

Emergency Preparedness, Resilience and Response (EPRR) Policy

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Policy

Document Control / History		
Revision No	Date	Reason for change
0.1		Detail the arrangements of the Trust in relation to the Local Health Resilience Partnership (LHRP) and Kent Resilience Forum (KRF).
1.0		Reference to include National Risk Register 2014
2.0		Change of Organisational leads.
3.0		Streamlined into Corporate Trust Policy for Board approval. Responsibilities of the Board and EPRR Group added. References to supporting documents added.
4.0		Change of author, owner, Accountable Executive and update of Trust Logo
5.0		Role and Responsibility of Non-Executive Director with EPRR Portfolio Trust Annual Report requirement
6.0	August 2019	Revision of terminology in line with the NHS England EPRR Standards and update of roles in place. Critical Plan referenced superseding the Significant Incident Plan, Structure

Consultation

Divisional Management Board – Planned and Unplanned

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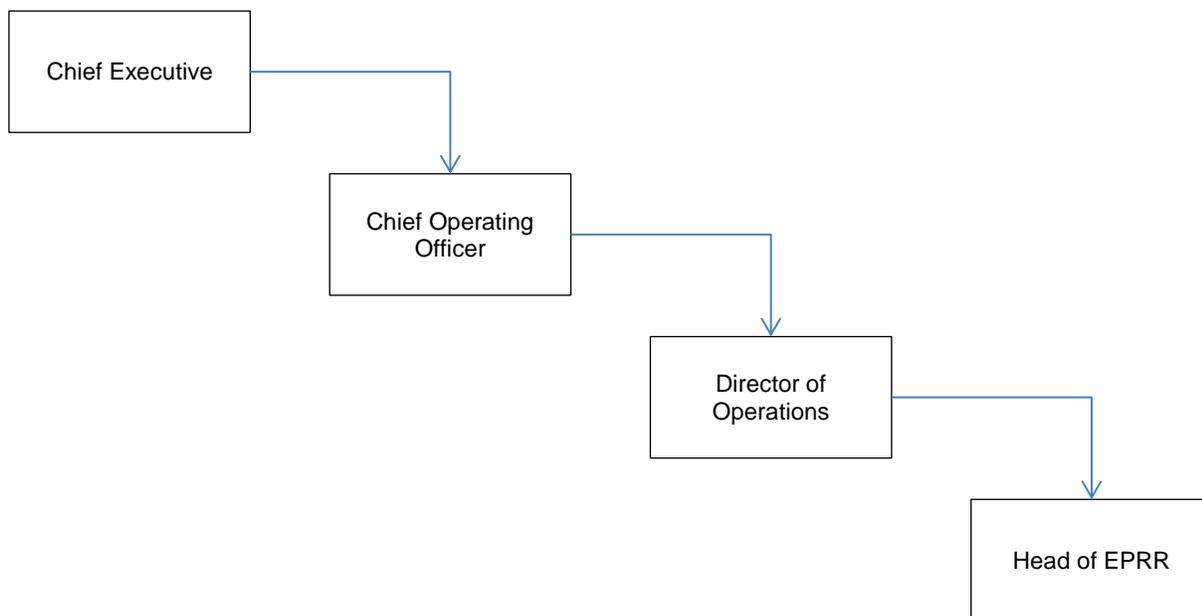
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To be read in conjunction with any policies listed in Trust Associated Documents.

Introduction

- 1.1 All NHS-funded organisations must meet the requirements of;
- the Civil Contingencies Act (2004),
 - the NHS Act (2006) as amended by the Health and Social Care Act (2012),
 - the NHS standard contract,
 - the NHS England Core Standards for EPRR; and
 - NHS England Business Continuity Management Framework.

1.2 EPRR Structure



Purpose / Aim and Objective

2.1 This Policy sets out the Trust arrangements for the management of EPRR and associated governance to ensure compliance with the regulatory framework.

2.2 The Civil Contingencies Act (2004)

- The Civil Contingencies Act (2004) and accompanying non-legislative measures, deliver a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts: local arrangements for civil protection (Part 1) and emergency powers (Part 2).
- Part 1 of the Act and supporting Regulations and statutory guidance Emergency Preparedness establish a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. The Act divides local responders into two categories, imposing a different set of duties on each.
- Those in Category 1 are those organisations at the core of the response (e.g. emergency services, local authorities, NHS bodies).

2.3 The Civil Contingencies Act (2004), requires Category 1 responders to:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance co-ordination
- co-operate with other local responders to enhance co-ordination and efficiency
- provide advice and assistance to businesses and voluntary organisations about business continuity management (local authorities only)

2.4 **Emergency Preparedness Framework**

The Trust Policy is to ensure the requirements set out in the NHS England EPRR Framework are met.

NHS funded organisations are required to submit evidence of their conformity to the required EPRR standards via the completion of a pro-forma template and the provision of a statement of EPRR Conformity. The Trust Board is responsible for reviewing and approving the submission annually.

2.5 **The National Health Service Standard Contract.**

Section C Part 7.5 – Service Matters, require that the Trust have a clear reporting process and assess the impact and recovery of Elective Care in relation to Major Incident.

2.6 Business Continuity

The Trust Policy is to ensure that business continuity arrangements are aligned to ISO 22301. This International Standard specifies requirements for setting up and managing an effective Business Continuity Management System (BCMS) thereby.

- Understanding the organisation's needs and the necessity for establishing business continuity management policy.
- Implementing and operating controls and measures for managing an organisation's overall capability to manage disruptive incidents
- Monitoring and reviewing the performance and effectiveness of the BCMS
- Continual improvement.

2.7 Trust Objectives

EPRR supports the Trust objectives by ensuring the continuous improvement and rolling programme of Business Continuity and Emergency Preparedness across the organisation and at all appropriate levels of staffing by ensuring that its people are trained and exercised in EPRR best practice with the support to carry out the skills required when required.

2.8 On Call

Medway NHS Foundation Trust ensures it can receive notifications relating to business continuity incidents, critical incidents and major incidents by employing a resilient and dedicated on-call mechanism, which is supported by the Head of EPRR.

This function has both 24/7 senior manager and director level robust availability and capability. On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer. The Identified Individuals;

- Are trained according to the NHS England EPRR competencies (National Occupational Standards)
- Can determine whether a Major, Critical or Business Continuity incident has occurred
- Has a specific process to adopt during decision making

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- Is aware of who should be consulted and informed during decision making
- Should ensure appropriate records are maintained throughout

2.9 Testing and Exercising

Exercising schedule should incorporate the response needed for Major, Critical and Business Continuity Incident, whilst considering local risks and meeting the needs of the organisation in the form of;

- Six-monthly communications cascade test
- Annual Table top
- Live Exercise; and a
- Command post exercise

2.10 Incident Control

The Incident Control Centre currently resides on the third floor Trafalger Meeting Room with the secondary site being the Site office, This will switch as of September 2019, when the site office becomes the 24/7 hub for emergency response.

The completion of incident SitReps can be found within the Major Incident Plan
Loggists can be contacted via switch board

2.11 Business Continuity Management System (BCMS)

The organisation has a system to evaluate BCMS and this is part of the 2019/20 programme of work which will include the monitoring and evaluation of Business Continuity arrangements against KPIs, Support arrangements and Emergency Ward boxes.

Definitions

3.1 Not applicable

(Duties) Roles & Responsibilities

4.1 Trust Board

Responsible for;

- approving the Trust's Corporate Policy for EPRR.
- reviewing and approving the annual report to the Board on EPRR arrangements.

- understanding the statutory framework and assuring itself on the adequacy of the Trust arrangements for meeting requirements.

4.2 Chief Executive

Department of Health Guidance (2005) dictates the Chief Executive is named as the person accountable for Emergency Preparedness, Resilience and Response. To support this arrangement an Executive is designated to take responsibility for Emergency Preparedness on behalf of the organisation.

4.3 Non-Executive Director

The Trust has an identified, active Non-executive Director representative who formally holds the EPRR portfolio for the organisation.

The Non-executive Director Representative will;

- Be publicly identified via the public website and annual report
- Be a regular and active member of the Board/Governing Body
- Be briefed via a formal and establish process on the progress of the EPRR work plan outside of Board meetings

4.4 Chief Operating Officer

The Chief Operating Officer is the designated Executive for EPRR and the delegated Accountable Emergency Officer with responsibility for ensuring that the Trust has;

- Resources committed and funds available,
- Plans and policies in place to fulfil the requirements of the statutory framework; and
- Commitment from staff and Senior Leadership towards Emergency Planning, Business Continuity and Training and Exercising

They will;

- Attend the Local Health Resilience Partnership Group,
- Ensure that the Trust has published both the results of the NHS EPRR Assurance process, and the named Non-Executive Director in the Trust Annual Report.

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- Discharge their responsibility to provide EPRR reports to the board no less frequently than annually, the reports must go to board, and as a minimum, include an overview on;
 - Training and exercising undertaken by the organisation
 - Summary of any business continuity, critical incidents and major incidents
 - Summary of lessons identified from Incidents and exercises
 - The organisations compliance position in relation to the latest NHS England EPRR Assurance process

4.5 Emergency Preparedness, Resilience and Response Group

This group is established to assist the Trust Board in fulfilling its responsibilities in relation to the Civil Contingencies Act 2004. It will fulfil its purpose by having responsibility for oversight of the Trust EPRR Policies, Procedures and the NHS England EPRR Framework to assess adequacy and identify where improvements need to be made.

4.6 Head of Emergency Preparedness Resilience and Response

The Emergency Preparedness, Resilience and Response Manager is responsible for discharging agreed work plan objectives and ensuring that documents listed in Trust Associated Documents are subject to a programme of maintenance and renewal to ensure that they continue to meet regulatory requirements.

They will ensure that assessments of EPRR risks are shared across the organization and that High level risks are escalated to the Corporate Risk register. In consultation with the EPRR Group, action plans will inform the EPRR Work plan for the following year using a risk-based approach.

4.7 Directors, General Managers and Heads of Department

Directors, General Managers and Heads of Departments will;

- Agree the Trust Core Functions and Critical Dependencies for their areas and undertake detailed Service and IT System Business Impact Assessments following the Trust Management of Business Continuity Policy,
- In line with the EPRR Training Needs Analysis release staff accordingly for training.
- Release staff to undertake Exercises to test EPRR Plans.

- Directors, General Managers and Heads of Department who are aligned to the Trust on call Rota's will evidence attendance at Commander training ensuring an up to date EPRR portfolio is kept.

4.8 **Incident Response Leads of the Emergency Department.**

Responsible for Departmental staff training for a Major Incident response.

4.9 **Communications Team**

Responsible for Trust Communications for during an incident and liaison with external communication partners

4.10 **Head of Infection Control**

Responsible for supporting the EPRR agenda via communications with and direction from the Health Protection Agency or other Agencies as required

4.11 **Head of Health & Safety and Compliance**

Is responsible for ensuring that Business Impact Assessments are completed with consultation with the EPRR Manager for any planned Operational Estates or Project work that may disrupt the Organisation.

They will ensure that Fire Response is aligned to the Critical Incident Plan and responding staff are trained to work within a multiagency response.

4.12 **The Head of IT**

- Will ensure that there is a Disaster Recovery Plan (Covering loss of physical assets and recovery with a recovery time objective)
- Will ensure that the Trust can demonstrate Cyber Security (as outlined within <https://www.gov.uk/government/publications/10-steps-to-cyber-security-advice-sheets>)

4.13 **Associate Director of Procurement**

Will ensure that a system is in place to request and obtain business continuity plans from providers that the organization commissions and any sub-contractors have arrangements in place.

4.14 **Switchboard Supervisor**

Will maintain the contact details of staff on 'on-call rotas'
Will test the Incident Response cascade 6 monthly.

Policy

4.15 Consultant Nuclear Medicine

Will ensure that the Radiation Monitoring Devices from the Emergency Department (RAMGENE) are adequately assured on an annual basis via an approved Appointed Person.

4.16 Chemical, Biological, Radioactive and Nuclear (CBRN) Leads of the Emergency Department.

The CBRN Leads of the Emergency Departments will be responsible for maintaining the CBRN Standard (LHRP, 2013) covering:

- Risk Assessment.
- Equipment
- Training
- Management of CBRN and Radiation Monitoring trained Staff.

Monitoring and Review

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Policy review	First review in one year and then every three years	Author		Where gaps are recognised action plans will be put into place
NHS EPRR framework – compliance with the core standards	EPRR Group – Each meeting	EPRR Manager	Executive Group, Trust Board	Where gaps are recognised, action plans will be put into place
EPRR work plan	EPRR Group – Each meeting	EPRR Manager	Executive Group	Where gaps are recognised, action plans will be put into place
Learning from exercises	EPRR Group – Each meeting	EPRR Manager	Executive Group	Where gaps are recognised, action plans will be put into place

Training and Implementation

Policy

- 6.1 A training needs analysis is prepared as part of the annual work plan and its adequacy is reviewed by the EPRR Group.

Equality Impact Assessment Statement & Tool

All public bodies have a statutory duty under The Equality Act 2010 (Statutory Duties) Regulations 2011 to provide “evidence of analysis it undertook to establish whether its policies and practices would further, or had furthered, the aims set out in section 149(1) of the [Equality Act 2010]”.

The policy owner must insert here a statement to summarise how they have assessed the policy for impact on the protected characteristics under the Equality Act 2010. Guidance on how to do this can be found in the Guidance Note on Equality Impact Assessment [[AGN00168 - Equality Impact Assessment guidance note](#)]. Key issues to include are:

- An assessment of how relevant the policy is to equality and diversity
- The key informants (e.g. data and/or consultees) of the assessment
- What, if anything, was learnt, and any actions that need to be taken to ensure that the policy can be delivered equitably.
- Where the impact assessment can be located (e.g. available from the document author)

References

Document	Ref No
References:	
Civil Contingencies Act 2004 Part 1 and 2	
Emergency Preparedness, Resilience and Response Framework (NHS England, 2015)	
NHS England Core Standards for Emergency Preparedness, Resilience and Response (NHS England, 2015)	
The Health and Social Care Act, 2012	
Trust Associated Documents:	
Major Incident Plan	
Chemical, Biological, Radiological and Nuclear CBRN Incident Plan	
Kent and Medway – Information Sharing Agreement	
Kent and Medway Local Health Resilience Partnership – Mutual Aid Agreement	

END OF DOCUMENT