The Royal Wolverhampton NHS Trust

NHS

Trust Board Report

Meeting Date:	11 July 2013
Title:	Emergency Planning Quarterly Update
Executive Summary:	This report covers the following areas: • Emergency Preparedness, Response & Resilience Core Standards • Heatwave Planning • Business Continuity Guidance Changes • Training & Exercising • Emergency Preparedness & Resilience Strategy
Action Requested:	1. Note the activities undertaken for emergency planning during QTR 1 and accept the report. 2. Approve the reviewed Emergency Preparedness & Resilience Strategy
Report of:	Director of Planning & Contracting
Author: **Contact Details:**	Head of Emergency Planning & Business Continuity Diane.preston@nhs.net
Resource Implications:	Nil
Public or Private: (with reasons if private)	Public session
References: (eg from/to other committees)	Emergency Planning Committee
Appendices/ **References/** **Background Reading**	Appendix 1 Emergency Preparedness & Resilience Strategy Civil Contingencies Act 2004 , NHS Commissioning Board 2013/2014 - Standard Contract Service Conditions, Emergency Preparedness, Resilience and Response arrangements effective April 2013
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Trust Management Team should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Background Details	
1	This report identifies the work undertaken during Quarter 1 to ensure that the Trust is compliant with the statutory requirements placed upon it as a Category 1 responder under the Civil Contingencies Act 2004 and in line with the new EPRR framework. • This report covers the following areas:- • New EPRR core standards • Heatwave Planning • Changes in guidance for, business continuity • Revised Emergency Preparedness & Resilience Strategy

Emergency Planning Quarter One Update	
2	***Emergency Preparedness, Resilience & Response: Core Standards*** EPRR remains a key priority for the NHS and forms part of the NHS Commissioning Board planning framework (Everyone Counts: Planning for Patients), the NHS Standard Contract and through this the NHS Commissioning Board Emergency Planning Framework (2013). A set of core standards for emergency preparedness, resilience and response (EPRR) have been published. These standards are an underpinning requirement for NHS funded organisations. These are not all new standards, but there will be an expectation and assurance that as a NHS Funded Organisation we can demonstrate that we have plans, and can deal with a wide range of incidents and emergencies that could impact on health or patient care. A self-assessment of these standards has been undertaken in order for the Trust to review and assess areas of compliance. Areas for improvement and gaps in advance of the assurance framework due to be disseminated from the NHS Commissioning Board have been highlighted. These will be taken forward by the Emergency planning team in conjunction with the Emergency Planning Committee.
3	***Heatwave Planning*** The Trust's Heatwave plan was reviewed and updated in line with the new Heatwave Plan for England for 2013. The Heatwave period is 1st June - 15 September. The UK plan now clarifies responsibilities and actions for healthcare organisations, local authorities and professionals in the light of the changes made to health and social care. It now separates actions for commissioners, providers, as well as for professional staff and for the wider community. The plan continues to be under pinned by a system of heatwave alerts. The alert levels have changed to emphasize that long term planning for heatwaves should take place throughout the year. A level 0 has been added to reflect this change. The Trust's response to the UKs plan has been revised and has been launched across the Trust.

4	**_Business Continuity changes to guidance_**
	The world's first international standard ISO 22301 for Business Continuity Management (BCM) has been developed to help organisations minimise the risk of such disruptions. The new international standard replaces the current British standard BS 25999. In order to apply the principles of the new ISO 22301 a review of the Trust's BCM process is being undertaken to identify the key areas of change in line with the main differences of the standards and the development of an action plan.
5	**_Training & Exercises_**
	A Training and exercise programme have been established for 2013/2014, with several training sessions already been undertaken, along with an Emergo Exercise (EX Semper Paratus) taking place on the 18th June which fulfils the Trusts requirement to carry out a live exercise every 3 years. A variety of staff from the Trust took part, along with the Wolverhampton City Clinical Commissioning Group, the National Commissioning Local Area Team and the West Midlands Ambulance Service. The key areas of improvement identified were communication cascade and some changes to local procedures. The Trust will receive a report from the Public Health England EMERGO training team, who facilitated the exercise, in the next few weeks.
6	**_Emergency Preparedness Strategy_**
	The Trust's Emergency Preparedness Strategy is due for renewal. The aim of the strategy is to ensure that the Trust is able to fulfil the requirements set out in the CCA, and to reflect the changes in national policy. The Trust has updated its emergency preparedness strategy to reflect the new changes set out in the EPRR framework. The main changes to the strategy are: • Name change to Emergency Preparedness & Resilience Strategy • The new arrangements for local health EPRR as part of the changes the Health and Social Care Act 2012 is making to the health system. • New changes to guidance, the replacement of ERMA (SHA) and the communication link which is now the NHS Commissioning Board and the new command arrangements. • The role of 'Accountable Officers' for Emergency Preparedness, Resilience & Response • Reinforcement of the principles of Integrated Emergency Management • Response framework to a major incident or business continuity event. The revised Emergency Preparedness & Resilience Strategy for approval.

The Royal Wolverhampton **NHS**

NHS Trust

Strategy Name:	Version:		Status:	Author: Head of
Emergency Preparedness and Resilience Strategy	4		Draft	Emergency Planning & Business Continuity
				Director Sponsor:
				Director of Planning & Contracting
Version / Amendment History	Version	Date	Author	Reason
	3	June 2010	Head of Emergency Planning	Change of review period
	4	June 2013	Head of Emergency Planning & Business Continuity	Updated in line with the new health & social care changes and new EPRR arrangements.
Intended Recipients: Senior Managers & External partners				
Consultation Group / Role titles and Date: Emergency Planning Committee, Executive Directors & Operational Leads.				
Name and date of Trust level committee where reviewed	Emergency Planning Committee – 25 June 2013.			
Name and date of final approval committee	Trust Management Meeting – 19 July 2013 Trust Board – 22 July 2013			
Date of issue	July 2013			
Review Date **Superseded Documents**	July 2016 June 2013 June 2010			
Training and Dissemination: Trust Management Team, Executive Management Team, Trust Board, Divisions/Directorate Managers, Senior Managers, for all staff emergency preparedness Trust intranet site.				
Equality Impact [initial] Assessment [all policies]: Completed Yes				
Full Equality Impact assessment [as required]: **Completed** NA				
Contact for Review	Any amendments to this strategy should be sent to the Head of Emergency planning & Business continuity who is the custodian of this strategy will hold the master copy and make the required amendments: diane.preston@nhs.net – Head of Emergency Planning & BC			
Implementation plan / arrangements	The Head of Emergency Planning & BC will retain the master copies of this plan. Controlled copies of this strategy are also held on			

	the Trust intranet site for: http://intranet/emergencypreparedness/ and Emergency Planning Office.
Monitoring arrangements and Committee	Emergency Planning Committee

Document summary / key issues covered:

This strategy aims to provide an agreed framework for all emergency preparedness and resilience activities within the Trust to ensure that it is capable of responding to major incidents, in that way that delivers optimum care and assistance to the victims, minimises the consequential disruption to healthcare services and brings about a speed return to normal levels of functioning in any type of incident. It further highlights how The Royal Wolverhampton NHS Trust will meet the duties set out in legislation and associated statutory guidance, as well as the requirements identified in the National Contract and the new Emergency Preparedness, Resilience and Response arrangements effective April 2013.

VALIDITY STATEMENT

This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.

Resource assessment

Describe all resource requirements or dependencies of the strategy eg finance people and time resource. Please refer table below and retain all yes content in the final strategy.

1	Does the implementation of this strategy require any additional Capital resources	No
2	Does the implementation of this strategy require additional revenue resources	No
3	Does the implementation of this strategy require additional manpower	No
4	Does the implementation of this strategy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this strategy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

USE OF THIS DOCUMENT

This document is NOT intended for emergency use. If there has been or you suspect a major incident then please consult RWT's organisational major incident response plan immediately or for a business continuity management issue – please refer to the Trust's business continuity management plan or individual service business continuity plans.

Emergency Preparedness & Resilience Strategy
Contents

Glossary of Terms

This glossary is provided for reference purposes

AEO	Accountable Emergency Officer
CCA	Civil Contingencies Act 2004 – statutory - legal responsibilities
CCG	Clinical Commissioning Group will support the NHS CB in discharging its EPRR functions and duties locally.
CE	Chief Executive
EPRR	Emergency Preparedness, Response and Resilience are defined by a series of statutory responsibilities under the CCA.
LA	Local Authority
LHRP	Local Health Resilience Partnership is a strategic forum for joint planning for emergencies for the new health system and will support the health sectors contribution to multi-agency planning.
LRF	Local Resilience forum
NHS CB AT	NHS Commissioning Board Area Team
PHE	Public Health England
The Trust	The Royal Wolverhampton NHS Trust
WCCCG	Wolverhampton City Clinical Commissioning Group
WRG	Wolverhampton Resilience Group

Emergency Preparedness & Resilience Strategy

Executive Summary

The NHS is currently going through a period of change, with emergency preparedness, recovery and resilience still being a key priority forming part of the NHS Commissioning Board planning framework (Everyone Counts: planning for patients), the NHS standard contract and with the introduction of the new NHS Commissioning Board Core Standards for Emergency Planning. The new arrangements for local health emergency preparedness resilience and response (EPRR) was effective from 1 April 2013, this guidance superseded both the NHS Emergency Planning Guidance 2005 and the arrangements for health emergency preparedness, resilience and response.

We are still required to be able to plan for, and respond to, a wide range of incidents that could impact on health or patient care. These could be anything from prolonged period of severe pressure, extreme weather conditions, an outbreak of an infectious disease, or a major transport accident. A significant incident or emergency is any event that cannot be managed within routine service arrangements. It requires the implementation of special procedures and involves one or more of the emergency services, the NHS or a local authority.

The Royal Wolverhampton NHS Trust is committed to developing and maintaining prepared and resilient services by taking a proactive approach to both emergency preparedness and business continuity (commonly known as resilience). This strategy is part of the Trusts ongoing programme to increase the resilience of the Trust so that it is able to respond to major incidents and business disruptions, regardless of source, whilst continuing to deliver the critical services that its stakeholders and community rely upon. As part of this programme the trust works hard to fulfil the statutory duties of a Category 1 responder under the Civil Contingencies Act 2004 to show that we can deal with incidents while maintaining services to patients, along with the requirements identified in the Emergency Preparedness, Recovery and Resilience framework 2013.

Assurance statement

This strategy provides assurance frameworks exist within The Royal Wolverhampton NHS Trust (RWT) that support a high level of preparedness to any business-disrupting event or major incident, regardless of source. Full implementation of this strategy will ensure there are arrangements in place that will enable RWT to respond to major incidents, regardless of source. This will enable RWT to respond to major incidents/business disruptions, continue its crtiical functions and essential services, provide suppot to the local community and to provide and receive mutual aid on a local, sub regional and national level. The strategy supports a whole health economy approach to resilience where critical and interdependent healthcare systems are prioritied to ensure the ongoing delivery of the services to patients, stakeholders and community rely upon, regardless of circumstances.

David Loughton, CBE

Chief Executive

1. Purpose of this document

The purpose of this document is to provide the framework for The Royal Wolverhampton NHS Trust to meet the requirements of the Civil Contingencies Act 2004, the Health & Social Care Act 2012, the NHS Standard Contract and the NHS Commissiong Board Emergency Preparedness, Resilience and Response core standards, NHS Command & Control and NHS Commissiong Board Business Continuity Management framework 2013.

2. Background

As a Trust we need to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an infectious disease outbreak or a major incident. This work is referred to in the health service as 'emergency preparedness resilience and response (EPRR).

Under the CCA category one responders, the Trust must show that we are working with other responders to assess risks, develop and maintain plans, share information and cooperate on civil contingency response, and can manage incidents, events while maintaining services to patients.

As a Trust we must also be able to maintain continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action. This is known as business continuity management.

3. Introduction

The NHS service wide objective for emergency preparedness and response seeks to ensure the NHS is capable of responding to major incidents of any scale, in a way that delivers optimum care and assistance to the victims, minimises the consequential disruption to healthcare services and brings about a speedy return to normal levels of functioning. Working in partnership with multi-agencies will enhance its capability.

To ensure resilience across the Trust this strategy encompasses both emergency preparedness and business continuity and covers both the Trust's acute and community services. The following legislation, regulation and guidance have been used to inform this strategy and this document should be read in the context of:

- The Civil Contingencies Act 2004 and associated formal cabinet office guidance
- The Health and Social Care Act 2012
- Emergency Preparedness, Resilience and Response Framework 2013
- The requirements for Emergency Preparedness as set out in the NHS Commissioning Board planning framework (everyone counts – planning for patients)
- The requirements for EPRR as set out in the applicable NHS standard contract
- NHS commissioning board EPRR documents and supporting materials,
- National occupational standards (NOS) for civil contingencies – skills for justice
- BSI PAS 2015 – framework for health services resilience
- ISO 22301 – societal security – business continuity management systems – requirements.

This strategy ensures the Trust's compliance of the Essential Standards of Quality and Safety, regulation 15 outcome 10.

4. Aims & Objectives

4.1. The aim of this stategy is to outline how the Trust will develop and maintain prepared and resilient services that meet the statutory and mandatory duties as set out in CCA and the EPRR core standards.

4.2. The stated aim will be achieved through:

- An integrated emergency planning process in place across the Trust that is built on the principles of risk assessment, co-operation with partners, emergency planning, communicating with the public and information sharing
- Develop knowledge and skills to ehnace emergency management
- Improve the level and appropriateness of emergency management related to services in the area of prevention, preparedness, response and recovery
- Ensure all emergency and business continuity plans taking into account the changes in legislation and are up to date, accessible, tested regularly.
- Business continuity arangements take account of the principles within ISO 22301
- The needs of vulnerable persons, including children are take into account in all resilience arrangements.
- Appropriate arrangements are in place to provide and receive mutual aid locally, regionally and nationally.
- Promote effective partnerships between emergency services, and other agencies like, the Local Area Team, Wolverhampton City Clinical Commissioning Group to improve safety outcomes
- Suitable and sufficient training arrangements to ensure the competence of staff in performing emergency planning and major incident roles
- Suitable governance arrangements in place for resillience across the trust
- The Trusts resilience arrangements fully support other resilience arrangements within the wider helath ecxonomoy and it activiely participates in local resilience groups ie Wolverhampton Resilience Group
- A culture of resilience is adopted within and across the Trust that makes emergency preparedness an intrinsic element of management and operations.

5. Definitions

This section provides definitions for the most common terms used in this strategy.

Business Continuity	holistic management process that identifies potential threats to an org and the impacts to business operations that those threats, if realized, may cause and which provides a framework for building organization resilience with the capability for an effective response that safeguards the interests of its stakeholders, reputation, brand value creating activities.
Business Continuity Management	A management process that enables organisations to: identify those key services which, interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation; identify and reduce the risks and threats to the continuation of these key services; develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time.
Emergency	A present or imminent event that requires prompt coordination of actions concerning persons or property to protect the health, safety or welfare of people, or to limit damage to property or the environment.

Emergency Management	The management of emergencies concerning all-hazards, including all activities and risk management measures related to prevention and mitigation, preparedness, response and recovery.
Emergency Planning	The development and maintenance of agreed procedures to prevent, reduce, control, mitigate and take other actions in the event of an emergency.
Major incidents	For the NHS a major incident is defined as '*any occurrence that presents serious threat to the health of the community, disruption to the services or causes such numbers of types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations*.'
Resilience	The ability of an org to adapt and respond to disruptions, whether internal or external, to deliver organisational agreed critical activities.
Risk	The combination of the likelihood and the consequence of a specified hazard being realized; refers to the vulnerability, proximity or exposure to hazards, which affects the likelihood of adverse impact.
Significant Incident and Emergency	A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements. An emergency is sometimes referred to as a major incident.

6.   Requirements of a Category 1 Responder – The Trust

As a Category 1 responder the Trust has the following legal responsibilities in six specific areas to achieve which are:

- *Co-operating* with other responders to enhance coordination and efficiency when planning, responding and recovering from an emergency.
- *Undertaking Risk* assessments for emergency planning, assess risk of emergencies occurring to inform contingency planning. Collaborate with other organisations to compile community, local or national risk registers and ensure internal corporate risk management processes include risk to continuation of services.
- *Emergency planning* – plans are in place to respond to emergencies, which are validated and exercised, with appropriate senior level command and decision making 24/7, ensure relevant staff are trained to an appropriate level for their role in response and ensure robust communication mechanisms.
- *Communicating with the public* – maintain arrangements to make information on emergency preparedness matters available to the public, maintain arrangements to warn, inform and advise the public in the event of an emergency.
- *Sharing information* with other local responder organisations to enhance co-ordination both ahead of and during an emergency
- **Business continuity –** to maintain plans to ensure our services can continue to deliver functions in the event of an emergency so far as is reasonably practicable, assessing both internal and external risks whilst developing and reviewing Business Continuity Plans.

7.   Roles & Responsibilities

7.1.   This section outlines the Trust's roles and responsibilities in the event of emergency preparedness, resilience, response and recovery.

Chief Executive (CE)

- The CE has the overall responsibility for emergency preparedness and is accountable to the Board for ensuring that systems are in place to facilitate an effective major incident response and recovery.
- The CE ensures that designated officers are nominated to perform the role of Emergency Planning to support the Trust in preparing for potential emergencies.
- That an Executive Director of the Board is nominated as the Executive Lead for Emergency Preparedness.

Executive lead for Emergency Preparedness (Accountable Emergency Officer AEO)

- The AEO is required to endorse assurance to the Trust Board that the Trust is meeting its statutory responsibilities by:
- Ensuring that the Trust is compliant with the EPRR requirements as set out in the Civil Contingencies Act 2004; the NHS planning framework and the NHS Standard Contract as applicable.
- Ensuring that the Trust, is properly prepared and resourced for dealing with a major incident or civil contingency event;
- Ensuring the Trust and any providers they commission, have robust business continuity planning arrangements in place which reflect standards which set out in the framework for Health Services Resilience (PAS 2015) and ISO 22301
- Ensuring the Trust has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community served
- Ensuring that the Trust complies with any requirements of the NHS Commissioning Board or agents thereof, in respect of the monitoring of compliance
- Providing the NHS Commissioning Board, or agents thereof, with such information as it may require for the purpose of discharging its functions;
- Ensuring the Trust is appropriately represented at any governance meetings, sub groups or working groups of the local health resilience partnership (LHRP) or local resilience forum (LRF).
- Chairing the Emergency Planning Committee, supported by two Sub groups, Major Incident Planning and Business Continuity. Terms of reference are available for these groups.

Head of Emergency Planning & Business Continuity

The Trust has a designated full time emergency planner to support the Executive lead for Emergency Preparedness in implementing the Emergency Preparedness and Resilience Strategy they are responsible for:

- Supporting Executive Lead for emergency preparedness (AEO) in implementing the Trusts Emergency Preparedness and Resilience Strategy
- Providing advice to the Emergency Planning committee and associated sub groups
- Developing, disseminating and maintaining the Trusts emergency preparedness arrangements
- Arrange and deliver emergency preparedness and response training as required

- Co-ordinate tests and exercises of the Trust emergency preparedness arrangements
- Represent the Trust at the West Midlands Health Emergency Planners Group (Regional network), Wolverhampton Resilience Group (WRG) and other relevant groups
- Participate in multi-agency planning for emergencies.
- Development of an annual training and exercise programme both for internal and external working with multi-agency partners.
- Produce an annual report for the Trust Board summarising the current state of the Trusts resilience.

Executive Managers and Operational Leads

The Executive Team and Operational leads promote and oversee the implementation of the Emergency Preparedness and Resilience strategy and plans this involves:

- Training to be an active member of the major incident response team by undertaking Gold commander or incident controller training in order to effectively respond to a major incident or business continuity disruption.
- Supporting the development and implementation of the emergency preparedness and response capabilities in preparation for an emergency situation.
- Ensuring divisional and corporate resilience plans include major incident and business continuity procedures are in place for their directorate/departments if required or alternatively that they are aware of their role and responsibilities as detailed in both the Trust's major incident plan and business continuity management procedures.

Lead for Communications

Responsible for ensuring plans are in place to provide accurate, timely and consistent information and advice to staff, service users and patients, the public, partner organisations and the media in a major incident or business continuity disruption. They are also responsible for providing specialist advice to the designated Trust media facing representative.

Divisional Manager for ICT

Responsible for ensuring that the Trust has resilient telecoms and information technology services.

Divisional Manager Estates & Facilities

Responsible for ensuring that the Trust has plans that are resilient to disruptive events.

Head of Procurement

Responsible for ensuring that the Trust has a supply chain that is resilient to disruptive events.

All Staff

The Trust recognises that emergency preparedness should be a consideration of all staff employed either directly or indirectly and through induction training and regular awareness sessions, ensures that all staff are:

- Familiar with the arrangements detailed in the Major incident and business continuity plans
- Familiar with the roles and responsibilities listed in the Major incident and Business Continuity plans
- Undertake awareness sessions for emergency preparedness
- Awareness of the training available to support them in their emergency response role (if applicable)

Providers and contractors

The Trust expects all third parties upon which it relies (including contractors, partners, associated and commissioned independents) to provide and evidence all emergency preparedness and business continuity procedures that relate to services and additional support that has been agreed.

The Trust ensures this is a part of all contracting, renewal, monitoring and other commissioning processes and thus has the ability to audit such arrangements.

7.2.   Groups With Trust wide responsibilities

Emergency Planning Committee (EPC)

Responsible for setting the strategic direction and work plan for the Trust to deliver the national emergency preparedness, response and resilience core standards for health by ensuring that appropriate plans, systems, policies and processes are in place. The EPC is supported by two sub groups; Major Incident Planning and Business Continuity Management.

Trust Management Team (TMT)

Responsible for the scrutiny and endorsement of the Emergency Preparedness and Resilience Strategy, plans and procedures. TMT will monitor progress reports from the quarterly Emergency Planning Committee and provide updates and recommendations to the board on an annual basis (or more frequently as required).

Trust Board

The Trust Board is responsible for ensuring that the Trust overall acts in accordance with trust policy and procedure and with due regard for statutory provisions as set out in legislation, regulation and guidance.

8.   Risk Management

Risk management is seen in the CCA as the first step in the emergency planning and business continuity processes. The Trust as a category 1 responder is required to contribute to the local community risk register.

When developing emergency arrangements, the Trust will refer to advice from the Local Resilience Forum (LRF) via the NHS Commissioning Board Area Team (NHS CB AT) risk register for health and Wolverhampton Resilience Group (WRG) community risk register in accordance with the CCA.

The Trust, where possible will utilise the localised risk register of the NHS CB AT and WRG to prioritise and schedule emergency preparedness activities.
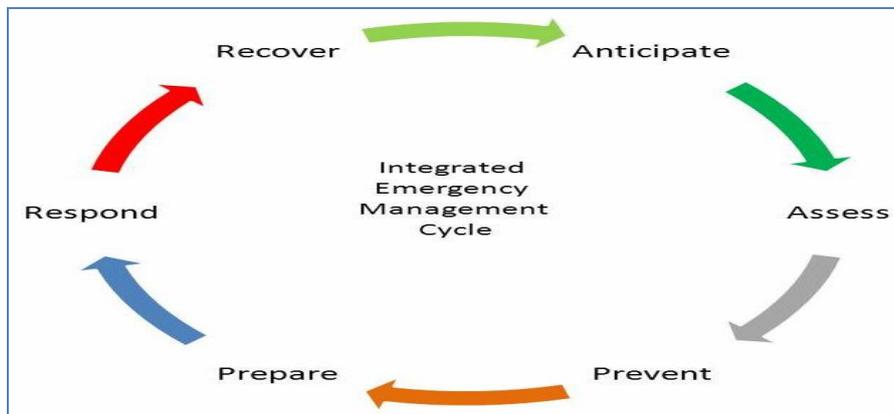
9. Organisational Resilience

The Trust has an integrated emergency planning process in place that is built on the principles of risk assessment, co-operation with partners, emergency and business continuity planning (principles of ISO 22301 standard), communicating with the public and information sharing.

The needs of vulnerable peoples including children are taken into account in all resilience arrangement.

A culture of resilience is adopted within and across the Trust that makes emergency preparedness an intrinsic element of management and operations.

In order for the Trust to maintain resilience, it will continue to adopt the Integrated Emergency Management cycle to ensure there is a constant review of activity and therefore robustness in its preparedness arrangements. See figure [1]

Figure [1] IEM

Anticipation	First phase of IEM process – horizon scanning for risks and potential emergencies.
Assessment	Emergency planning hazards i.e. what would be the likelihood and consequence of any major incident occurring
Prevention	Particular measures adopted which would seek to prevent an incident occurring or reduce severity of one should it occur. • Undertake detailed resilience self-assessment/audit tools with subsequent evidence identified to ensure compliance and readiness. • Systems for regular reporting and review across the organisation
Prepararation	Preparation of flexible generic plans to deal with all type of incidents that could occur • Develop and Maintain robust Trust wide major incident and business continuity procedures, which are kept up-to-date and

	tested regularly.
	• Have agreed action and capability arrangements for each directorate and service area that outlines their roles and responsibilities in the event of a major incident or disruptive challenge.
	• Publicised and readily available training programme for all levels of the organisation to also be linked to multi agency training through the local resilience forum.
	• Have a robust BCM process in place as this is an essential tool in establishing an organisations resilience to maintain business prioritised activities and gives the Trust a framework for identifying and managing risks that could disrupt normal services.
Response	Response to an incident i.e. plans in preparation stage, outlining command and control • An effective and efficient Director on call/senior manager on call system, as well as response plans. • Logging & Record keeping - The Trust is required to have a cadre of loggists when called upon to support the management of an incident or event. Loggists are an integral part in any incident response. It is essential that those tasked with the responsibility of producing logs not only in the decision making process during the incident but also their evidential value and the rationale of a robust audit trail.
Recovery Management	Final phase the activities necessary in order to restore and rebuild, to achieve normality. • Recovery from any significant incident or emergency is imperative and requires a combined co-ordinated approach, from either the affected Trust's internal departments or multi agency this is dependent on the type and scale of the affecting incident '*emergency planning and recovery guidance 2012*'. • The recovery phase should begin at the earliest opportunity following the start of an emergency and should run in parallel with the response. It may last longer than the response phase and should not end until all the disruption has been rectified, demands on services have returned to normal levels and the physical and psychosocial needs of those involved have been met.

10.   Training & Exercises

10.1. Training

The National Occupational Standards (NOS) for Civil Contingencies describe competent performance in terms of outcomes of an individual's work and the knowledge and skills they need to perform effectively. They allow a clear assessment of competence against nationally agreed standards of performance, across a range of workplace circumstances, for specific roles. The Trust will identify individuals who have specific responsibilities when responding to an emergency and ensure that they are given adequate and appropriate training to enable them to discharge their roles.

10.2. Tests/Exercises

In line with the CCA and NHS Emergency Planning Guidance, RWT will test its emergency arrangements through:

> ➢ Live exercises run at least every 3 years
> ➢ Table top exercises run at least every year
> ➢ Communication tests run at least every 6 months

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

The Trust will produce a training and exercise programme yearly.

11.   Command & Control – Emergency Response

11.1   Trust's Command Levels

One of the major differences between day-to-day hospital operations and response in the event of a major emergency is the need for a clear command structure. The key to the successful management of a major emergency/incident is early command and control which is maintained throughout the event.

Command is the direction of the members and resources of an organisation in the performance of its role and tasks. Command relates to organisations and operates vertically within the organisation.

Control is the authority to direct strategic and tactical operations in order to complete an assigned function.

The Trust has two levels of command as indicated in the diagram below (figure ²)
Figure ²
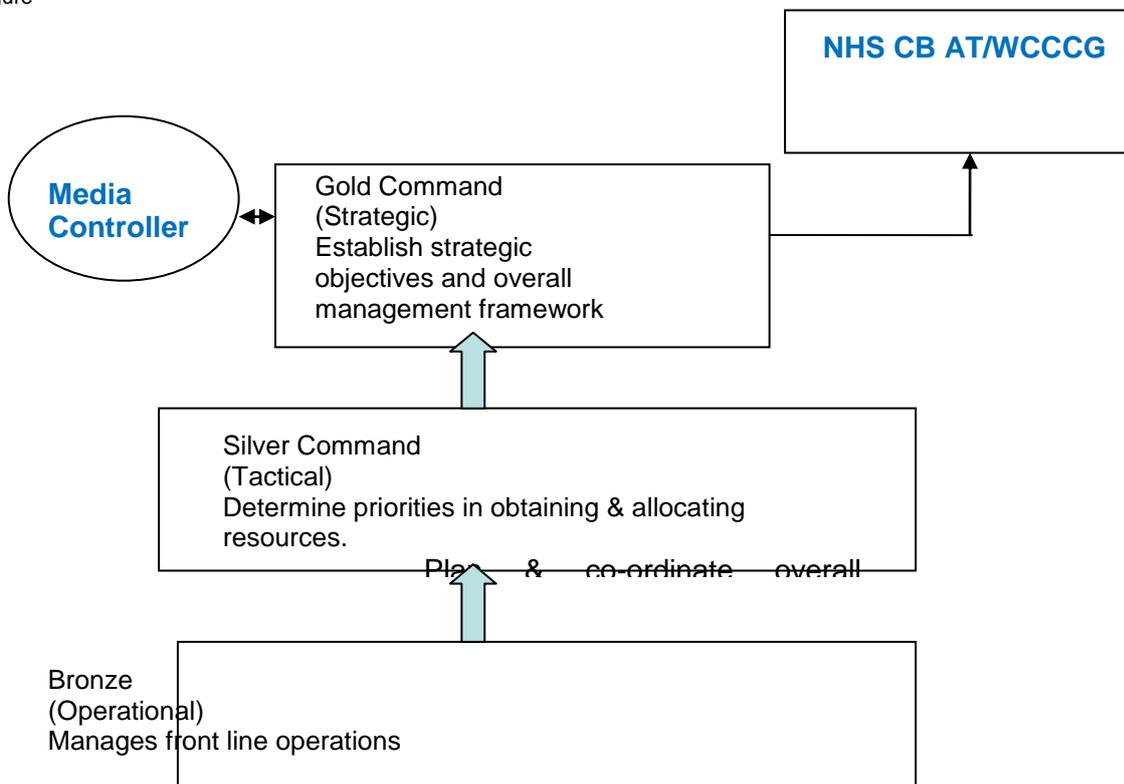
11.1.1. Gold Command

The Director on call Duty at RWT will undertake the role of Gold Commander, who will be responsible for planning and co-ordinating the recovery phase of the incident, this will be applied to any type of major incident which includes in the event of an influenza pandemic/Human Infectious disease. He/she will undertake strategic actions.

11.1.2. Silver Command

The Trust on call manager will undertake the role of Silver commander, who will have responsibility for the running of the Hospital whilst the major incident plan is in operation.

11.1.3. Director on call/Trust on call manager

In the event of a business continuity disruption, which is likely to be over an extensive period of time and/or involves critical service, one or more than one service, or more than one building – the Trust on call Manager/Director On call will take charge of the incident

11.2 Regional/National Command & Control – Emergency Response

Incidents can take many forms therefore the responses need to be appropriate and proportionate to the incident. Most incidents will be dealt with by the Trust or the local health economy without the need for others to be involved. However some incidents may require a wider NHS or multi-agency response, it is likely that a CCG (locally WCCCG) would be acting in an operational/tactical capacity. The NHS Commissioning board local area team will provide leadership across a geographical area. If an incident requires a wider NHS or multi-agency response this coordination and leadership is provided by an Area Team Director.

As a Trust we are required to inform commissioners and the area team on call about any internal incidents, responses to local emergencies or cases of extreme pressure. If an incident affects two or more areas, the NHS response will be led by the area team first affected and responding to it. In extreme situations such as pandemic influenza, a national fuel shortage or extreme weather, the NHS CB National team may take command of all NHS resources across England.

The diagram set out in figure[3] below sets out the response structure, its interaction and alerting mechanism in terms of the different levels of response set out in NHS Commission Board Emergency Preparedness Framework 2013.

Figure [3]

Health System EPRR Operating Model - Response
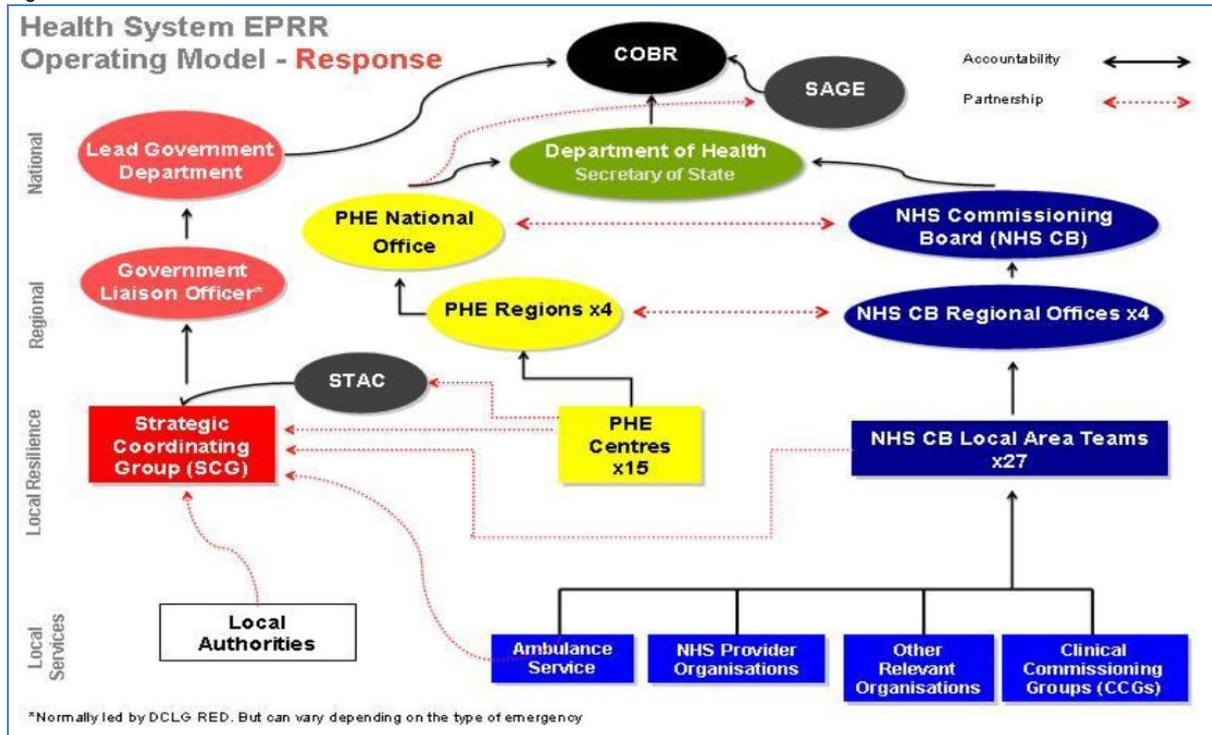
12. Budget & Financial Commitment

The Trust will identify the necessary finance to implement the Emergency Preparedness and Resilience Strategy and make appropriate provision for consequences of incidents occurring.

13. Communication of the Strategy

The Trust's Emergency Preparedness and Resilience Strategy will be made widely available to staff, the Wolverhampton City Clinical Commissioning Group, Local Authority Public Health, the Public and partner organisations to ensure the strategic intent of the document is exposed as an open and honest process to improve emergency preparedness. The success of the strategy will require everyone's contribution.

14. Monitoring Arrangements

To ensure effectiveness, efficiency and compliance, the Trust Executive lead for emergency preparedness with the head of emergency planning & Business Continuity will carry out annual reviews of this strategy and the following documents:

- Major incident & mass casualty Plan
- Business continuity strategy, plans and procedures
- Service recovery plans (including critical functions and recovery time objectives)
- Emergency Planning Committee and sub groups terms of reference
- Training & exercise programme
- Business impact analysis
- Director and Senior Manager on call information

The review will determine if the documents conform to requirements for compliance with relevant standards and legislation. If required, the review will also highlight areas of remediation, improvement and updating before providing assurance to the TMT and Board.

The Head of Emergency Planning & Business Continuity will ensure that any appropriate external audits tools and assurance processes are conducted i.e. provision of assurance to the WCCCG & NHS CB AT, EPRR Core Standards Assurance, and National Capabilities survey. The results of all reviews, audits and self- assessments both internally or externally will be clearly documented and maintained with corrective and preventative actions identified to ensure continual improvement across the Trust.

15.   Equality & Diversity Impact

There is no additional impact on the Trust's approach to equality or diversity of any one particular group of stakeholders

16.   References and underpinning materials

Source of data	Date of publication / issue	Detail of requirement
CCA 2004	Civil Contingencies Act 2004	Sets out the responsibilities for Category 1 and Category emergency responders. **http://www.legislation.gov.uk/ukpga/2004/36/contents**
Emergency Response & Recovery	July 2012	This guidance aims to establish good practice based on lessons identified from responding to and recovery from emergencies. **https://www.gov.uk/government/publications/emergency-response-and-recovery**
NHS Commissioning Board 2013/2014 Standard Contract Service Conditions	2013/2014	Outlines the requirements for emergency preparedness and resilience including major incidents for Providers of services. **http://www.commissioningboard.nhs.uk/nhs-standard-contract/** **www.commissioningboard.nhs.uk/eprr/**
Everyone Counts: Planning for patients 2013/2014 (nee Operating Framework)	2013/2014 – NHS Commissioning Board	Outlines the incentives and levers that will be used to improve services from April 2013. The first year of the new NHS. **http://www.commissioningboard.nhs.uk/everyonecounts/**
Emergency Preparedness, Resilience and Response arrangements	April 2013	New structure for emergency preparedness, under the new NHS. **http://www.england.nhs.uk/wp-content/uploads/2013/03/eprr-key-guidance.pdf** **http://www.england.nhs.uk/wp-content/uploads/2013/03/eprr-framework.pdf**
Health & Social Care Act 2012	Bill – UK parliament 2012	Aimed at creating an independent NHS Board, which promotes patient choice and to reduce NHS admin costs.
Trust's policies:	Information & Risk Management	OP13 Information Governance Policy OP85 Information Sharing Policy

National occupational standards (NOS)	November 2008	For civil contingencies – skills for justice – competency framework
BSI PAS 2015	2010:2015	Framework for health services resilience
ISO 22301	June 2012	Societal security – business continuity management systems – requirements

17.   Distribution List

Title	Location
Head of Emergency Planning & Business Continuity	Emergency Preparedness Intranet Site/EP office
Executive Management Team	Individual copies
Trust Board	Individual copies
Divisional Operational Leads	Individual copies
Corporate Service Leads	Individual copies
All staff – acute and community	Trust Emergency Preparedness intranet site
Multi-Agencies	Individual copies
Wolverhampton City Clinical Commissioning Group	Individual copy
NHS England Commissioning Board Birmingham, Solihull & the Black Country	
Public	Trust Internet

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