

**Joint Policy for Cumbria Partnership Foundation Trust & North Cumbria  
University Hospital NHS Trust**

**Policy Title: Emergency Preparedness, Resilience and  
Response Policy**

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## Emergency Preparedness, Resilience and Response Policy Policy On A Page

### **SUMMARY & AIM**

The Trusts (CPFT and NCUH) need to be able to plan for and respond to a wide range of events, including critical incidents and emergencies, that could adversely affect health or patient care. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident or a terrorist act.

This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR).

This policy aims to enable the Trusts to ensure effective response and recovery arrangements are in place to deliver appropriate care to patients affected during an emergency (as defined by the Civil Contingencies Act (CCA) (2004) or a critical incident.

### **TARGET AUDIENCE:**

- All Trust Staff (NCUH and CPFT), Interserve staff, volunteers, sub-contractors.

### **TRAINING:**

Training will be provided by the Resilience Team and includes:

- Specific training for Senior Managers
- Specific Training for A&E Staff
- A Range of exercises

### **KEY REQUIREMENTS**

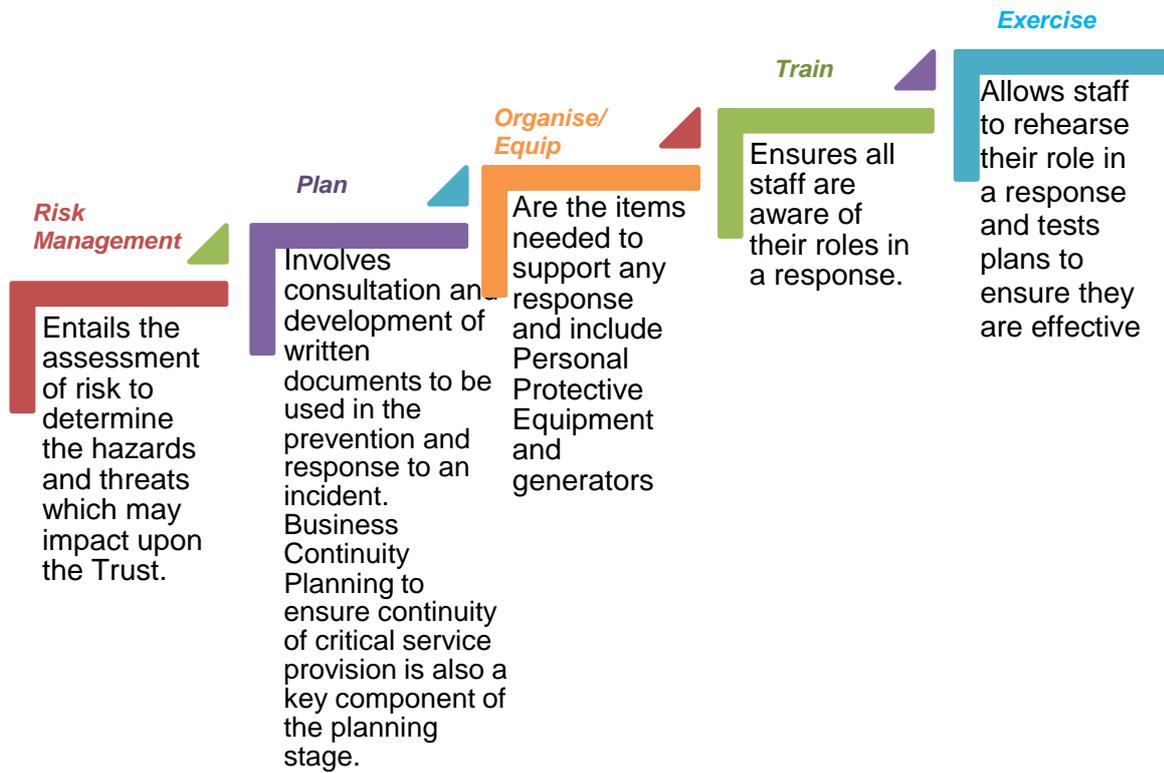
1. To ensure the Trusts have mechanisms in place to prepare for the common consequences of emergencies rather than for every individual incident scenario, including emergencies with an identifiable scene as well as managing wide-area emergencies.
2. To ensure that flexible arrangements for responding to emergencies, which can be scalable and adaptable to work in a wide-range of specific scenarios are in place.
3. To supplement this with specific planning and capability building for the most concerning risks in the National Risk Register (NRR), the Cumbria Local Risk Register and CPFT/NCUH Resilience Risk Register
4. To ensure that plans are in place to recover from incidents and to provide appropriate support to affected communities in a multi-agency context.
5. To ensure that appropriate governance arrangements are in place for the management of Emergency Preparedness, Resilience and Response within both Trusts.

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**SUMMARY FLOWCHART:**



## **1. INTRODUCTION**

This policy outlines the principles for the effective Management of Emergency Planning, including Response, Recovery, Command and Control and Business Continuity. Emergency Preparedness, Resilience and Response (EPRR) is an all-encompassing term to describe Emergency Preparedness and Business Continuity within the health service and as such this EPRR Policy represents both the Trusts Emergency Preparedness and Business Continuity Policy. This Policy is however supported by a joint Business Continuity Strategy which outlines how Business Continuity will be developed and embedded across both Trusts.

This document applies to all services including hosted services, activities and staff within Cumbria Partnership NHS Foundation Trust (CPFT) and North Cumbria University Hospitals NHS Trust (NCUH).

The Trusts are responsible for ensuring full compliance with the Civil Contingencies Act (2004) and the NHS Core Standards for Emergency, Preparedness, Resilience and Response (EPRR), and supporting guidance material.

All NHS-funded organisations must demonstrate that they have plans in place, and can deal with a wide range of incidents and emergencies that could impact on health or patient care.

The Trusts will ensure that up- to-date plans, procedures and capabilities are in place to deal with a major incident, emergency situations and serious untoward events, which compromise service continuity within the organisation and externally within the health economy. This planning will be based on a thorough risk assessment process.

Resilience is created by having robust day-to-day operations that can detect, prevent and if necessary withstand disruption, supported by effective crisis response and recovery procedures: This not only includes planning but also ensuring staff have the knowledge and skills required to deploy plans in an incident.

The most effective way of achieving robust resilience is by implementing Integrated Emergency Management (IEM) as the framework for developing plans and procedures and testing their effectiveness.

## **2. PURPOSE AND SCOPE**

To identify the obligations and legal requirements with regard to the Civil Contingencies Act (2004), (CCA) and other associated emergency preparedness and business continuity guidance, and detail how NCUH and CPFT will execute these requirements.

## **3. STATUTORY AND REGULATORY REQUIREMENTS:**

Under the NHS Constitution, the NHS is there to help the public when they need it most, this is especially true during an incident or emergency. Extensive evidence shows that good planning and preparation for any incident saves lives and expedites recovery.

Both Trusts must therefore ensure that it has robust and well tested arrangements in place to respond to and recover from these situations.

### **3.1 Statutory Requirements Under the CCA 2004:**

The CCA 2004 specifies that responders will be either Category 1 (primary responders) or Category 2 responders (supporting agencies).

Category 1 responders are those organisations at the core of emergency response and are subject to the full set of civil protection duties. NCUH, as an acute service provider is classed as a category 1 responder and as such must meet these duties:

- 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
- cooperate with other local responders to enhance co-ordination and efficiency

### **3.2 NHS Act 2006**

The NHS Act 2006 (as amended) requires NHS England to ensure that the NHS is properly prepared to deal with an emergency and by default; the Trusts must provide this assurance to NHS England.

Clinical Commissioning Groups (CCGs), as local system leaders, should assure themselves that their commissioned providers are compliant with relevant guidance and standards. The Trusts, as a commissioned provider, supplies this annually through the EPRR assurance self-assessment.

The key elements are contained in Section 252A of the NHS Act 2006 (as amended) and are:

- a) NHS England and each CCG must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency
- b) NHS England must take steps as it considers appropriate for securing that each CCG and each relevant service provider is properly prepared for dealing with a relevant emergency
- c) The steps taken by NHS England must include monitoring compliance by each CCG and service provider; and

- d) NHS England must take such steps as it considers appropriate for facilitating a coordinated response to an emergency by the CCGs and relevant service providers for which it is a relevant emergency.

A “relevant emergency” is defined as:

- In relation to NHS England or a CCG: any emergency which might affect NHS England or the CCG (whether by increasing the need for the services that it may arrange or in any other way);
- In relation to a relevant service provider: any emergency which might affect the provider (whether by increasing the need for the services that it may provide or in any other way).

The NHS in England will also have in place strategic forums for joint planning for health incidents: Local Health Resilience Partnerships (LHRP). These partnerships will support the health sector’s contribution to multi-agency planning through the Local Resilience Forum and the Trusts will ensure attendance or representation at these forums

### **3.3 NHS England EPRR Framework 2015, EPRR Core Standards and Associated Guidance:**

The NHS England EPRR Framework sets out a set of expectations for NHS Organisations, these expectations are audited annually via the Emergency Preparedness, Resilience and Response Core Standards.

The Framework and core standards require the Trusts to have in place:

- Governance arrangements
- Risk Assessment processes
- Hazard specific and generic incident response plans which are in line with best practice
- Effective command and control arrangements
- Arrangements for communicating with the public
- Arrangements for sharing information in a response
- Arrangements for working in collaboration with other responders
- A training and exercising program

### **3.4 Care Quality Commission Standard 12:**

1. Care and treatment must be provided in a safe way for service users.
2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—
  - a. assessing the risks to the health and safety of service users of receiving the care or treatment;
  - b. doing all that is reasonably practicable to mitigate any such risks;

- c. ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;
- d. ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;
- e. ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;
- f. where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;
- g. the proper and safe management of medicines;
- h. assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;
- i. where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

### **3.5 Information Governance Data Security Standard 7**

This is a shared requirement with the IMT Department and requires that:

“A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested once a year as a minimum, with a report to senior management.

A business continuity exercise is run every year as a minimum, with guidance and templates available from [CareCERT Assurance]. Those in key roles will receive dedicated training so as to make judicious use of the available materials, ensuring that planning is modelled around the needs of their own business. There should be a clear focus on enabling senior management to make good decisions, and this requires genuine understanding of the topic, as well as the good use of plain English.”

### **3.6 NHS England Core Standards for Emergency Preparedness, Resilience and Response:**

The minimum requirements which the Trusts must meet regarding EPRR are set out in the NHS England Core Standards for EPRR (Core Standards). These standards are in accordance with the CCA 2004 and the NHS Act 2006 (as amended). The standards are published annually and the Trust undertakes a self-assessment against these standards as part of the annual national assurance process and submits results to the Board for approve.

## **4. CYCLE OF PREPAREDNESS**

### **4.1 Risk Management**

Risk management is covered within the CCA 2004 and is the first step in the emergency planning and business continuity process. It ensures that the Trusts make plans that are sound and proportionate to risks.

The Trusts together with other NHS Funded organisations in the area is responsible for contributing to the Community Risk Register, a risk register of local risks compiled by the Cumbria Local Resilience Forum.

In order to facilitate this, and better place risks in the context of the Trusts and their operating environment, the Trusts will undertake a joint annual, local risk assessment process and produce a Trust Resilience Risk Register. This will be produced and maintained by the Resilience Team and brought to the Emergency Preparedness, Resilience and Response Strategy Committee for discussion and approval on an annual basis, or as new risks emerge. Any risks which are owned by the Trusts but which will have a major impact on wider partners will be shared with the Local Resilience Forum via NHS E CNE and the LHRP.

As part of the business continuity planning process, wards and departments will also undertake specific risk assessments; any high risks (those with a score above 9) will be monitored through the Trusts Resilience Risk Register. Likewise, any risk above 15 on the Resilience Risk Register will sit on the Trusts Corporate Risk Register. This ensures all risks are appropriately monitored at the correct level.

In undertaking this assessment the will follow the agreed methodology for risk assessment which is available on the Cabinet Office website: <https://www.gov.uk/risk-assessment-how-the-risk-of-emergencies-in-the-uk-is-assessed>

## **4.2 Planning**

The risks identified in the Trusts' Risk Register form the basis for the production of plans. The Trusts will maintain and create a range of plans and procedures in response to these risks. Where a risk has a high overall rating or requires a specialist response, a bespoke plan will be written to mitigate its impacts. It is not possible or desirable due to the training and maintenance needs, to create a specific plan for every single scenario and so the Trust will also maintain more generic plans. These generic plans ensure effective arrangements, such as clear command and control structures and communication links, are enacted in response to a situation and that dynamic response plans can be effectively enacted.

### **4.2.3 Business Continuity Plans**

Business Continuity is defined as the capability of the organization to continue delivery of products or services at acceptable predefined levels following a disruptive incident. (Source: ISO 22301:2012)

The EPRR Policy, this document, combines the requirement for an Emergency Preparedness Policy with the need for a Business Continuity Policy. This is in line with the EPRR approach adopted within the NHS. However a standalone Business Continuity Management (BCM) Strategy will be in place which outlines how Business Continuity will

be developed and embedded across both Trusts. This policy should be read in conjunction with the joint BCM Strategy and Business Continuity process documents.

The aim of having a Business Continuity Management System (BCMS) is to ensure that both Trusts are able to maintain their prioritised activities (critical functions) in the face of disruptive challenges as all NHS organisations are expected to prepare, exercise, maintain and review Business Continuity Plans (BCPs), based on the principle that each organisation should be able to maintain its critical services for a period of seven calendar days.

Whilst the geographical extent of the Trusts' BCMS will be the area covered by Cumbria Local Resilience Forum (LRF), which is coterminous with Cumbria County Council's boundaries, the responsibility of the continuity of any third-party service, particularly those supplied from outside, or operating beyond, Cumbria remains with the respective Trust.

Business Continuity Plans will be held by each team/ward/department

Each care group and corporate service will formulate their own scope for its BCP(s), taking into account this document and ISO22301:2012 Clause 4.3.2. Subject to approval by the joint EPRR Strategy Committee, each care group/corporate service may exclude parts of their operations that they consider fall outside of the scope for their BCPs provided that such exclusions are documented and risk assessed to ensure no negative impact on the respective Trust's ability to deliver its prioritised activities.

#### **4.2.4 Ad Hoc Plans**

There are a number of events and projects which arise and require the input of the Resilience Team. The Resilience Team will work to support project teams in the development of these plans in order to ensure projects and events have robust resilient arrangements in place. These may include music festivals, major IT projects or team/ward/department relocations.

### **4.3 Capabilities**

In order to ensure that the Trusts can effectively respond to an incident(s) it is important that appropriate capabilities are available. This involves a twofold response, the Trusts must both have robust supply chain arrangements in place to ensure the continuation of supply and that appropriate stocks are available, but it must also ensure it has access to appropriate specialist response capabilities.

#### **4.3.1 Supply Chain Resilience**

The Trusts are committed to robust resilience and therefore, understanding the Business Continuity arrangements of external providers and products/services on which the Trusts are dependant, is of paramount importance.

The Trusts will undertake an assessment on criticality of each contributing product and service to the delivery of core critical service. The assessment of supply chain / external dependencies criticality will be undertaken by each department or service during the

Business Continuity process. The criticality will then be reviewed and appraised by the Resilience Team and the Procurement Department.

Both Trusts have a number of suppliers and partners on whom it relies upon to provide a continued service. In order to minimise any risk of disruption as a result of a business continuity incident involving failure to supply a critical product or service, suppliers and partners identified as 'critical' in the relevant business impact analysis will be requested to provide assurance that Business Continuity arrangements are in place. Any organisations tendering for CPFT/NCUH contracts may be asked to complete a Business Continuity planning questionnaire.

Where products and services have been deemed absolutely critical, due to the impact of their unavailability, which may result in an activity not been undertaken or a risk to life (e.g. Oxygen), arrangements will be in place with the provider companies to enable quick release in the event of a dramatic increase in internal demand. In addition there will also be predetermined emergency stock levels maintained within the Trusts.

The Trusts will increase emergency stock levels where appropriate to 4 weeks for the 4 month winter period beginning November, reducing by natural stock rotation in March.

An additional Pandemic Influenza stock will be maintained at all times as per National Guidance.

Managers responsible for commissioning or procuring goods and services from external suppliers or partners should consult both information governance and contract management colleagues to ensure that contracts and/or service level agreements contain appropriate clauses in respect of information governance and Business Continuity and/or Disaster Recovery where applicable.

It will be the responsibility of the Head of Procurement, in conjunction with the Business Managers to ensure robust Business Contingency Plans are in place and alternative sourcing identified for essential products.

Where products and services are outsourced relevant managers will take steps, as far as reasonably practicable, to ensure that critical and key suppliers also have effective business continuity arrangements in place, along with exercising programmes and testing/planned preventative maintenance schedules, to safeguard products and services required for the performance of CPFT/NCUH prioritised activities in line with the NHS Standard Contract.

To mitigate the effects of a supply chain failure for core critical consumables a variety of measures will be applied:

- Stockpiling core critical consumables to pre-determined levels
- Contracting more than one supplier for the same product
- Contracts will include a requirement for Business Continuity proportionate to the risk, seeking evidence of the company's Business Continuity arrangements
- Developing off the shelf contracts specifically for resilience in the event that the primary supply route fails

- Working with other category 1 and 2 Responders and the local voluntary sector for the sharing of resources
- Utilising the NHS emergency supply for consumables in Major Incident.

Both organisations' Standing Financial Instructions (SFIs) will also include a section on expenditure during an emergency situation

#### **4.3.1.1 Criticality**

An assessment of criticality will be undertaken against the following criteria:

- Product or service not critical to activity
- Product or service not immediately critical (e.g. annual service)
- Lack of product or service has an effect on delivery of service
- Lack of product or service harms patient care
- Critical service fails.

#### **4.3.1.2 Alternative Provision**

An assessment of product and service provision will be assessed against the following criteria.

- Readily available alternative
- Alternative only from specialist suppliers
- Alternative only from a small number of suppliers
- Alternative only from overseas sources
- No available alternative

#### **4.3.2 Response Capabilities**

It is the responsibility of the Resilience Department to coordinate the maintenance and where appropriate procurement of appropriate capabilities. Where capabilities are deployed to other areas, i.e. A&E or supplies, it will be the responsibility of the host department to provide regular checks on the equipment and provide a return to the Resilience Team on stock levels and condition. The following is a sample list of current capabilities, this is not exhaustive:

- PRPS Decontamination Suits – held at each A&E site
- Hughes Decontamination Shower units – held at each A&E site
- FFP3 – disposable and reusable masks, held in a central store in readiness for a Pandemic Flu outbreak

#### **4.4 Training**

Training staff that have a response role for incidents is of fundamental importance. The Trusts, as with other NHS organisations are familiar with responding to routine everyday challenges by following usual business practices, yet it is rare that we respond to

incidents on a frequent basis. If staff are to respond to an incident in a safe and effective manner they require the tools and skills to do so in line with their assigned role.

Training will be focussed on the specific roles and requirements assigned to the individual, aligned to a Training Needs Analysis (TNA) which will be undertaken annually. This is in addition to an annual self-assessment of managers which ensures that they meet the requirements of the Skills for Justice National Occupational Standards (NOS) framework. Training will both cover general response (Major Incident Management) and incident specific training courses (e.g. CBRN).

Training will be an on-going process to ensure skills are maintained; it is a fundamental element of embedding resilience within both Trusts as part of the cycle of emergency planning.

Joint Gold (strategic) and staff expected to fulfil silver (tactical) and bronze (operational) commanders role are required to undertake appropriate training.

#### **4.5 Exercising**

Plans developed to respond efficiently and effectively must be tested regularly using a variety of processes, such as table top and live play exercises. Roles within the plan, not individuals, are exercised to ensure they are fit for purpose and encapsulate all necessary functions and actions to be carried out in an incident. The outcome (log) of testing and exercising must identify and record whether it worked and what needs changing. The log must also identify what has changed. This information provides an audit tool that lessons have been identified and action taken and is key evidence during any inquiry process.

Through the exercising process individuals have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding in a live incident.

When developing exercises, the Trusts will also consider exercising with partner agencies and contracted services where the identified risks and the involvement of partner organisations is appropriate. In addition to this the Trust will monitor the Cumbria Local Resilience Forum Exercise Calendar and participate in appropriate exercises.

An annual training and exercise schedules will be approved and monitored by the joint EPRR Strategy Committee.

The Head of Resilience will ensure the Trusts Executive Team receive a report on associated risk following any exercise where the risk is rated at 15 or above or requires urgent attention.

Learning from exercises must be cultivated into developing a method that supports personal and organisational goals and is part of an annual plan validation and maintenance programme.

The Trusts are required to undertake specific exercises each year, the theme of these exercises and any additional exercises will be determined in the annual Exercise Needs

Analysis Assessment. As a minimum the Trust is required to, and will commit to, undertaking the following:

#### **4.5.1 Communications Exercise**

Minimum frequency – every six months

These exercises are to test the ability of the Trusts to contact key staff and other NHS and partner organisations, 24/7. It will include testing telephone, email, paging and other communications methods in use. The communications exercise should be conducted both during the in-hours period and the out-of-hours period on a rotational basis and should be unannounced.

#### **4.5.2 Table Top Exercise**

Minimum frequency – every 12 months

The table top exercise brings together relevant staff, and partners as required, to discuss the response, or specific element of a response, to an incident. They work through a particular scenario and can provide validation to a new or revised plan. Participants are able to interact and gain knowledge of their own, and partner organisations' roles and responsibilities.

This will be met as a minimum at the Trusts' annual Snow Bunting Exercise (held in October every year).

#### **4.5.3 Live Play Exercise**

Minimum frequency – every three years

The live play exercise is a live test of arrangements and includes the operational and practical elements of an incident response: For example simulated casualties being brought to an emergency department or the setting up of a mass countermeasure centre, hostage situation or mass evacuation.

Where the Trusts activates their plan for response to a live incident this replaces the need to run an exercise, providing lessons are identified and logged and an action plan developed.

#### **4.5.4 Command Post Exercise**

Minimum frequency – every 3 years

The command post exercise (CPX) tests the operational element of command and control and requires the setting up of the Incident Coordination Centre (ICC). It provides a practical test of equipment, facilities and processes and provides familiarity to those undertaking roles within the ICC. It can be incorporated into other types of exercise, such as the communications exercise or live play exercises.

In conjunction with local CPXs NHS funded organisations should also test their links with their multi-agency partners to test communication arrangements and information flows.

If the Trusts activate their ICC in response to a live incident this replaces the need to run an exercise, providing lessons are identified and logged and an action plan developed.

The functionality of equipment in an ICC should be tested as a minimum of every three months, this is undertaken via an ongoing audit programme.

#### **4.5.5 Debriefing/Lessons Identified**

##### ***Hot debriefs***

A hot debrief will be conducted by either the relevant tactical commander or a member of the Resilience Team with involved staff within 24 hours and as soon as reasonably practicable after stand down of a critical incident or emergency. This also provides an opportunity to correct any recognised issues/errors in terms of emergency response/recovery. If required a full debrief will be held within 14 working days of the incident. The initial incident report will be produced within 28 working days.

**Debriefs should not interfere with or comment on any investigation of the incident.**

A post-incident report should reflect the actual events and actions taken throughout the response as well as indicating areas where improvements can be made in future, including but not limited to:

- a brief description of the incident;
- involvement of each Trust;
- involvement of other responding agencies;
- implications for the strategic management of both Trusts;
- actions undertaken;
- vulnerabilities/future threats/forward look;
- chronology of events;
- organisational learning and main areas for progression;
- an action plan (including owner and completion date for each action).

***Cold/multi-agency debriefs*** It is the responsibility of the Accountable Emergency Officer (if absent, Joint Gold involved with the incident) to ensure that both Trusts are, or the respective Trust is, adequately represented at any cold/multi-agency debriefing sessions following any critical incident or emergency

**It is important to note that such debriefs and related documentation are disclosable to those involved in any legal proceedings**

The Trusts are required to share information of lessons identified through exercising or incident response across the wider NHS through a common process coordinated through the LHRP.

Relevant information must also be shared with partner organisations. Working collaboratively will improve organisational cohesion and ensure patients and the public are safeguarded during an incident.

## **5. INCIDENT RESPONSE**

In order for the Trusts to respond to a wide range of incidents that could affect health or patient care, the appropriate alerting and escalation processes need to be in place to inform those responsible for coordinating the applicable response.

### **5.1 Alerting Mechanism to be Used in the Event of an Incident**

The Trusts will ensure they have in place alerting mechanisms so that all internal and external key contacts are made aware as soon as possible that an incident has been declared.

There are several methods through which the Trusts may be informed of an incident:

- Via NWAS
- Via CCG
- Via NHS England
- Directly from other partners (Other Trusts, Public Health England etc.)
- Internally

In each scenario the Initial Call Cascade will be implemented – this is a call to a trio of key contacts in both Trusts who determine the next steps in terms of onward cascade and declaration. This Call Cascade will be maintained by the Resilience Team and updated on a quarterly basis. Once updated it will be shared with the Switchboard Teams ready for implementation.

### **5.2 Standard Alerting Messages**

To avoid confusion about when to implement plans it is essential to use standard messages.

#### **5.2.1 Major Incident Declaration - METHANE**

The Joint Emergency Services Interoperability Principles (JESIP) identifies METHANE as the preferred model to share information to promote a shared situational awareness. This model has been adopted by the Trust and will be incorporated into all plans and procedures where relevant:

- M - Major incident declared?
- E - Exact location
- T - Type of incident
- H - Hazards present or suspected
- A - Access - routes that are safe to use
- N - Number, type, severity of casualties
- E - Emergency services present and those required

(Source JESIP, 2015)

There are 4 key declarations which the Trusts will consider when making a Major Incident Declaration or which the Trust may receive when a Major Incident is declared by another party:

**A. Major Incident – Standby:** This alerts the Trusts/ other partners that a major incident may need to be declared. Major incident standby is likely to involve the participating NHS organisations in making preparatory arrangements appropriate to the incident, whether it is a ‘big bang’ ,a ‘rising tide’ or a pre-planned event.

**B. Major Incident Declared – Activate Plan:** This alerts the Trusts that they need to activate plans and mobilise additional resources. It will also notify other partners depending on the resources required.

**C. Major Incident – Cancelled:** This message cancels either of the first two messages at any time

**D. Major Incident Stand Down:** All receiving hospitals are alerted as soon as all live casualties have been removed from the site. Where possible, the Ambulance Incident Commander will make it clear whether any casualties are still *en route*. While ambulance services will notify the receiving hospitals(s) that the scene is clear of live casualties, it is the responsibility of each NHS organisation to assess when it is appropriate for them to stand down their own response.

### **5.2.2 Critical Incident Declaration and Declaration of Internal Incidents - SBAR**

When declaring a critical incident the Trust will adopt the following nationally recognised format; “Critical Incident declared by (organisation)”

An SBAR report will then be completed this format will also be used for internal incidents:

S - Situation describe situation/incident that has occurred

B - Background explain history and impact of incident on services / patient safety

A - Assessment confirm your understanding of the issues involved

R - Recommendation explain what you need, clarify expectations and what you would like to happen

This will be incorporated into all plans and policies where relevant.

Please note: A Critical Incident is principally an internal escalation response to increased system pressures/ disruption to services that are or will have a detrimental impact on the organisation’s ability to deliver safe patient care.

### **5.3 Internal and External Communications**

Effective communications form an essential part of any incident response. Effective communications ensure that patients and the wider public are well informed about the Trusts and any impacts upon service provision. Retaining public confidence is dependent on the Trust’s ability to manage the situation and ensure Trust staff are aware and informed.

Effective communication with staff and the public about an incident will minimise its wider impacts and increase the confidence in the Trust's and wider NHS response. This involves identifying specific audiences and the appropriate communication tools and messages to achieve this.

The Trusts must ensure effective mechanisms are in place so that they can work effectively with NHS England and other response partners to ensure that patients, staff and the wider public receive accurate information that is timely, reliable and easily understood. Any incident is likely to generate significant media interest. A large and diverse 24/7 media, alongside the growth in social media has meant that information about incidents and events is now more readily available to staff and the public and coverage is likely to evolve faster than ever before. This coverage needs to be managed as effectively as possible as speculation can quickly become presented as fact and mislead key audiences. This can reduce effective management of the wider incident, and so the Trust must work with partners to respond to media interest quickly and effectively. The Trusts communications leads will ensure effective engagement with LRF communication structures and processes via NHS England communication who will coordinate the health response..

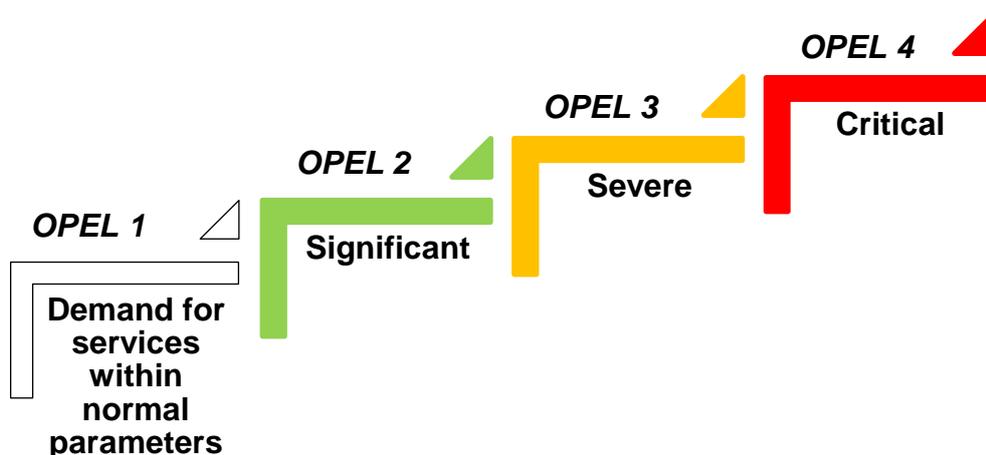
The Trusts' Head of Communications (communications leads) will work to ensure that they can deliver;

- Joined up communication – a managed and coordinated communication and media response across responding NHS bodies and aligned to the multi-agency response, DH and PHE, where appropriate, via NHS England Communications teams
- Accurate and timely statements to staff and media – the Trusts, NHS England and provider organisations should provide regular statements to both the public and staff providing situational updates and reliable, useable information about accessing services and facilities and other aspects of the incident response
- Ensure that websites and other digital channels are kept up to date – many people will use digital media resources to find out about any incident or the response to it and it is essential that websites and other Trust digital media are regularly updated and contain clear, accurate, consistent and reliable information about the situation. This should include ensuring that any press statements are placed on the relevant organisations' website and are disseminated more widely using social media sites such as Twitter and Facebook
- Support designated spokespeople – the modern media landscape means there is a round-the-clock demand for information during the course of an incident. The Trust must ensure it has a cadre of trained and informed spokespeople to take part as required

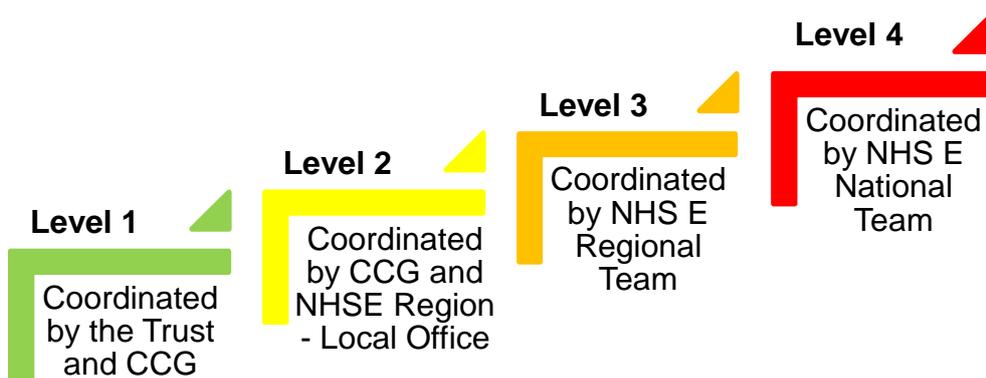
#### **5.4 Escalation and De-Escalation**

The level of the response may need to be escalated or de-escalated for a number of reasons. The Trust maintains a robust internal Patient Flow and Escalation Procedure, this ensures internal pressures are closely monitored and issues are escalated as soon as possible. There are 4 internal escalation levels; the triggers for these are contained within the NCUH Patient Flow and Escalation Procedure (for operational pressures) and NCUH Departmental Business Continuity Plans (for business continuity related incidents):

**Operational Pressure Escalation Levels (OPEL) – Defined by Risk to Patient Safety and Experience**



Externally NHS England classifies 4 levels of escalation. To avoid confusion NHS England incident levels will be prefixed with NHS E when used within the Trust and Trust documents. When the Trust is internally at Critical – Level 5, it will be at NHSE Level 1:



<b>Incident level</b>	
<b>Level 1</b>	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
<b>Level 2</b>	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
<b>Level 3</b>	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region.  NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
<b>Level 4</b>	An incident that requires NHS England National Command and Control to support the NHS response.  NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

## 5.5 Staff Safety & Welfare

There is no expectation that staff should put their own safety at risk. For example, Nursing & Midwifery Council's (NMC) code states that nurses and midwives must take account of their own safety, the safety of others and the availability of other care options (e.g. paramedics). Staff may be able to help or assist in this type of situation but they should always follow the advice of the emergency services at the scene of an incident /emergency and find a place of reasonable safety if told to do so.

When delivering any type of care it is important that staff only act within the limits of their knowledge and competence. It is acknowledged that not all healthcare professionals are qualified first aiders but they may be able to support other members of the emergency services or those injured or distressed in other ways.

Joint Gold and silver (tactical) commanders will need to take account of the following in terms of health, safety and welfare:

- any known/stated restriction on work concerning a member of staff on health grounds (e.g. not having an appropriate vaccination prior to a mass infectious outbreak);
- any training or professional qualification that would be a prerequisite to undertaking specific response duties safely;
- any other circumstances that might make working unsafe (e.g. severe staff shortage);
- any official communications from bodies with emergency powers by law;
- the need for personal protective equipment;
- dietary requirements of staff and third parties.

### ***Personal protective equipment***

All staff attending the scene(s) of an incident(s) **MUST** be appropriately dressed (i.e. for protection and identification purposes) including high visibility jackets and other appropriate personal protective equipment.

### ***Lone working***

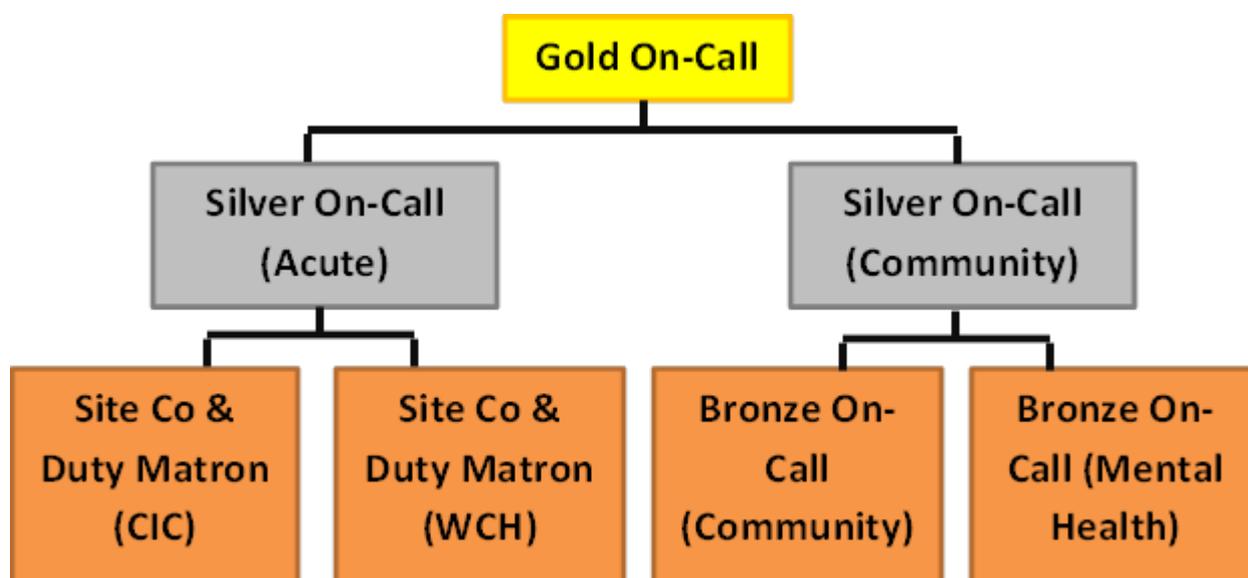
If deploying to a designated location, it is probable that staff will travel independently. All staff **MUST** comply with the respective Trust's policy for lone working.

### ***Safety cordons***

Cordons are established to control both the movement of vehicles/personnel in and out of the scene, thus providing immediate security of the hazard area(s) and potential crime scene(s). **Access to the inner cordon will be strictly limited to requested clinical staff with valid photographic NHS ID, a specifically designated task, pre-hospital care skills and training and wearing appropriate PPE.** A NWAS manager (Ambulance Safety Officer (ASO) – tabard has blue lower-half with green & white checked shoulders) will monitor the health, safety and welfare of all NHS staff at scene. All plans, policies and procedures relating to EPRR within the Trusts, and the training and exercising which support these will take into account staff welfare considerations. Welfare considerations include comfort and rest breaks for staff as well as wider considerations around stress and fatigue particularly following prolonged or traumatic events.

## 5.6 On-Call staff

The Trusts operate an on-call system which operates from 1700-0900 During the week and 24 hours a day at the weekend and on bank holidays. In addition to the On-call team the acute hospital sites have 24/7 Site Coordination cover on-site who would act as the initial Bronze (operational) Commander for the hospital site. The On-Call Structure is outlined below:



## 6. COMMAND AND CONTROL

### 6.1 Concepts of Command and Control

The following is based on and adapted from *Emergency Response and Recovery* (Cabinet Office, 2013) which can be found here: <https://www.gov.uk/guidance/emergency-responseand-recovery>.

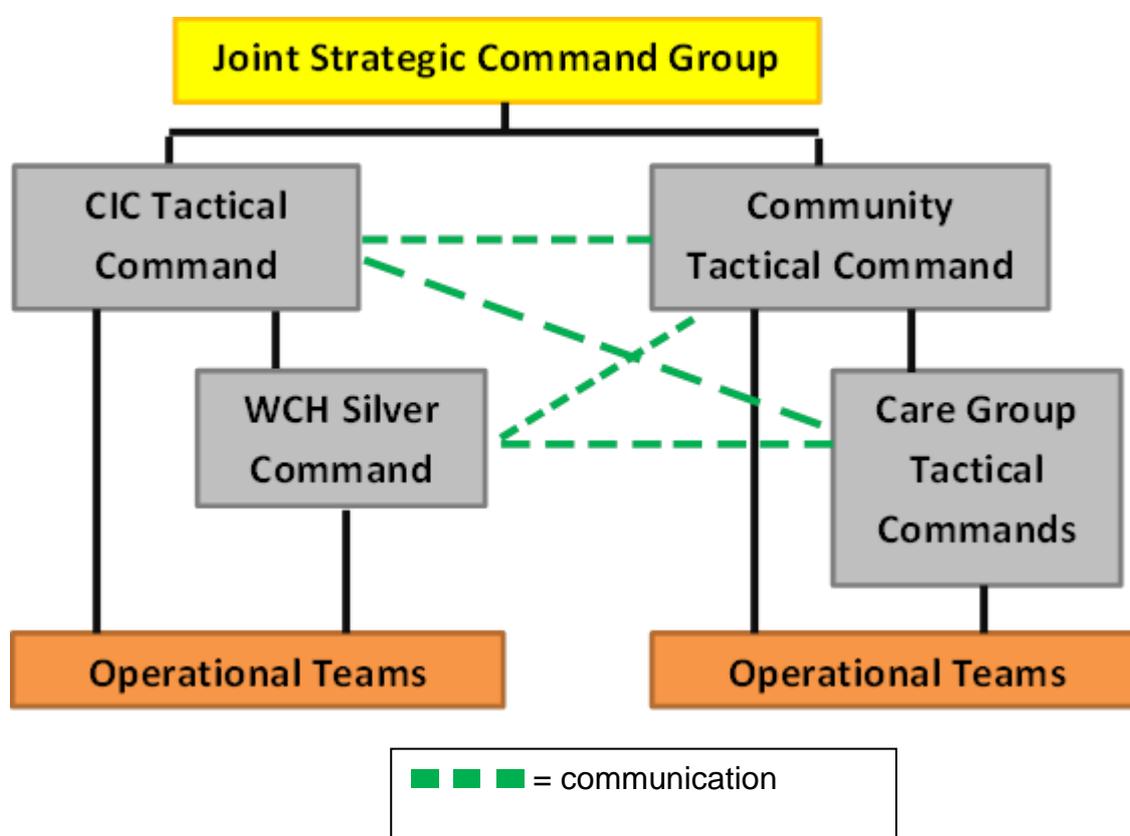
The management of emergency response and recovery is undertaken at one or more of three ascending levels: Operational (Bronze), Tactical (Silver) and Strategic (Gold). This is based around the concepts of command, control and coordination which are defined as follows:

- Command is the exercise of vested authority that is associated with a role or rank within an organisation (the NHS), to give direction in order to achieve defined objectives.
- Control is the application of authority, combined with the capability to manage resources, in order to achieve defined objectives.
- Within the Trusts coordination is the integration of efforts between wards and departments in order to meet overall Trusts' defined objectives. Between organisations coordination is the integration of multi-agency efforts and available capabilities, which may be interdependent, in order to achieve defined objectives. The coordination function will be exercised through control arrangements, and

requires that command of individual organisations' personnel and assets is appropriately exercised in pursuit of the defined objectives.

- The levels are defined by their differing functions rather than specific rank, grade or status.

## 6.2 Command and Control Within both Trusts



### 6.2.1 Operational (Bronze) –Operational Command

The purpose of the Operational Command is to consider the immediate response in an operational context. At this level the actions taken ensure the continuing delivery of service to the patients and staff.

The staff that are deployed at this level are responsible for the operational aspects or key tasks that are required to initiate an immediate response. This is usually within a sphere of working familiarity, functionally and geographically.

Operational Command responders control the area they are responsible for and are tasked by and responsible to the Tactical Command.

**On the declaration of an incident these roles are pre-defined with action cards.**

## **6.2.2 Tactical (Silver) –Tactical Command**

The purpose of the tactical level is to ensure that the actions taken by the operational level are coordinated, coherent and integrated in order to achieve maximum effectiveness, efficiency and desired outcomes.

Where formal coordination is required at tactical level then a Hospital Command Group may be formed to coordinate the Tactical Response to an incident within the Hospital. This group will be site specific.

The tactical commanders will:

- Determine priorities for allocating available resources
- Plan and coordinate how and when tasks will be undertaken
- Obtain additional resources if required
- Assess significant risks and use this to inform tasking of operational commanders
- Ensure the health and safety of the public and personnel

The Tactical Commanders must ensure that the Operational Commanders have the means, direction and coordination to deliver successful outcomes.

Staff that are deployed at this level operate on a specific site or within a service, with a designated control centre acting as a conduit for effective communication to Operational and Strategic Command levels.

On the declaration of either a critical or major incident these roles are pre-defined with action cards.

Within the Acute Trust a Tactical Command will be set up on each affected hospital site, however to aid the flow of communication upwards and overall command and control of services, CIC will take on the role of lead Tactical Command for all acute services.

Within the Community Trust a Tactical Command will be set up within each affected Care Group, however to aid the flow of communication upwards and overall command and control of services, the Community Care Group will take on the role of lead Tactical Command for all acute services.

## **6.2.3 Strategic (Gold) – Strategic Command**

The purpose of the strategic level is to consider the incident in its wider context; determine longer-term and wider impacts and risks with strategic implications; define and communicate the overarching strategy and objectives for the response; establish the framework, policy and parameters for lower level tiers; and monitor the context, risks, impacts and progress towards defined objectives.

Where an event or situation has a particularly significant impact; substantial resource implications, covering more than one site or where an incident lasts for an extended duration it may be necessary to convene a Joint Strategic Command Group for NCUH and CPFT.

The purpose of the Joint Strategic Command Group is to take overall responsibility for the management of the incident and to establish the policy and strategic framework within which lower tier command and coordinating groups will work. The Hospital SCG will:

- Determine and promulgate a clear strategic aim and objectives and review them regularly
- Establish a policy framework for the overall management of the event or situation
- Prioritise the requirements of the tactical tier and allocate personnel and resources accordingly
- Formulate and implement media-handling and public communication plans
- Direct planning and operations beyond the immediate response in order to facilitate the recovery process

The staff members who will be deployed at this level are usually Executive Directors, with the authority to commit resource and funding on behalf of the organisation. Where this duty is delegated, the individual must also be given the authority to commit resource and funding on behalf of the organisations.

At this level the strategy and remit is defined for the Tactical Teams to allow the tactical level managers to decide how to undertake the response.

Strategic Command teams will usually be sited away from the incident to allow the overarching view of the incident.

On the declaration of either a critical or major incident these roles are pre-defined with action cards.

#### **6.2.4 Command and Control Support Requirements**

Command and control systems have to be sustainable and able to operate 24 hours a day, 7 days per week to be of any benefit to successful response and recovery and to deliver strategic objectives over a protracted period of time where necessary.

In order to achieve this level of response the organisation will have staff rotas that provide the ability to provide an appropriate response on site and across sites at all levels:

- Within 30 minutes Operational Commanders (Clinical)
- Within 1 hour for Tactical Commanders (Acute)
- Within 2 hours for Strategic Commanders.

In addition the Trusts will maintain contact details for a Major Incident response of senior clinicians and managers who would be called upon to offer additional support.

A virtual command system (via telephone) will be in place until all can access the appropriate site and incident room

The Major Incident Cascade details will be updated every 3 months by the Resilience Team.

#### **6.2.4.1 Incident Coordination Centres**

Incident Coordination Centres have been pre designated across the footprint of the Trusts. Whilst the rooms below should be utilised as the primary Incident Coordination Centres there may be times where other facilities are deemed more appropriate, this may be due to the location of the incident, anticipated duration of the incident or based on a dynamic risk assessment of the situation.

##### **Strategic Coordinating Group: Incident Coordination Centres.**

The Strategic Incident Coordination Centre should be located away from the incident scene in order to allow Strategic Commanders the time and space to consider the incident in the wider context. For this reason Strategic Incident Coordination Centres should not be located within the main site of any affected hospital site.

The pre-determined locations for the **Strategic Incident Coordination Centre** are:

- Boardroom, Voreda House, Penrith **(Primary)**
- Video Conferencing Room, Education Centre, Cumberland Infirmary Carlisle **(Backup)**

##### **Tactical Coordinating Group: Incident Coordination Centres.**

The pre-determined locations for the **Tactical Incident Coordination Centre** are:

- MDT Room, Outpatients Department, Cumberland Infirmary Carlisle
- A&E Seminar Room, Emergency Department, West Cumberland Hospital Whitehaven
- (CPFT) Carleton Clinic
- (CPFT) Penrith Hospital

These will be equipped for video and telecommunications, and a full incident response.

#### **6.2.4.2 Record Keeping**

During an incident response, it is vital that accurate and timely documentation is established and maintained.

The record of events must capture not only a timeline of actions but capture the risks considered and the rationale for decisions reached.

These records should be maintained for a minimum of 7 years in the event of legal inquiries and prosecutions which may present as a consequence of the incident.

It will be the responsibility of the Head of Resilience & Urgent Care Development to maintain the records and ensure that they are stored safely.

Log books which are designed for the specific purpose during incidents will be made available. The log books will be provided by the Head of Resilience & Urgent Care

Development pre an incident and the Incident Commander will issue them during an incident to the Loggist/).

Specific Loggist training will be provided by or through the Head of Resilience and undertaken by the pre identified staff for carrying out this duty “Loggist Training”.

During the phase of an incident the Loggist role may be undertaken by a number of trained Loggist.

The role of the Loggist is to record all decisions, rationales, actions (including action owners) of key personnel during an incident. This will include all actions and decisions made by the Incident Commander and the Deputy Incident Commander. Additionally, the Loggist will record all decisions, actions and owners post the incident, during an incident debrief and for any follow up meetings.

The Loggist will assist the Incident Commander or nominated lead in providing the incident logs to them so incident report can be accurately constructed.

Loggist will primarily be the Executive Management Personal Assistant and Divisional Personal Assistants but this is not exclusive: where training has been undertaken and staff have moved into different roles it is expected that they maintain skills and remain a trust asset.

Information will be shared across agencies in the event of casualties; it is the responsibility of all agencies to ensure that this is transmitted securely and within the remit of Data Protection Act (2018) and the CCA (2004).

### ***Protective marking of information***

Pre-defined classifications – usually OFFICIAL, or sometimes OFFICIAL – SENSITIVE - can be assigned to information assets (e.g. paper, electronic, written, spoken, physical or other) through marking with a stamp or handwritten note on the top of a document, or verbal communication during a conversation.

Both Trusts will ensure that plans marked with Documents protectively marked as OFFICIAL, or sometimes OFFICIAL – SENSITIVE are not under any circumstances left unattended in a public place or stored in a location which may enable opportunistic theft, copying or unauthorised access. Further information can be found at <https://www.gov.uk/government/publications/government-security-classifications>

## **6.3 Multi-Agency Command and Control**

In large scale incidents, where multi-agency command and control mechanisms the Trust will be represented by NHS England at the multi-agency Strategic Coordination Group. In certain circumstances (i.e. an evacuation of a Trust site) the Trusts may be asked to attend or send representation.

The Multi-Agency Strategic Coordination Group does not have the collective authority to issue commands to individual responder agencies; each will retain its own command

authority, defined responsibilities and will exercise control of its own operations in the normal way. The NHS strategic commander at the SCG will be identified and agreed by NHS England in consultation with the CCG(s) and empowered to make executive decisions on behalf of the NHS. In addition the NHS ambulance service(s) will be present in their role as an emergency service

For incidents across multiple SCG areas then NHS England regional and national teams, as appropriate, will undertake command, control and coordination of the NHS and will be responsible for appropriate representation to regional and central coordination structures and groups.

## **7. RECOVERY**

The recovery phase starts once an incident has finished or is under control and being managed by the Incident Management Team. The aim of the recovery phase is for the organisation to resume back to normality as quickly as possible.

### **7.1 Internal Incident**

The Trusts must be able to recover quickly from an incident and return to providing normal service to maintain business reputation and minimise the impact of an incident particularly if this has been internal to the Trust.

Recovery is a process of rebuilding, restoring and rehabilitating the organisation in an ordered and efficient manner following a disruptive incident. This is best achieved when a high degree of self-determination, working closely with stakeholders can be negotiated.

As time progresses through the initial response, the strategic direction will shift from response to recovery and for a period both will run in parallel.

The recovery time objective (RTO) will be influenced by the following 3 elements:

- The maximum acceptable outage (MAO) for each service affected
- Resource information available
- The resource requirement to maintain key services at an acceptable level and achieve the RTO.

Within the 3 elements in particular the MAO this is measured against impact categories, patient harm, staff safety, reputation and financial impact.

### **7.2 External Incident**

In the initial phase of the response to an external Major Incident it is important to establish a recovery group early on to examine impact, investigate and recommend recovery solutions and priorities.

The Trusts will also have a role to play in the Multi Agency Recovery Coordinating Groups in particular the sub groups of finance and welfare.

Reputation management is paramount to managing adverse publicity, but also any good practice and success stories should be imparted.

## 8. PROCESS FOR MONITORING COMPLIANCE

Key objectives will be set by the Emergency Preparedness Resilience and Response Strategy Committee annually and performance against achievement will be performance managed by the Head of Resilience on behalf of the Committee.

This policy forms part of the evidence for compliance for the Care Quality Commission, Essential Standards of Quality & Safety, Outcome 12 by having a signed-off Emergency Preparedness Policy in place.

The process for monitoring compliance with the effectiveness of this policy is as follows:

Monitoring/audit arrangements	Methodology	Reporting		
		Source	Committee	Frequency
Trust Business Continuity and Emergency Preparedness progress	Through a progress report.	Head of Resilience and Urgent Care Development	Trust Board	Annually
Trust Business Continuity and Emergency Preparedness compliance against NHS Core Standards for EPRR	A programme of self-assessment is in place against NHS Core Standards for EPRR. A gap and closure analysis report has been produced with an agreed timeframe to ensure compliance against the standards.	Head of Resilience and Urgent Care Development	EPRR Strategy Committee	Annually
Trust wide Resilience compliance	A programme of self-assessment and reporting.	Head of Resilience and Urgent Care Development	EPRR Strategy Committee	Every 2 months
The use and effectiveness of the Emergency Preparedness Policy	Reviewing incident logs.  Carry out debriefs and produce a lessons identified report.	Head of Resilience and Urgent Care Development	EPRR Strategy Committee	As required / occurred

Wherever the above monitoring has identified deficiencies, the following will be put in place:

- Action plan
- Progress of action plan monitored by the joint EPRR Strategy Committee (minutes)
- Risks will be considered for inclusion in the appropriate risk registers

## **9. REFERENCES:**

- Care Quality Commission (2013).
- The Civil Contingencies Act (2004)
- The Data Protection Act (2018)
  - BRITISH STANDARDS INSTITUTE, 2012. ISO 22313 Societal Security - Business Continuity Management Systems – Guidance
  - BRITISH STANDARDS INSTITUTE, 2012. ISO 22301 Societal Security - Business Continuity Management Systems – Requirements
  - BRITISH STANDARDS INSTITUTE, 2010. PAS 2015: 2010 Framework for health services resilience
- The NHS Emergency Planning Guidance (2005), Emergency Preparedness Division, Department of Health
- The NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

## **10. ASSOCIATED DOCUMENTATION:**

## **11. DUTIES (ROLES & RESPONSIBILITIES):**

### **11.1 Chief Executive Officer / Trust Board Responsibilities:**

The Chief Executive and Trust Boardss have overall responsibility for the strategic and operational management of the Trusts, including ensuring that Trust policies comply with all legal, statutory and good practice requirements. The Trusts, as providers of NHS Funded Care must:

- Support CCGs and NHS England, within their health economies, in discharging their EPRR functions and duties, locally and regionally, under the CCA 2004
- Have robust and effective structures in place to adequately plan, prepare and exercise the tactical and operational response arrangements both internally and with their local healthcare partners
- Have a delegated Non Executive Director with the portfolio of EPRR

- Ensure business continuity plans mitigate the impact of any emergency, so far as is reasonably practicable
- Ensure robust 24/7 communication “cascade and escalation” policies and procedures are in place, to inform CCGs and healthcare partners, as appropriate, of any incident impacting on service delivery
- Ensure that recovery planning is an integral part of its EPRR function
- Provide assurance that organisations are delivering their contractual obligations with respect to EPRR
- Ensure organisational planning and preparedness is based on current risk registers
- Provide appropriate Director level representation at LHRP(s) and appropriate tactical and/or operational representation at local health economy planning groups in support of EPRR requirements
- The Chief Executive and delegated officers must maintain competence to offer Strategic Leadership in a crisis.

The operational management of these functions will be delegated however the Board will receive assurance annually, via the EPRR Board Report, that these standards are being met.

#### **11.2 Joint Executive Director of Finance, Digital, Estates and Support Services (Accountable Emergency Officer):**

The Joint Executive Director of Finance, Digital, Estates and Support Services has the executive responsibility for Emergency Preparedness, Resilience and Response and is the organisations Accountable Emergency Office (AEO). Specifically this entails:

- Ensuring that the organisations, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR
- Ensuring that the organisations are properly prepared and resourced for dealing with an incident
- Ensuring that their organisations, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
- Ensuring that the organisations have 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
- Ensuring that the organisations comply with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions

- Ensuring that the organisations are appropriately represented by Director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate
- To receive assurance on the above as Chair of the Emergency Preparedness Resilience and Response Strategy Committee
- Maintain competence to offer Strategic Leadership in a crisis.

### **11.3 Head of Resilience and Urgent Care Development:**

The Head of Resilience & Urgent Care Development incorporates the role of EPO and is responsible in supporting the Chief Executive and Trust Board to discharge their Statutory Duties for Emergency Preparedness and provide specialist advice to managers in the development of their Emergency and Business Continuity Plans.

- Develop and deliver on an annual programme of work which ensures that the organisation, and any sub-contractor, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR.
- To assess the resources and preparedness requirements for the Trusts and ensure that these needs are met. Where a gap is identified to escalate the risk via the Emergency Preparedness Resilience and Response Strategy Committee, or Trust Board depending on the scale of financial implications, and put in place a remedial action plan.
- Work with Managers to develop robust business continuity planning arrangements which are aligned to ISO 22301 or subsequent guidance which may supersede this.
- Work with Managers and external partners to develop and maintain robust surge capacity arrangements that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served.
- To provide compliance reports, as required, to the Emergency Preparedness Resilience and Response Strategy Committee, Trust Board and External Partners (NHS England and CCG).
- Ensure mechanisms are in place to facilitate communication with NHS England and other partners.
- To represent the organisation at the Health and Social Care Resilience Group and other multi-agency forums as required.
- Maintain competence in leadership in a crisis and EPRR.

#### **11.4 Division/ Care Group Director/ Deputies Responsibilities:**

- Ensure that the Divisional/ Care Group Managers have put in place mechanisms to safeguard the continuity of service provision within the Division/ Care Group
- Escalate any gaps or areas of concern to the Head of Resilience and Urgent Care Development
- Maintain a robust risk register in relation to potential service delivery gaps
- Ensure designated representation at the EPRR Strategy Committee
- Ensure Business Continuity and exercising is an Agenda meeting at Divisional / Care Group meetings
- Ensure that the Resilience Team are made aware of any planned major service change within the Division/ Care Group as early as possible so that appropriate Resilience support can be offered and a full risk assessment undertaken.
- Maintain competence to offer Strategic Leadership in a crisis.

#### **11.5 General Manager/ Care Group Manager and Clinical Director Responsibilities:**

- Provide assurance to the Joint Executive Director of Finance, Digital, Estates and Support Services or AMD and EPRR Strategy Committee of the Divisions / Care Groups readiness to respond. This applies to the completion and maintenance of Business Continuity Plans, contribution to Trust wide Emergency Response Plans and competence of staff within the Division.
- Escalate any planned major service change to the Resilience Team via the Divisional Director to the Resilience Team. Work with the Resilience Team to provide a robust plan for the maintenance of service provision throughout the period of change.
- Maintain competence in order to provide Tactical Leadership in a crisis.

#### **11.6 Business Managers/ Heads of Department Responsibilities:**

- Lead and coordinate the development of Business Continuity Plans within their area of responsibility.
- Ensure plans are reviewed at least annually and tested in accordance with the requirements of the Trusts Exercise Needs Analysis.
- Ensure staff within their area of responsibility attend training as appropriate to their role
- Maintain competence in order to provide Operational Leadership in a crisis.

#### **11.7 Head of Communications Responsibilities:**

- Ensure that clear media protocols and pre-prepared Press Briefings are available to support any response.
- Ensure that the Trusts maintain an appropriate cadre of trained spokespeople and that these spokespeople maintain competence through appropriate training, exercising and real life experience.

- Reputation management is paramount to managing adverse publicity, but also any good practice and success stories should be imparted by the Trust's Communications Team.

#### **11.8 Gold On Call (Director On-Call):**

Corporate responsibility for escalating and initiating proportionate response to the incident in the absence of the Head of Resilience & Urgent Care Development or AEO; Initiate contact with key support staff to assist with critical decision making; Silver on Call teams and the Head of Resilience or delegated officer

#### **11.9 Silver on call (senior manager on call)**

Provide Situational awareness and dynamic risk assessment on the evolving situation to the gold on call .

Initiate actions to respond to and contain the incident

Coordinate the Tactical response to any incident within your area of responsibility (i.e. Acute/ Community)

#### **11.10 Head of Learning and Development Responsibilities:**

The Trusts will establish an annual training and exercise programme for resilience that is consistent with the organisations objectives and the associated legislative, statutory and policy framework.

The Education & Training department will assist with developing and implementing training needs analysis. This will be undertaken annually to identify skills/experience required for roles within the different phase of an incident; Specific training programmes in relation to the identified Gap Analysis will be developed.

Maintain a register of all Training undertaken in relation to EPRR

#### **11.11 Head of Procurement Responsibilities:**

- It will be the responsibility of the Head of Procurement, in conjunction with the Divisions and Care Groups to ensure robust Business Contingency Plans are in place and alternative sourcing identified for essential products.
- To ensure the supply chain failure mitigation as outlined in section 4.3 is fully implemented.

#### **11.12 Purchasing Department/Manager**

Where it is deemed essential to maintain short or long term stockpiles of equipment or products range of measures will be established to mitigate unnecessary waste and cost. These will include:

- Stock Rotation
- Review of Stock Levels/Utilisation Bi-monthly by Procurement

### **11.13 Director of Finance Responsibilities:**

The Director of Finance will ensure that the organisation's Standing Financial Instructions include a section on expenditure during an emergency situation.

### **11.14 HR/Recruitment**

- Provide a monthly list of all new starters and leavers above Band 6 to the Resilience Team so that the Major Incident Call Cascade can be updated as required and, where appropriate, a specialist Major Incident induction organised for new starters.
- Ensure, where appropriate and outlined within this policy, all staff are required to acquire and maintain Strategic/ Tactical Leadership competence as part of their Job Description – this also applies to the recruitment of new staff
- Support the development of plans and incident response, particularly in relation to Pandemic Flu
- Lead the Trusts response to internal industrial action in relation to withdrawal of labour

### **11.15 Interserve/Estates:**

- Provide assurance annually in August to the Emergency Preparedness, Resilience and Response Committee of the resilience of the Trusts Estates – escalate any issues or concerns via this committee
- Take an active role in the development and maintenance of emergency and business continuity plans
- Take an active role in the Trusts annual exercise programme and maintain a separate testing programme of response capabilities (i.e. generator testing)
- Take a lead role in the preparation of the Trusts Estates for winter

### **11.16 Resilience Manager/Team Responsibilities:**

- Support the Head of Resilience and Urgent Care Development in developing, maintaining and embedding the requirements of the Emergency Preparedness, Resilience and Response Core Standards.
- Act as management lead for Resilience within the Trust.
- Maintain competence in EPRR and Leadership in a crisis

**11.17 All Staff Responsibilities:**

- All Trust staff are responsible for co-operating with the development and implementation of Trust policies as part of their normal duties and responsibilities. They are responsible for ensuring that they maintain up to date awareness of corporate and local policies with regard to their own and their staff roles and responsibilities.
- Report incidents/ near misses regarding business continuity through the Trusts incident reporting systems.
- Maintain competence as appropriate to their role.
- Ensure appropriate personal resilience arrangements are in place as appropriate and required.

**11.18 Emergency Preparedness, Resilience and Response Strategy Committee Responsibilities:**

The Emergency Preparedness, Resilience and Response Strategy Committee is responsible for monitoring progress, reviewing risks in relation to emergency preparedness and Business Continuity and ensuring robust plans and procedures are in place to deliver effective response and recovery. The Committee has responsibility for signing off all Business Continuity Plans, once they have been approved by the care group, and all Emergency Plans. The Committee is also responsible for ensuring planned programmes of testing and exercising of plans are in place, and are able to capture lessons learned. The Emergency Preparedness Strategy Committee is an assurance committee and reports directly to the Trusts Audit Committee.

**11. ABBREVIATIONS / DEFINITION OF TERMS USED**

<b>ABBREVIATION</b>	<b>DEFINITION</b>
<b>ASO</b>	Ambulance Safety Officer
<b>BCM</b>	Business Continuity Management
<b>BIA</b>	Business Impact Analysis
<b>CCA/ CCA 2004</b>	Civil Contingencies Act
<b>CCG</b>	Clinical Commissioning Group
<b>CIC</b>	Cumberland Infirmary Carlisle
<b>CNE</b>	NHS England Cumbria and the North East
<b>DH</b>	Department of Health
<b>EPO</b>	Emergency Planning Officer
<b>EPRR</b>	Emergency Preparedness, Resilience and Response
<b>IEM</b>	Integrated Emergency Management
<b>LRF</b>	Local Resilience Forum
<b>JESIP</b>	Joint Emergency Services Interoperability Programme
<b>MI</b>	Major Incident
<b>MAO</b>	Maximum Acceptable Outage (previously known as Maximum Tolerable Period of Disruption)

<b>METHANE</b>	M – Major Incident Declared/ Standby, E – Exact Location, T – Type of Incident, H – Hazards present/ involved, A – Access to site, N – number and type of casualties, E – Emergency Services on site and those required
<b>NCUH</b>	North Cumbria University Hospitals
<b>NWAS</b>	North West Ambulance Service
<b>PHE</b>	Public Health England
<b>RD</b>	Resilience Direct
<b>RTO</b>	Recovery Time Objective
<b>SBAR</b>	S – Situation, B – Background, A – Assessment, R – Recommendation
<b>WCH</b>	West Cumberland Hospital

<b>TERM USED</b>	<b>DEFINITION</b>
<b>Category 1 Responder</b>	<p>Those in Category 1 are organisations at the core of the response to most emergencies (the emergency services, local authorities, NHS bodies). Category 1 responders are subject to the full set of civil protection duties. They will be required to:</p> <ul style="list-style-type: none"> <li>• assess the risk of emergencies occurring and use this to inform contingency planning</li> <li>• put in place emergency plans</li> <li>• put in place business continuity management arrangements</li> <li>• 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</li> <li>• share information with other local responders to enhance co-ordination</li> <li>• co-operate with other local responders to enhance co-ordination and efficiency</li> <li>• provide advice and assistance to businesses and voluntary organisations about business continuity management (local authorities only)</li> </ul>
<b>Emergency</b>	<p>Under Section 1 of the CCA 2004 an “emergency” means</p> <p>“(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;</p> <p>(b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom;</p> <p>(c) war, or terrorism, which threatens serious damage to the security of the United Kingdom”.</p>
<b>Emergency Preparedness</b>	<p>The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies.</p>
<b>Incident</b>	<p>For the NHS, incidents are classed as either:</p> <ul style="list-style-type: none"> <li>• Business Continuity Incident</li> <li>• Critical Incident</li> <li>• Major Incident</li> </ul>

TERM USED	DEFINITION
	<p>Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.</p> <p><i>Business Continuity Incident</i> A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed)</p> <p><i>Critical Incident</i> A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its 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.</p> <p><i>Major Incident</i> A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency as in section 6.4.</p>
<b>ISO22301</b>	ISO 22301 provides a framework to plan, establish, implement, operate, monitor, review, maintain and continually improve a business continuity management system (BCMS). It is expected to help organizations protect against, prepare for, respond to, and recover when disruptive incidents arise.
<b>Resilience</b>	Ability of the community, services, area or infrastructure to detect, prevent and, if necessary, to withstand, handle and recover from disruptive challenges.
<b>Response</b>	Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders.

## APPENDIX 1 - METHANE TEMPLATE

<b>M</b>	Major Incident _____ <i>[Standby, Declared, Stand Down or Cancelled]</i>
<b>E</b>	At _____ <i>[insert location(s)]</i>
<b>T</b>	The incident is _____ <i>[describe the type of incident]</i>
<b>H</b>	_____ <i>[insert any known hazards in the area]</i>
<b>A</b>	Primary Access Route for emergency services vehicles is _____
<b>N</b>	At present _____ <i>[insert approximate number of patients affected]</i> patients are affected
<b>E</b>	_____ are already in attendance, we request the attendance of _____ <i>[which emergency services are already there and who else is required]</i>

## APPENDIX 2 - SBAR TEMPLATE

"Critical Incident declared by (*organisation*)"

	<b>SBAR report</b>
<b>Situation</b>	describe situation/incident that has occurred
<b>Background</b>	explain history and impact of incident on services / patient safety
<b>Assessment</b>	confirm your understanding of the issues involved
<b>Recommendation</b>	explain what you need, clarify expectations and what you would like to happen
	Ask receiver to repeat information to ensure understanding

<b>SBAR for Critical Incidents</b>	
<b>S</b>	
<b>B</b>	
<b>A</b>	
<b>R</b>	

**DOCUMENT CONTROL**

<b>Equality Impact Assessment Date</b>	16/08/2018
<b>Sub-Committee &amp; Approval Date</b>	EPRR Strategy Committee 24/08/2018

**History of previous published versions of this document:**

Organisation	Version	Ratified Date	Review Date	Date Published	Disposal Date
NCUH – Emergency Preparedness Policy	3.0	15/12/2016	30/12/2019	07/06/2017	
CPFT – Incident response plan	POL/002/073		30/09/2018		
CPFT – Business continuity plan	POL/002/072	27/04/2018	31/03/2019	24/05/2018	

**Statement of changes made from initial draft version**

Version	Date	Section & Description of change
0.1	16/08/2018	<ul style="list-style-type: none"> <li>First Draft</li> </ul>
0.2	08/11/2018	<ul style="list-style-type: none"> <li>Minor ammendments – removed statement that healthcare provision at Haverigg is not covered by this document.</li> <li>LRF written in full at first mention – Local Resilience Forum</li> <li>Updated roles of EPRR Strategy Committee to detail the plan sign off process.</li> </ul>

**List of Stakeholders who have reviewed the document**

Name	Job Title	Date
Mandy Nagra	Executive Chief Operating Officer	12/10/2018
Rod Harpin	Medical Director	12/10/2018
Stephen Prince	Joint Associate Director of Estates and Facilities, Estates & Facilities	12/10/2018
Robin Andrews	Executive Director of Finance	12/10/2018
Julian Auckland Lewis	Director of Transformation	12/10/2018
Michael Billingham	Deputy Director of Finance	12/10/2018
Fraser Cant	Associate Chief Operating Officer	12/10/2018
Doug Charlton	Deputy Director of Nursing	12/10/2018
Stephen Eames	Chief Executive	12/10/2018
Tim Evans	Associate Chief Operating Officer	12/10/2018
Yvonne Fairbairn	Associate Chief Operating Officer	12/10/2018
Suzanne Hamilton	Deputy Director HR & OD	12/10/2018
John Howarth	Director of Service Improvement and	12/10/2018

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<b>Name</b>	<b>Job Title</b>	<b>Date</b>
	Deputy CEO	
Stephanie Preston	Associate Chief Operating Officer	12/10/2018
Daniel Scheffer	Associate Director for Corporate Governance	12/10/2018
Michael Smillie	Director of Finance, Digital and Estates	12/10/2018
Rhia Heron	Head of communications	12/10/2018
Kath Hughes	Head of Engagement & Communications	12/10/2018
Clive Graham	Director of Infection, Prevention and Control	12/10/2018
Richard Pape	Lead Fire Officer	12/10/2018
John Mitchell	Health and Safety Manager	12/10/2018
Andy Adams	Estates & Facilities Manager North	12/10/2018
Steve Dougan	Head of Estates WCH	12/10/2018
Rachel Jamieson	Corporate Office Manager	12/10/2018
Jan Wharton	Head of Corporate Resilience & Safety	12/10/2018
Richard Greene	Business Continuity Manager	12/10/2018
CPFT Silver On-Call Rota		12/10/2018
NCUH Silver On-Call Rota		12/10/2018
NCUH Business Managers		12/10/2018