in place contingency plans that allow it to continue to provide services during a Major Incident, so far is practicable and to recover from the additional pressure that an incident would place on the organisation.

Local Health Resilience Partnerships (LHRPs) with responsibility for EPRR across all relevant health bodies in Nottinghamshire have been established and are the forum for coordination, joint working and planning.

NHS organisations are required to nominate Account able Emergency Officer (SFHFT – Chief Operating officer) to assume executive responsibility and leadership at service level for EPRR

The Act places six statutory obligations on Category 1 Responders:
- Duty to Plan for Emergencies
- Duty to Assess Risk
- Business Continuity Management
- Duty to cooperate
- Duty to share information
- Duty to communicate

6.3   Planning for Emergencies

As a Category 1 Responder, the Trust has a duty to prepare and maintain plans to respond to emergencies.

The Trust will develop, disseminate and maintain a Major Incident Plan detailing how the organisation will respond to an emergency, including:

- Definition of Major Incident and increase in Emergency Department thresholds
- Activation, notification and stand-down procedures
- Roles and responsibilities
- Control and coordination arrangements
- Communication arrangements
- Response activities
- Standard operating procedures
- Recovery arrangements

Where appropriate, the Trust will develop, disseminate and maintain specific emergency plans for identified hazards and threats. E.g. Severe Weather, Infectious Disease Pandemic or CBRN Plan.

All emergency plans will be validated by tests and exercises conducted where possible within 12 months of the publication of the arrangements.

6.4   Risk Assessment

The Trust has assessed risks contained within the Community Risk Register and has included the impact of a **Major Incident** on the Corporate Risk Register and within the Board Assurance Framework (BAF).

Where appropriate the Trust will develop specific plans to manage risks with a high likelihood of occurring, or those which would have a serious impact on the delivery of its services.

6.5 Business Continuity Management

As a Category 1 responder, the Trust has a duty to develop and maintain arrangements to ensure continuity of service whilst responding to an emergency is it internal or external.

The Trust recognises ISO 22301and PAS 2015 as the definitive guidance for Business Continuity Management.

In accordance with ISO 22301, the Trust will develop, disseminate and maintain business continuity policies, strategies and plans and work to embed a culture of business continuity management within the organisation.

6.6 Cooperation

As a Category 1 responder the Trust has a duty to cooperate with other Category 1 and 2 responders within the local area.

The Trust recognises the Nottinghamshire LRF as the principal mechanism for multi-agency cooperation.

As the Trust is a Foundation Trust its contract is with the CCG but the Trust will endeavour to cooperate with other providers in emergency planning matters.

NHS England coordinates the EPRR across all relevant health bodies in Nottinghamshire. A Local Health Resilience Partnership (LHRPs) has been established and is the forum for coordination, joint working and planning.

6.7 Information Sharing

As a Category 1 Responder, the Trust has a duty to share information requested by other Category 1 Responders.

Information requests between NHS organisations within the East Midlands Health Community will be addressed informally through the Resilience Assurance Committee.

Where informal requests for information cannot be resolved within the business of the RAC they will be escalated to the Risk Committee and/ or be referred to the Accountable Emergency Officer.

Where informal requests for information cannot be resolved within the business Board Risk Committee , a formal request for information will need to be made under the provisions of the CCA using the pro-forma supplied in the statutory guidance document 'CCA Emergency Preparedness'.

6.8   Communication (Warning & Informing)

As a Category 1 responder the Trust has a responsibility for advising the public of risks before an emergency by warning and keeping the public informed in the event of an emergency.

The NHS England acts on behalf of the Trust for communications within the LRF Nottinghamshire Communications Sub group. The Trust along with the CCG will develop, disseminate and maintain arrangements for communicating with the public before and during an emergency. The Trust will work with the CCG and NHS England when developing messages for the public.

These arrangements will be included in the Trust's Major Incident Plan

6.9 EPRR Structure

Fig 1

SFH – Organisational Structure for HEPRR
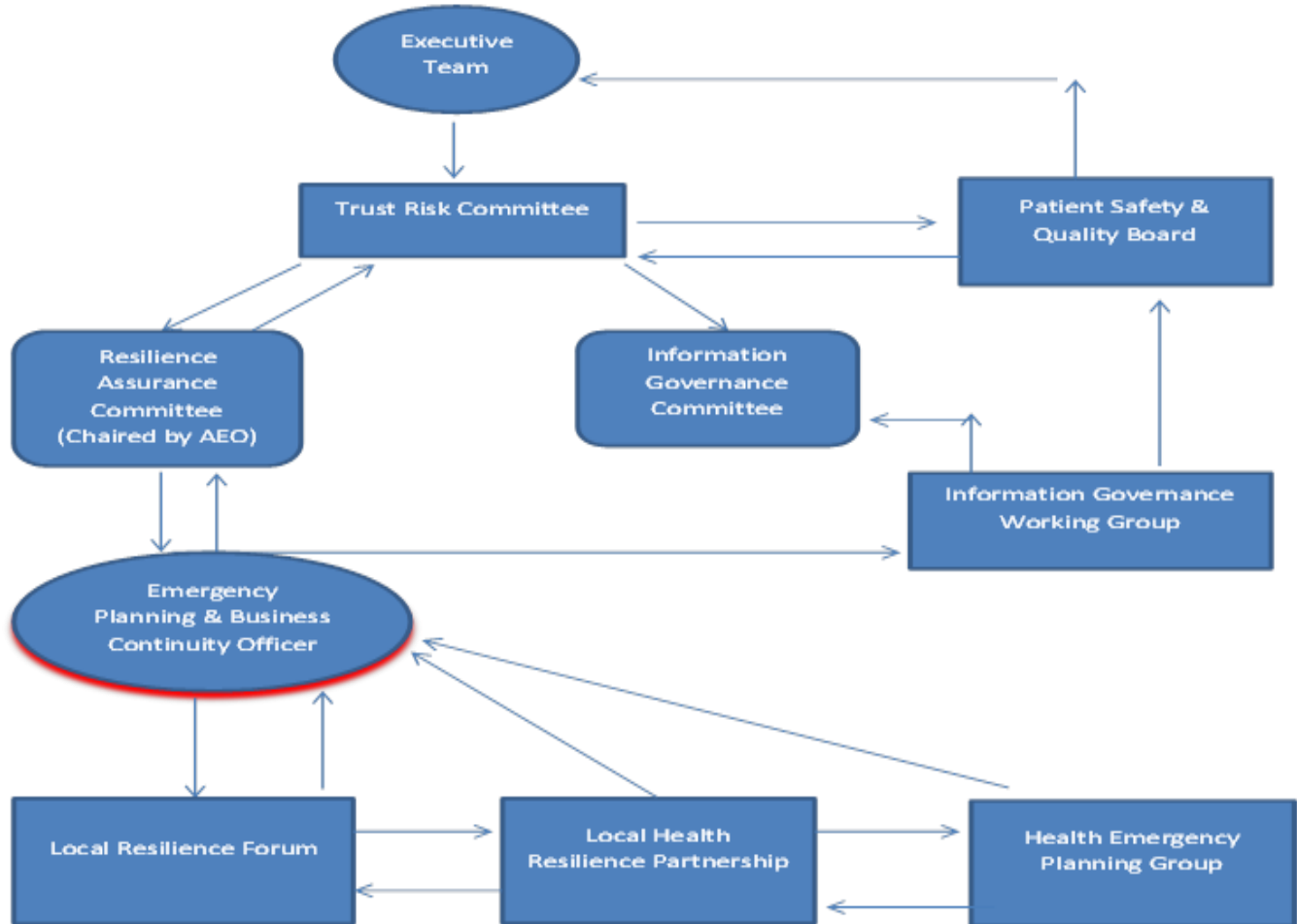
7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Effectiveness of the Procedure	Author, Ward / Service, Department Managers, EPO, Resilience Assurance Committee	Formal Review on a 3 year basis in line with Trust Risk Assessment and in line with local / national guidance	Every 3 years	Author, Resilience Assurance Committee, Risk committee
Monitoring Incidents and Learning	EPO, Resilience Assurance Committee Risk Committee	Activity within the Incident De-brief process and in line with the Procedure	Every 3 years or after any serious incidents	Emergency Planning Office reporting to the Resilience Assurance committee

Monitoring Compliance:

The Trust's Chief Executive will be responsible for ensuring that the Trust has effective arrangements in place to respond to a major incident or emergency. The Chief Operating Officer has been delegated as the Accountable Emergency Officer

- The monitoring and enforcement of compliance with the duties and statutory provisions of the CCA will be undertaken through mainstream performance monitoring arrangements.
- Within the Trust, the Accountable Emergency Officer will ensure that annual reports are submitted to the board outlining the current state of preparedness.
- Comply with any requests from Internal Audit, CCG or NHS England/Improvement.
- Comply with any requirements under the CQC's emergency preparedness standard.

8.0 TRAINING AND IMPLEMENTATION

Training:

The Trust will identify individuals by a Training Needs Analysis, who has specific responsibilities when responding to an emergency and ensures that they are given adequate and appropriate training to enable them to discharge their roles.

The Trust recognises the need for collaboration with other Trusts and partner agencies in organising, running and participating in exercises.

The Trust will, in partnership with other organisations within the Local Health Resilience Partnership, support the joint training strategy for the effective delivery of emergency preparedness and response training.

Formal training will take place within the Trust as determined by the Resilience Assurance Committee, which includes input on mandatory training sessions and exercises.

Informal guidance, advice and support can be provided on an 'as and when needed' basis to small groups or on an individual basis to meet identified needs. Please contact the Emergency Planning Officer to arrange.

A record of any training will be made and sent to the Training, Education & Development Department.

Exercises:

In line with the NHS England (Commissioning Board) Core Standards for Emergency Preparedness, Resilience and Response, the Trust will test its emergency arrangements through:

- Live exercises run at least every three years
- Table-top exercises run at least every year
- Communications tests run at least every six months

9.0   Impact Assessments

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2

10.0 EVIDENCE BASE (Relevant Legislation / National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

Civil Contingencies Act 2004

Health and Social Care Act 2012

National Risk Register of Civil Emergencies
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419549/20150331_2015-NRR-WA_Final.pdf

Related SFHFT Documents:

- SFH – Major Incident Plan
- SFH – Corporate Risk Register
- Board Assurance Framework
- CBRN Plan
- Critical Care Surge Plan
- Pandemic Flu Plan
- Business Continuity Policy

11.0 APPENDICES

Appendix 1	Equality Impact Assessment
Appendix 2	Environmental Impact Assessment

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM   **(EQIA)**

Name of service/policy/procedure being reviewed: Violence and Aggression			
New or existing service/policy/procedure: Policy			
Date of Assessment: 28th March 2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	Not applicable	None
Gender	None	Not applicable	None
Age	None	Not applicable	None
Religion	None	Not applicable	None
Disability	None	Not applicable	None
Sexuality	None	Not applicable	None
Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	Not applicable	None

Marriage and Civil Partnership	None	Not applicable	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	Not applicable	None

What consultation with protected characteristic groups including patient groups have you carried out? None for this version, in that all previous principles remain in accordance with previous version (which was subject to consultation) and this version is primarily a reformat and codification of agreed practices. None

What data or information did you use in support of this EqIA?
Trust policy approach to availability of alternative versions.

None

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No.

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact *(Delete as appropriate)*

Name of Responsible Person undertaking this assessment:
Mark Stone – Emergency Planning Officer

Signature:

Date: 28th March 2022

APPENDIX TWO – ENVIRONMENTAL IMPACT   <u>ASSESSMENT</u>

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	N/A
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	N/A
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	N/A
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	N/A
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	N/A
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	N/A