



Northamptonshire Healthcare
NHS Foundation Trust

Policy for Emergency Preparedness, Resilience and Response

CRM009

Table of Contents

Why we need this Policy	3
What the Policy is trying to do.....	3
Which stakeholders have been involved in the creation of this Policy	4
Any required definitions/explanations	4
Key duties.....	6
Policy detail.....	10
Training requirements associated with this Policy	12
How this Policy will be monitored for compliance and effectiveness.....	14
For further information.....	16
Equality considerations.....	16
Reference Guide	16
Document control details	17

Why we need this Policy

Northamptonshire Healthcare NHS Foundation Trust (NHFT, the trust) is required to ensure directors, managers and employees co-operate to:

- 1) Assess the situations and events affecting their services and identify those more likely to become an incident or relevant emergency;
- 2) Prevent situations and events from developing into an incident or becoming a relevant emergency;
- 3) Stop incidents and relevant emergencies from worsening; and,
- 4) Perform duties equivalent to those of a Category-1 responder when internal, local and more severe regional and national incidents and relevant emergencies occur.

The trust's duties, applied equally to operational and non-operational services, are:

- Described under the general heading of Emergency Preparedness, Resilience and Response (EPRR);
- Set out in the NHS Act 2006 (as amended) and associated guidance;
- Written into the NHS Standard Contract Service Conditions (clause SC30);
- Auditable against the 2016 NHS Core Standards for EPRR and 2015 NHS Framework for Command and Control; and,
- Aligned to international standards.

Specific roles and responsibilities are identified by this policy. When embedded, the trust's duties ensure relevant personnel: are trained, skilled, equipped and exercised to a minimum standard; and, can demonstrate leadership in a crisis.

What the Policy is trying to do

This policy requires each directorate to identify suitable personnel to maintain local assessments, arrangements and instructions for those situations and events more likely to become incidents and relevant emergencies.

The duties of emergency preparedness, resilience and response require that (by escalation when necessary) employees, managers and directors can begin recovering services promptly after disruption occurs; this means not delaying a response to the disruption or waiting for the disruption to be resolved.

The trust's arrangements and instructions for leading a response to incidents and relevant emergencies are described in the NHFT On-call pack.

Once an incident or emergency response is established, plans will be decided by managers to support the resumption of normal services and achieve the Recovery Time Objective (RTO) set for those affected services.

After services have recovered from disruption, psychosocial support will be provided by the trust to those affected by the incident or emergency. A trained facilitator will conduct a structured debrief for those involved, shown below, and will be used as a support mechanism to identify staff welfare needs (e.g. those at risk from stress).

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Support	When	Notes
Hot debrief	Immediately after the incident, emergency or period of duty.	For protracted incidents or emergencies it may be necessary to do this with responders at each location
Organisational debrief	Within two weeks post incident	
Multi-agency debrief	Within one month post incident	Where there has been multi-agency involvement.
Post incident reports	Within six weeks post incident	Supported by recommendations and (where appropriate) SMART action plans to: update relevant plans; outline any training; and, further exercising required.

Note: NHS organisations are required to have a common platform for capturing debrief lessons and a process for sharing information e.g. ambulance services nationally use the Lessons Identified Debrief (LID) Programme. This provides a consistent secure method of quick time information sharing

The debriefing process will capture as much detail about the incident or emergency as soon as is practicably possible. The debriefs will review content, systems and processes based on; what went well, what did not go so well and what needs to be changed or improved. Learning points will be identified, recommendations reported and action plans agreed and implemented to improve local and more general arrangements and instructions.

Which stakeholders have been involved in the creation of this Policy

This policy was first written in Q3 of 2015-16. The following stakeholders were consulted and have been involved at various times in the subsequent improvement of this policy.

- Local Health Resilience Partnership
- Northamptonshire LRF Programme Management Board
- NHFT Executive Board
- Local Security Management Specialist
- Health and Safety Risk Manager
- Information Governance Lead
- Communications Manager
- Safeguarding (Prevent) Lead
- Public and patient group representative

Any required definitions/explanations

The following definitions are used:

Term	Definition
Emergency Preparedness	The extent to which plans, arrangements and instructions enable prompt action to be taken to respond to and recover from incidents and relevant emergencies : <ul style="list-style-type: none"> • To prevent an incident or relevant emergency from happening; or, • To stop the incident or emergency from worsening.
Resilience	Ability of services, staff and infrastructure providers to detect, prevent and, if necessary, to withstand, handle and recover from disruptive challenges.
Response	Decisions, plans, arrangements, instructions and actions taken in accordance with the strategy and tactical and operational objectives defined by those leading the emergency response.
Emergency	An emergency relevant to NHFT is one causing serious damage (harm, injury or illness) to human welfare or serious damage to the security of the UK.
Business Continuity Incident	An event or occurrence that disrupts, or might disrupt, normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.
Critical Incident	Any localised incident where the level of disruption results in temporary or permanent loss of ability to deliver critical services, patients may have been harmed or the environment is not safe, requiring special measures and support from other agencies to restore normal operating functions.
Major Incident	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; this includes an emergency, above.

Emergency preparedness, resilience and response is based on the interoperability of responding organisations. A common terminology is widely used to minimise miscommunication of decisions and or information.

The full terminology can be found in the [Emergency responder interoperability lexicon](https://www.gov.uk/government/publications/emergency-responder-interoperability-lexicon) at: <https://www.gov.uk/government/publications/emergency-responder-interoperability-lexicon>

Key duties

Through the following duties the trust shall ensure that a strong business continuity incident and emergency response culture is embedded throughout the organisation.

Chief Executive

The Chief Executive will:

- Designate the responsibility for EPRR as a core part of the Trust's governance and its operational delivery programmes; and,
- Delegate this responsibility to a named director, the Accountable Emergency Officer (AEO).

Trust Board of Directors

The Trust Board of Directors will:

- Seek suitable assurances and evidence that the trust is compliant with its duties;
- Provide formal assurance to NHS England that the trust has
 - a. Robust plans, arrangements and instructions for responding to and recovering from incidents and relevant emergencies.
 - b. Trained, skilled, equipped and exercised personnel.
- Appoint a suitably qualified and experienced Emergency Planning Officer;
- Agree an annual EPRR work-plan; and,
- Review an annual EPRR self-assessment.

Accountable Emergency Officer (AEO)

A director-level Accountable Emergency Officer will:

- Provide assurance to Trust Board that strategies, systems, training, policies and procedures are in place to ensure the trust can make an appropriate response in the event of an incident or relevant emergency – this includes meeting the requirements of NHS England in respect of monitoring compliance and supplying such information as it may require for the purpose of discharging its functions;
- Be aware of their legal duties to ensure preparedness to respond to an incident or relevant emergency within their health community to maintain the public's protection and maximise the NHS response, including to ensure director-level attendance is maintained at the LHRP (Local Health Resilience Partnership) to progress these arrangements with LRF partner organisations;
- Be supported by a non-executive director or other appropriate Board member to endorse assurance to the Board that the Trust is meeting its obligations with respect to EPRR and relevant statutory duties under the CCA 2004 and the NHS Act 2006 (as amended) – including to provide assurance that the trust has allocated sufficient experienced and qualified resources to meet these requirements;
- Have and maintain formal arrangements for managing the response to and recovery from business continuity incidents and relevant emergencies, ensuring that all services and sub-contractors are compliant with this policy for EPRR;
- Ensure that the trust has a robust Surge Capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served.

Incident Management Team

The Trust's Incident Management Team will be comprised of commanders who will:

- As necessary, take command and control of the incident or relevant emergency;
- Comply with the trust's major incident and business continuity plans;
- Provide a dynamic risk assessment of the situation or event and plan for those services, staff, patients and carers, and public more likely to be affected by the incident or emergency;
- Keep a contemporaneous record of decisions, actions, intended outcomes and rationale;
- Share information that would assist in the response and recovery;
- Co-operate with on-site and off-site partners and provide others with whatever further assistance they may reasonably require;
- Co-operate with the Trust's Communications Manager to provide realistic internal and public communications to those affected;
- Participate with relevant managers, employees and partners in a programme of training exercising and learning to identify the material changes that would improve our formal arrangements and to know those that have been implemented elsewhere as a result of an event, mistake, accident, incident, hazard or threat.

Executive Directors and Deputy Directors

Executive Directors and Deputy Directors (Gold / Strategic Commanders) will:

- Know those incidents and emergencies relevant to their operations and provide appropriate levels of resource and budget to achieve the required level of prevention or response for these;
- Co-ordinate work to promote and embed a robust business continuity and emergency response culture within their services by setting out for their services a strategy and objectives for responding to incidents and relevant emergencies;
- Designate leads for business continuity and emergency response to maintain a capability for incident and emergency response for essential services and critical functions within their area of responsibility;
- Nominate Responsible Persons (initial points-of-contact) for each team or building for which they are responsible to keep and maintain local business continuity and emergency response arrangements, including such information and material as is required to maintain local situational awareness;
- Know the records of information, decisions, activities and actions that should be maintained to provide evidence for identifying lessons, peer review and as evidence for any subsequent inquiries;
- Ensure Information Governance standards continue to be applied to personal data and other information during an incident or relevant emergency;
- Review and agree improvements to their services' preventative and response arrangements for incidents and relevant emergencies as necessary and after relevant learning is identified; and,
- Work with the Trust's EPO to provide assurance that their services are maintaining and improving their ability to plan for and manage emergency response and business continuity incidents, and that their arrangements are consistent with the business continuity and emergency response arrangements of the NHS and partner organisations.

Designated Service Leads for Business Continuity and Emergency Response

Designated Service Leads (Silver / Tactical Commanders) for Business Continuity and Emergency Response will:

- Co-operate with their directors and deputy directors to implement local strategy and objectives for business continuity and emergency response;
- Control their services' response to incidents and relevant emergencies;
- Determine the key roles and responsibilities required to maintain each essential service and critical function in response to incidents and relevant emergencies, including the ability to decide if a relevant emergency has occurred or is about to occur;
- Set rosters to have and maintain the availability of each role, including the ability to cascade and escalate information relating to an incident or relevant emergency and the triggers and thresholds at which each role is invoked;
- Ensure that appropriate rotas are maintained for each roster, including to set and maintain the practicalities to enable each role to undertake their duties;
- Seek assurance from their external service providers and material sub-contractors that their business continuity and emergency response arrangements are aligned to international standards and guidance and in-line with the Trust's plans and arrangements;
- Work with the Trust's EPO to develop, train and exercise local emergency response and business continuity plans and arrangements for their relevant essential services and critical functions; and,
- Monitor, review, improve and provide assurance that plans are fit for purpose, that they are appropriate, proportionate and can be scaled to meet the needs of their service users and those people in NHFT's care affected by the incident or relevant emergency (this shall include the testing of plans to support mutual-aid to partner organisations).

Managers

Managers (Bronze / Operational Commanders) will:

- Co-operate with their directors, deputy directors and designated service leads for business continuity and emergency response and ensure that they and their teams know how they would be expected to respond to local incidents and emergencies;
- Command their service's timely and effective prevention of, response to and recovery from incidents and relevant emergencies in accordance with agreed strategies and objectives;
- Cascade and escalate relevant changes in their situational awareness, including to warn, inform and communicate with partner organisations and those service users and people in NHFT's care likely to be affected by an incident or relevant emergency – this will include the sharing of information where it assists the care of vulnerable groups or people;
- Maintain their situational awareness of those factors affecting their service users and people in NHFT's care and those factors affecting their staff and the things that their staff rely upon to deliver care; and
- Ensure that equal opportunity is not compromised or vulnerability created as a consequence of their arrangements.

Emergency Planning Officer

The Emergency Planning Officer will:

- Be responsible for implementing an agreed programme of work to maintain, improve and validate the Trust's business continuity and emergency response arrangements;
- Facilitate training, exercises, and learning; and,
- Review each service's arrangements to ensure the continuing adoption and implementation of the Trust's policy for EPRR.

Specialist members of staff

The following specialist members of staff are required to ensure that EPRR specific arrangements are identified, compliant with relevant statutory and regulatory duties and are maintained by relevant persons at a local level.

Role	Responsibility
Local Security Management Specialist	Ensure that our security arrangements are identified and managed in accordance with our strategy for security management and security policy and in accordance with NHS Protect Standards for Providers.
Health and Safety Risk Manager	Ensure that our risks are identified and managed in accordance with our strategy for risk management.
Information Governance Lead	Ensure that our Information Governance requirements are identified and managed in accordance with our compliance with Information Governance Toolkit.
Safeguarding (Prevent, counter-terrorism) Lead	Ensure that our safeguarding (Prevent; counter-terrorism) requirements are identified and managed in accordance with our policy and strategy for safeguarding and safeguarding.
Communication Manager	Co-operate with Commanders and partners to publish warning and informing messages relevant to the emergency response or business continuity incident.
Other Specialists & Leads	To be engaged as and when necessary.

Employees

All employees will be expected to:

- Co-operate with the implementation of the Trust's policy for EPRR, help to improve their service's basic level of resilience and be aware that this policy and associated guidance is available on the Trust's intranet;
- Know where and how to access the documentation that tells them which (operational and non-operational) events, mistakes, accidents, incidents, threats and hazards are relevant to their work and who is authorised to decide and implement the contingencies for a relevant emergency;
- Know their local arrangements for business continuity and emergency response, including the alternatives which are available to their systems of work and working practices and

which of these alternatives provides them with a suitable contingency for the local incidents and emergencies that they may reasonably anticipate;

- Know their individual role and responsibilities during an incident or relevant emergency and following invocation of an EPRR plan;
- Be aware of which factors and changes in their situational awareness should be notified, to whom and when they should be notified; and,
- Know the Trust's 24/7 communications cascade and escalation procedures.

Policy detail

Directors, managers and employees have a duty to work together to prevent damage to human welfare and to stop damage from worsening; damage meaning: harm, illness or injury. This duty, applies to those situations and events that are assessed to be more likely to become incidents or relevant emergencies. This duty is conveyed by the:

- NHS Act 2006 (as amended);
- Civil Contingencies Act 2004;
- NHS England's Standard Contract Service Conditions (SC30);
- NHS England's framework for Command and Control;
- NHS England's Core Standards for Emergency Preparedness, Resilience and Response;
- International Standard for Business Continuity Management Systems (ISO 22301); and,
- National Occupational Standards.

This duty also applies to preventing or stopping damage to UK security, which is covered as part of the Prevent (counter-terrorism) strategy; led by the trust's Safeguarding team and reported to Quality and Governance Committee via the Safeguarding Adults group.

It is the trust's policy to be compliant with its EPRR duties. All appropriate personnel are required to be familiar with the following common, underlying principles:

- a) Preparedness and anticipation – those personnel who may have to respond to an incident or relevant emergency are required to be properly prepared and be clear about the roles and responsibilities of those leading the response;
- b) Continuity – response to incidents and relevant emergencies will be grounded within the trust's existing functions and familiar ways of working;
- c) Subsidiarity – decisions will be taken at the lowest appropriate level and coordinated at the highest necessary level (local responders will be the building block of response for an incident of any scale);
- d) Communication – reliable information will be passed correctly and without delay between those who need to know, including the public;
- e) Cooperation and integration – coordination will be exercised within the trust and between the trust and other relevant organisations; and,

- f) Direction – clarity of purpose will be delivered through an awareness of the strategic aim and supporting objectives for the response (as agreed and understood by all involved in managing the response).

All members of staff are required to know that the leadership of incidents, emergency response and recovery will be undertaken at appropriate levels of management:

- 1) Strategic (gold) co-ordination – the integration of available capabilities in order to achieve defined objectives.
- 2) Tactical (silver) control – the application of authority, combined with the capability to manage, in order to achieve defined objectives; and,
- 3) Operational (bronze) command – the exercise of vested authority, associated with role or rank, to give direction in order to achieve defined objectives.

All budget holders are required to run periodic risk assessment exercises and review the impact of disruption on their ability to: (1) maintain their critical functions; and, (2) make a prompt response to and recovery from incidents and relevant emergencies. Budget holders are required to maintain records of these exercises and make appropriate changes to their local plans, arrangements and instructions.

Directors will set strategy, objectives and maintain plans appropriate to their directorate's response to and recovery from incidents. Strategy, objectives and plans are required to be robust and proportionate to the impact of each relevant incident.

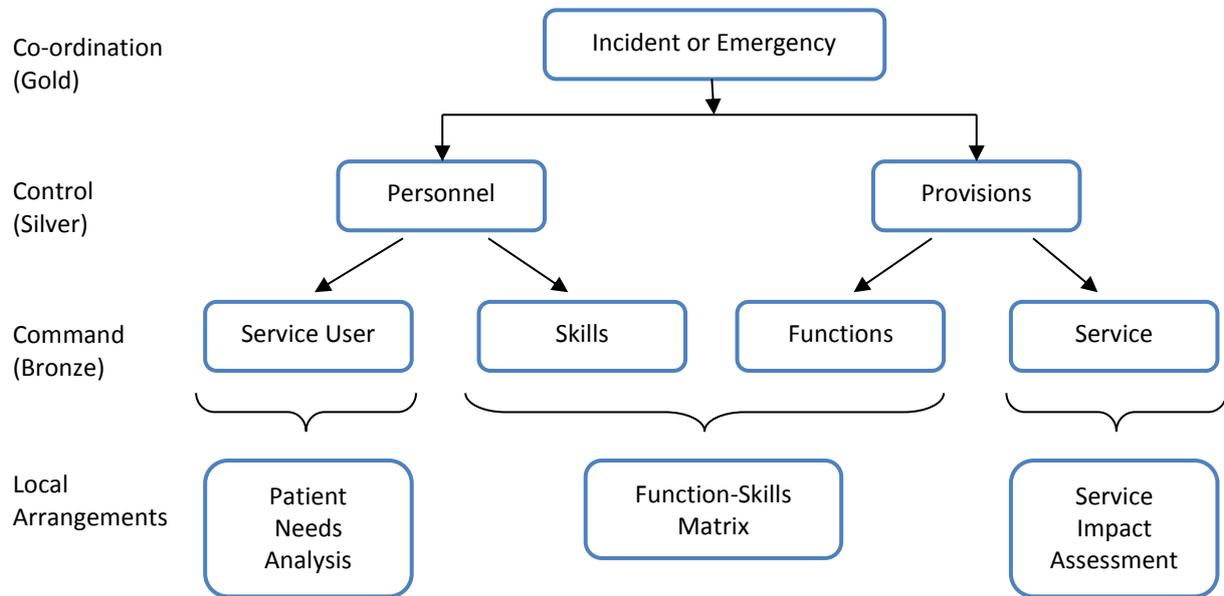
Directors are required to maintain suitable evidence to demonstrate that appropriate personnel are trained, skilled, equipped and exercised to operate each directorate's plans, arrangements and instructions. As a minimum, appropriate personnel will be trained to the relevant National Occupational Standards.

The Trust will have in place and maintain formal governance arrangements that will:

- Through the LHRP and any applicable sub-groups, co-operate with and contribute to the coordinated development and review of any local area business continuity plans and incident response plans;
- Be linked to the Trust's Risk Management Strategy;
- Model the impact of proposed service changes on the ability of the NHS to effectively plan for and or respond to an incident or relevant emergency;
- Maintain essential services and critical functions with staff who are suitably trained and competent in emergency preparedness, resilience and response;
- Enable an employee of appropriate authority to determine if a relevant emergency has occurred;
- Provide adequate facilities from which the response to and recovery from a significant incident or relevant emergency can be effectively managed;
- Provide structured support to an Incident Management Team;
- Consider the information that will be required to plan for, and respond to, an incident or relevant emergency;
- Coordinate tactical multi-agency response; and,

- Receive a formal report from the debriefing of members of staff involved in an incident or relevant emergency and agree and implement learning identified.

The following diagram shows the topics which will be considered when making plans, arrangements and instructions.



The Accountable Emergency Officer is required to provide assurance to trust board that each directorate’s plans, arrangements and instructions are robust, as self-assessed against NHS England’s Core Standards and Framework for EPRR.

Training requirements associated with this Policy

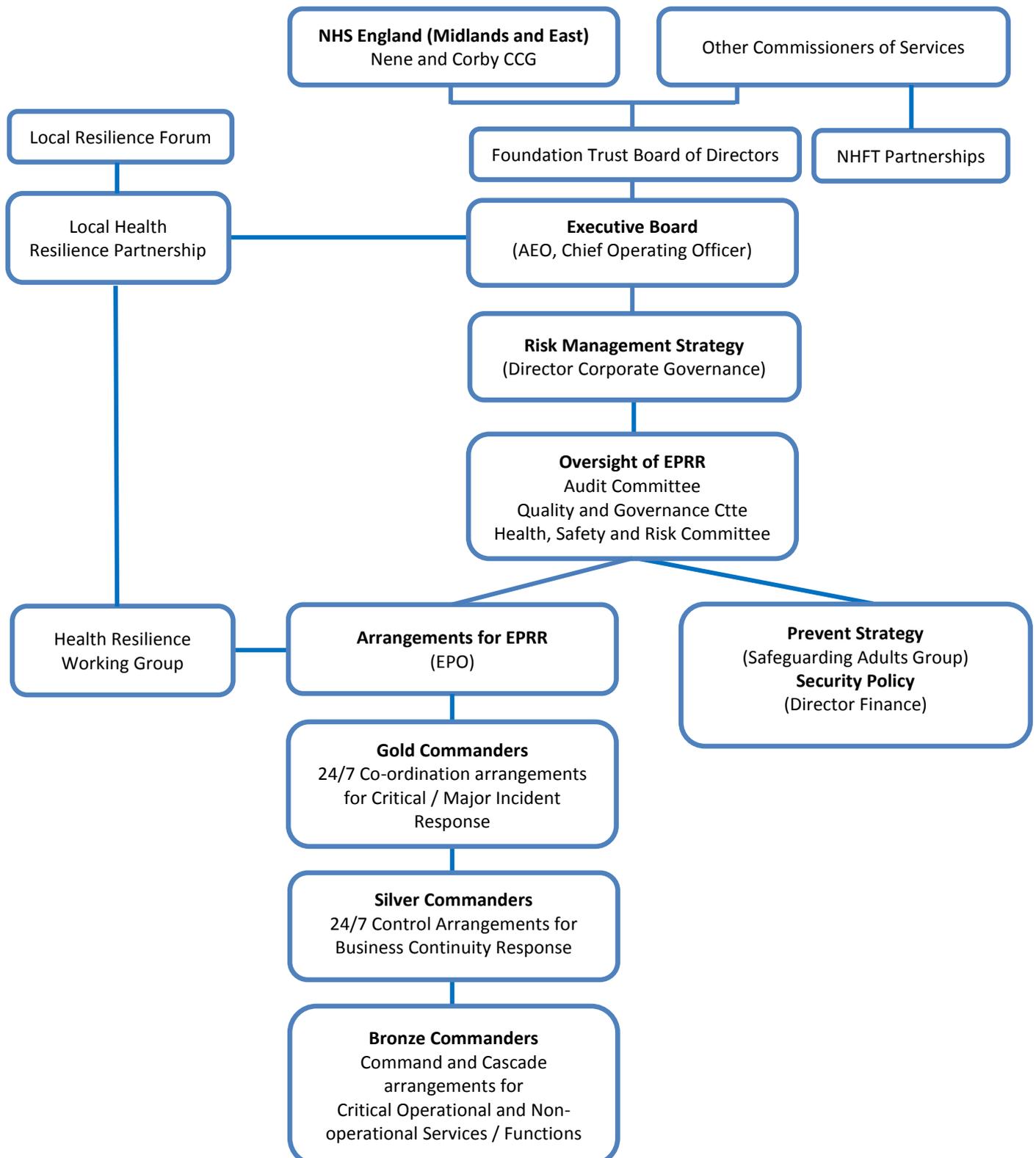
Training required to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management of training will be in accordance with the Trust’s Statutory and Mandatory Training Policy. The Trust’s exercise programme shall direct the schedule for our training and learning.

Type / Training	Frequency	Purpose	Detail
<i>Communications</i>	6 months	To test our ability to contact key staff and other NHS and partner organisations 24/7.	These unannounced exercises should be tested both in and out of office hours on a rotational basis. These could include testing paging services as well as telephone and email systems.

<p><i>Desktop</i></p>	<p>12 months</p>	<p>To discuss (within the same room) our response to a significant incident or emergency with relevant staff and partner agencies</p>	<p>These exercises work through a particular scenario and can provide validation to new plan.</p> <p>Participants are able to interact and gain knowledge of other agencies/organisations roles and responsibilities generating levels of realism.</p>
<p><i>Command Post</i></p> <p>Note: if we have had reason to activate our Incident Response Room (IRR) for a real incident then this supersedes the need to run an exercise (providing lessons identified are captured & implemented)</p>	<p>Three years</p>	<p>To test the operational element of our command and control.</p> <p>To set up the Incident Room.</p>	<p>This can be incorporated into communications or live exercise.</p> <p>It provides a practical test of equipment, telephone and IT facilities and provides familiarity to those undertaking roles within the IRR.</p>
		<p>To test our links with multi-agency partners' Incident Response Rooms.</p>	<p>These test communication arrangements and the flow of information up and down the chain of command.</p> <p>All agencies/organisations should be positioned at IRRs as they would be in a real incident.</p>
<p><i>Live</i></p> <p>Note: if we have had reason to activate our IR plan for a real incident then this supersedes the need to run an exercise (providing lessons identified are captured & implemented)</p>	<p>Three years</p>	<p>To undertake a live test of our BC & IR arrangements</p> <p>To include the operational and practical element of emergency response</p>	<p>These are very useful in validating operational aspects of an incident response plan</p> <p>They could include simulated casualties being brought to an Emergency Department or the setting up of a mass countermeasure centre</p>
		<p>Note: the Core Standards provide an expectation that we will actively participate with exercises run by multi-agency partners including the LRF where relevant to health</p>	

How this Policy will be monitored for compliance and effectiveness

Governance of the trust's policy for EPRR will be achieved as shown, below. These arrangements allow the identification and management of risks to be linked to the Community Risk Register and National Risk Register.



The table below outlines the Trust’s monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
<i>All duties, plans and arrangements, roles, responsibilities and actions covered by this policy</i>	<i>External Assurance through NHS England Core Standards for EPRR</i>	<i>Accountable Emergency Officer Emergency Planning and Resilience Manager</i>	<i>Annually</i>	<i>Health, Safety and Risk Committee</i>	<i>Accountable Emergency Officer Emergency Planning and Resilience Manager</i>
<i>All duties, plans and arrangements, roles, responsibilities and actions covered by this policy</i>	<i>Internal Audit</i>	<i>Accountable Emergency Officer Emergency Planning and Resilience Manager</i>	<i>Periodically</i>	<i>Audit Committee</i>	<i>Accountable Emergency Officer Emergency Planning and Resilience Manager</i>
<i>If there is mandatory training associated with this document state the mandatory training here</i>	Training will be monitored in line with the Statutory and Mandatory Training Policy.				
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

For further information

Please contact the trust's Emergency Planning and Resilience Manager:

Mark Pape

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07730 192 455

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;
- Sexual orientation;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this Policy.

- The purpose of this policy is to ensure that employees, managers and directors assess the likely damage to be caused by the disruption of an incident or relevant emergency and plan arrangements and instructions to prevent this damage from happening or stop damage from worsening – vulnerable groups may be particularly at risk, hence are included in this policy.

Reference Guide

The following documents were consulted to compile this policy:

- NHS Act 2006 (as amended)
- The Civil Contingencies Act (2004), associated Regulations (2005) and guidance,
- NHS England Framework for EPRR (Nov 2015)
- NHS England Core Standards for EPRR (May 2016)
- NHS England Risk Management Policy and Procedure
- The National Resilience Capabilities Programme
- NHS England Business Continuity Management Strategy / Toolkit
- ISO 22301:2012 – Business Continuity Management Systems Requirements
- ISO 22313:2012 – Business Continuity Management Systems Guidance
- ISO / PAS 22399:2007 – Guideline for Incident Preparedness and Operational Continuity Management

- Cabinet Office Emergency Preparedness guidance (2012);
- Health and Safety at Work Act (1974); and
- Management of Health and Safety at Work Regulations (1999).
- CQC Guidance

Document control details

Author:	EPRR Lead
Approved by and date:	Trust Policy Board 10.01.2017
Responsible committee:	Health, Safety and Risk Committee
Any other linked Policies:	Various trust policies and strategies, including: risk, security, incidents, infection prevention and control, CLP 016 Prevent.
Policy number:	CRM009
Version control:	V4

Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
V2	Dec 2015	Dec 2015	Dec 2018	New policy.
V3	Dec 2016	Jan 2017	Dec 2019	Policy amended to reflect updated arrangements for major incident and business continuity.
V4	Sep 2017	Dec 2017	Dec 2019	Policy amended to reflect change of: AEO to Chief Operating Officer from Director HR&OD; and, reporting to Quality and Governance Ctte from Performance Ctte.