Emergency Planning Policy

	POLICY
Reference	MS/009/2024
Approving Body	Resilience Assurance Committee
Date Approved	25th July 2024
Issue Date	1st August 2024
Version	MS/009/03-24
Summary of Changes from Previous Version	Numerous changes to capture suggestions made in the EPRR Core Standards evidence gathering process
Supersedes	MS/008/02-23
Document Category	Emergency Planning
Consultation Undertaken	Resilience Assurance Committee
Date of Completion of Equality Impact Assessment	June 2024
Date of Environmental Impact Assessment (if applicable)	June 2024
Legal and/or Accreditation Implications	Civil Contingencies Act 2004 NHS England EPRR Framework Guidance 2022 Health and Care Act 2022
Target Audience	Incident Command Teams (Gold, Silver & Bronze) Communications Team Local Partner Agencies
Review Date	1st June 2025
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	

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Version Control

Name of Document	Updated Version	Amendment Made	Made/ Approved By	Notes
Emergency Planning Policy	MS/009/03-24	**See record of amendments**	**RAC – 25th July 2024**	

Record of Amendments

Page 1 – Updated version control & review dates.
Page 4 – Section 1.0 add "or serious Trust-wide Business Continuity Incident. This could be a sudden onset, rising tide, cloud on the horizon type incident, or even a Chemical, Biological, Radiological or Nuclear (CBRN) or HAZMAT (Hazardous Material) incident", to paragraph 5.
Page 5 - Section 2.0 change second paragraph to "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, and for which it will provide adequate funding and resources to ensure it is able to discharge its responsibilities and to ensure it has both the required competencies and capacity. Funding for the Emergency Planning workstream will sit within the domain of the Chief Operating Officer's overall budget".
Page 6 – Section 4.2 – change to: "The Chief Operating Officer is nominated by the CE to act as the Accountable Emergency Officer as required by the NHS Act".
Page 10 – Section 6.2 – add Business Continuity and Critical Incident definitions.
Page 15 – section 7.0 – amend "three yearly" to "annually" in all relevant areas

CONSULTATION

The plan has been circulated internally to all divisional, department and corporate leads at all three Trust hospital sites.

The following Collaborative Planning Form outlines the external organisations with whom the plan has been shared and any comments received.

Collaborative Planning Form

Purpose: To evidence that plans and arrangements have been developed in collaboration with relevant stakeholders, including emergency services and health partners to enhance joint working arrangements and to ensure the whole patient pathway is considered.

Title of policy/plan: Emergency Planning Policy

Date of review: June 2024

Issued for collaboration (date): 5th July 2024

Organisation	Consulted Yes/No	Comments Received Yes/No	Comments included in policy/plan Y/N Including detail
NHSE Region	Y	Y	Numerous comments adopted throughout
Notts ICB	Y	N	
NUH	Y		
EMAS	Y		
Bassetlaw	Y		
Notts Healthcare	Y		
NEMS	Y		
Notts CityCare	Y		
Police	N		
Fire Service	N		

Date of next review: June 2025

1.0 INTRODUCTION

The Civil Contingencies Act 2004 (CCA) places a number of statutory duties on NHS organisations 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 NHS Core Standards for EPRR and the associated NHS EPPR 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' **Incident Response Plan** which details the Trusts operational response to a Major, Critical or serious Trust-wide Business Continuity Incident. This could be a sudden onset, rising tide, cloud on the horizon type incident, or even a Chemical, Biological, Radiological or Nuclear (CBRN) or HAZMAT (Hazardous Material) incident.

The policy should be read in conjunction with the Trusts' Business Continuity Policy and Incident Response Plan.

2.0 POLICY STATEMENT

The primary purpose of this policy is to optimise the safety of SFH patients, its staff and visitors to its premises, as a result of a serious incident.

SFHFT has a responsibility to ensure that it is capable of managing risks at corporate and service level and responding to Critical or 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.

Aligning with the Trust strategic objectives:

To continuously learn and improve, and

To work collaboratively with partners in the community,

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, Resilience and Response.

- Fully integrating with partner agencies' emergency arrangements, in particular providing Mutual Aid in supporting Nottinghamshire Integrated Care System and other Acute Trusts with receiving Emergency Departments and other local NHS Providers (MOU).

- Reviewing the Trusts state of readiness and operability to deal with a Major, Critical or Business Continuity Incident, 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.

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

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

- Ensuring there is a process in place to monitor the RAC annual workplan with regular update reports provided to the Risk Committee.

- Embedding a culture of continuous improvement in line with recognised business continuity standards.

- Regularly reviewing risks to the organisation and its critical functions, as captured in Principal Risk no.7 on the Board Assurance Framework.

- Working with partners in identifying risks to the community and escalating where appropriate to LHRP/LRF.

- Ensuring that EPRR is adequately resourced and given appropriate access to funding.

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, and for which it will provide adequate funding and resources to ensure it is able to discharge its responsibilities and to ensure it has both the required competencies and capacity. Funding for the Emergency Planning workstream will sit within the domain of the Chief Operating Officer's overall budget.

The policy has also been subject to Equality and Environmental Impact Assessments. No issues were identified as a result of these checks and the policy has been registered having a "Low" impact (see appendices one and two).

3.0 DEFINITIONS/ ABBREVIATIONS

Acronym	Term/Definition
AEO	Accountable Emergency Officer
BCMS	Business Continuity Management System
BCP	Business Continuity Plan
BoD	Board of Directors
RC	Risk Committee
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
ICB	Integrated Care Board
NHSE	NHS England
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum (Nottinghamshire)
MOU	Memorandum of Understanding
NHS	National Health Service
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 Incident Response 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 Act.

The Accountable Emergency Officer will:

- Chair the Trust's Resilience Assurance Committee, or delegate to another person of competence, as per its Terms of Reference.
- 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) as SFH Executive level representative.
- To ensure EPRR training is delivered across the organisation in accordance with the training needs analysis.
- To review the EPRR resource and funding on a regular basis.
- Ensure, with the assistance of the EPO, that an on-call rota is developed and maintained for the provision of Senior Manager availability to respond to incidents at both tactical and strategic levels.
- In conjunction with the Trust's Medical Director, will sign off the mass casualty dispersal figures for SFH as part of the Trusts' response to a regional mass casualty incident.

In his/her absence, the Deputy Chief Operating Officer will assume these responsibilities.

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, including progress on the RAC Annual Workplan, via a formal Trust Board Report not less than annually.
- 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
- Provide training and expertise in specific risk areas, such as CBRN (Chemical, Biological, Radiological, Nuclear)

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.

- 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 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 Risk Committee.

The Risk Committee will manage EPRR risks in accordance with the Trust's Risk Management and Assurance Policy.

4.6 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 the duration of a Major or Critical Incident.
- 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 or Critical 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.
- To ensure that the Trust completes and submits situation reports in line with system requirements and agreed battle rhythm, and that such reports are completed on up to date report templates and signed off by an Executive.

Reporting Templates are appended to this policy:

SBAR = Appendix 3 (for Critical and Business Continuity Incident declarations)
METHANE = Appendix 4 (for Major Incident declarations)

4.7 CBRN Trained Staff

- Will support the Trust response to a CBRN incident
- Ensure their training on CBRN is up to date
- Will be familiar with the Equipment, where it is stored, how to access it and how it is to be used.

4.8 Trust Staff will:

- Ensure that they are familiar with the arrangements detailed in the Trust's Incident Response 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 several amendments resulting from previous feedback from external agencies and in readiness for the NHS Core Standards for EPRR self-assessment review of 2024. These amendments are set out on page 3.

This updated policy was approved at the RAC in July 2024, and will be ratified at Trust Board.

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 (2004) 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.

The Trust manages risks through a process of local risk assessment, and interaction with regional partners regularly reviewing the community and national risk registers, through the Local Health Resilience Partnership and the Health Risk Management Group.

Risks which are identified as prevalent are captured on the Trust's DATIX risk management system.

Principle Risk no.7 on the Board Assurance Framework highlights the risk of a serious untoward incident affecting the Trust, and is regularly reviewed by the Accountable Emergency Officer, Emergency Planning Officer and Risk & Assurance Manager. This review is presented to the Risk Committee each month.

6.2 Definitions:

NHS Major Incident

The Cabinet Office, and the Joint Emergency Services Interoperability Principles (JESIP), define a Major Incident as an event or situation with a range of serious consequences that require special arrangements to be implemented by one or more emergency responder agency. In the NHS this will cover any occurrence that presents serious threat to the health of

the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS, this will include any event defined as an emergency. A Major Incident may involve a single agency response, although it is more likely to require a multi-agency response, which may be in the form of multiagency support to a lead responder. The severity of the consequences associated with a Major Incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a Major Incident is unlikely to affect all responders equally. The decision to declare a Major Incident will always be made in a specific local and operational context. There are no precise, universal thresholds or triggers. Where Local Resilience Forums (LRFs) and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement.

NHS Critical Incident

Any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services.

NHS Business Continuity Incident

An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable predefined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-deployment of resources within the organisation, breakdown of utilities, significant equipment failure or hospital acquired infections. There may also be impacts from wider issues such as supply chain disruption or provider failure.

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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.

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 Accountable 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 an Incident Response 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 Local Health Resilience Partnership (LHRP) risk register and has included the impact of a Major Incident on

the Corporate Risk Register and within the Board Assurance Framework (BAF), under Principal Risk 7.

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.

The process for reporting escalating and managing risks is captured in the Trust Risk Management and Assurance Policy.

6.5 Business Continuity Management System

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 22301 as the definitive guidance for Business Continuity Management and is committed to working towards this standard.

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 and continuous improvement across the organisation.

Through debriefing both local and regional incidents and planned exercises a formal process of learning will continue to be embedded across the Trust. Lessons will be captured in a post incident/ exercise report by the EPO. The report will contain recommendations for improvement and will be passed for approval to the RAC. Once approved at the RAC, the recommendations will be assigned to the relevant service leads and placed on the RAC Action Tracker, through which they will be monitored up to completion. Should the recommended actions require a sufficient amount of work for individuals or teams over a period of time, it will be placed on the RAC Annual Workplan, through which its updates to RAC can be planned and monitored.

This process demonstrates the Trust commitment to its strategic objective to continuously learn and improve.

All suppliers of essential services and equipment to the Trust must have a BCMS process in place.

The Trust is committed to ensuring the robustness of its supplies of equipment and services. To this end it will endeavour to exclusively utilise suppliers from the NHS Procurement Framework, or indeed NHS Supply Chain itself. This ensures that the companies from whom it procures have robust business continuity processes in place.

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 ICB, 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 of the 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’.

Information sharing will be based on the Caldicott Principles:

1. Justify the purpose
2. Use only when necessary
3. Use minimum amount of information required
4. Access based on a strict “need to know” basis
5. Everyone who has access is aware of responsibilities
6. All staff should comply with data protection law
7. Duty to share information is as important as protecting confidentiality
8. Inform patients and service users of how their information is used

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.

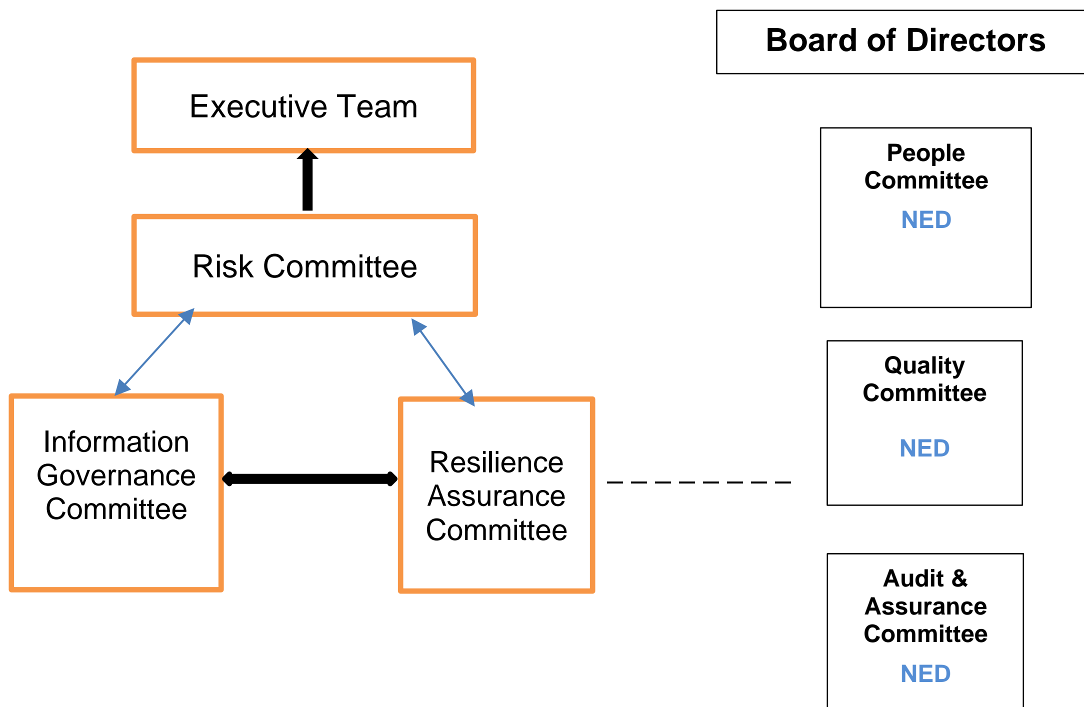
The NHS England acts on behalf of the Trust for communications within the LRF Nottinghamshire Communications Sub group. The Trust along with the ICB will develop, disseminate and maintain arrangements for communicating with the public before and during an emergency. The Trust will work with the ICB and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

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

6.9 EPRR Structure

Fig 1

SFH – Organisational Structure for EPRR



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 an annual basis and in line with Trust Risk Assessment and local / national guidance	Annually	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	Annually or after any serious incidents	Emergency Planning Office reporting to the Resilience Assurance committee

<u>Monitoring Compliance:</u>

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, ICB or NHS England.
- 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, staff who have specific responsibilities when responding to an emergency and ensures that they are given adequate and appropriate training, in line with recognised best practise 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.

A training needs analysis has identified the following requirement for the Trust Strategic (Gold) commanders:

Portfolio Reference	Requirements	Frequency	Provider	ICB	Region
SHC01	Strategic Health Commander Portfolio Workbook	Every 3 years			
SHC02	Principles of Health Command – Strategic Health Commander	Every 3 years			
SHC03	Legal Awareness Training	Every 3 years			
SHC04	Defence Contribution to Resilience (or equivalent)	Every 3 years	Optional		
SHC05	MAGIC or Magic-Lite course	Every 3 years	Optional		
SHC06	Media Training/Awareness	Every 3 years			
SHC07	Working with your loggist	Every 3 years			

Portfolio Reference	Requirements	Frequency	Provider	ICB	Region
SHC08	Business Continuity Awareness	Every 3 years	AEO only		
SHC09	Joint Decision-Making Awareness (initially through training and then annually through exercise application)	Annually			
SHC10	Local Resilience Forum Awareness	Every 3 years	Optional		
SHC11	Specialist Asset Awareness	Every 3 years	Optional		
SHC12	EPRR Communications Awareness (initially through training and then annually through exercise application)	Annually			
SHC13	Incident Response Plan/ Command & Control familiarisation (inc through exercise application)	Annually			
SHC14	Writing a Strategy (inc. through exercise application)	Annually			
SHC15	Chair a Strategic Level Meeting	Annually			
SHC16	Act as a Strategic Health Commander at an incident or exercise	Annually			
SHC17	Act as a Strategic Health Commander at an Incident or Exercise with Multi-agency Partners	Annually	Optional		
SHC18	Accountable Emergency Officers – Role & Expectations	Every 3 years	AEO only		

Incident commanders are required to maintain a training portfolio as personalised evidence of this training.

The following table describes the training requirements identified in a TNA for all Tactical (Silver) commanders, who should also maintain a personal training portfolio:

Portfolio Reference	Requirements	Frequency	Provider	ICB	Region
THC01	Tactical Health Commander Portfolio Workbook	Every 3 years			
THC02	Principles of Health Command – Tactical Health Commander	Every 3 years			
THC03	Legal Awareness Training	Every 3 years	Optional	Optional	
THC04	Working with your loggist	Every 3 years			

Portfolio Reference	Requirements	Frequency	Provider	ICB	Region
THC05	Joint Decision-Making Awareness (initially through training and then annually through exercise application)	Annually			
THC06	Local Resilience Forum Awareness	Every 3 years	Optional		
THC07	Specialist Asset Awareness	Every 3 years	Optional		
THC08	EPRR Communications Awareness (initially through training and then annually through exercise application)	Annually			
THC09	Incident Response Plan/Command & Control familiarisation (inc. through exercise application)	Annually			
THC10	Writing a Tactical Plan (inc. through exercise application)	Annually			
THC11	Chair a Tactical Level Meeting	Annually			
THC12	Act as a Tactical Health Commander at an incident or exercise	Annually			
THC13	Act as a Tactical Health Commander at an Incident or Exercise with Multi-agency Partners	Annually	Optional		

Green boxes indicate mandatory requirement

The TNA also identified a need to train a sufficient cadre of log-keepers in line with national guidance.

<u>Exercises:</u>

In line with the NHS Core Standards for EPRR, 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.
- Command post exercises run at least every three years.

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

NHS Act

Health and Care Act 2022

NHS EPRR Framework (Guidance)

Related SFHFT Documents:

- SFH – Incident Response Plan
- SFH – Corporate Risk Register
- Board Assurance Framework
- CBRN Plan
- Pandemic Surge Plan
- Business Continuity Policy

11.0 APPENDICES

Appendix 1	Equality Impact Assessment
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APPENDIX ONE - 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: 24th June 2024			
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: 24th June 2024

APPENDIX TWO – ENVIRONMENTAL IMPACT ASSESSMENT

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

Appendix 3 – SBAR Template

Organisation name			
Site name(s) affected			
Date of report	Dd mmm yyyy	Time of report	24hr
Type of incident declared	Business Continuity/Critical Incident		
Date declared	Dd mmm yyyy	Time declared	24hr
Completed by (name, role)			
Exec Sign off by (name, role)	Executive level director sign off required		
Signature	Please include electronic signature		

Element	Prompts	Description
S	**Situation** Clearly and briefly describe the current situation.	
B	**Background** Provide clear, relevant background information on the incident including: • Timings • Media • Exact situation	
A	**Assessment** State your assessment of the situation based on the situation and background. Include impacts to the hospital and services	
R	**Recommendations** Explain the actions being taken by the organisation to standdown from the incident/situation alongside any support required of partner agencies, ICB or NHS England	

Integrated Care Board only		
Additional system actions/ commentary		
Sign off	(name)	(role)
Signature		

Appendix 4 – METHANE Template

Organisation name			
Site name(s) affected			
Date of report	Dd mmm yyyy	Time of report	24hr
Type of major incident			
Date declared	Dd mmm yyyy	Time declared	24hr
Completed by (name, role)			
Exec Sign off by (name, role)	Executive level director sign off required		
Signature	Please include electronic signature		

M	Major incident	Has a Major Incident been declared? **YES/NO** *(If no, then complete ETHANE message or SBAR)*	
E	Exact Location	What is the exact location or area of incident	
T	Type of Incident	What kind of incident is it?	
H	Hazards	What hazards or potential hazards can be identified?	
A	Access	What are the best routes for access and egress?	
N	Number of casualties	How many casualties are there and what condition are they in?	
E	Emergency Services	Which and how many emergency responder assets/personnel are required or are already on-scene?	

Integrated Care Board only		
Additional system actions/ commentary		
Sign off	(name)	(role)
Signature		

Both SBAR and METHANE Documents are held in the ICC cupboard. They will be completed by an assigned member of the HICT and signed off by the Strategic (Gold) commander. Signed copies will be sent to Notts ICB EPRR team and copies saved and stored by the Emergency Planning Team.