

CONTROLLED DOCUMENT

EMERGENCY PREPAREDNESS POLICY

CATEGORY:	Policy
CLASSIFICATION:	Emergency Planning
PURPOSE	This document sets out the strategic framework for the management of emergency preparedness and business continuity at University Hospitals Birmingham NHS Foundation Trust
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<ul style="list-style-type: none"> • Essential Reading for: • Information for: 	<p>For all Trust Managers</p> <p>For all Staff</p>

¹ If this Controlled Document will have an impact on any contracts held by the Trust, once approved, this will need to be sent to the Procurement Team requesting that it be added to the Procurement Policy Portal

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1. Policy Statement

- 1.1 The purpose of this policy is to ensure that University Hospitals Birmingham NHS Foundation Trust ('the Trust') complies with the requirements of the Civil Contingencies Act 2004 and the NHS England Emergency Preparedness Resilience and Response (EPRR) Framework 2015, and its statutory duty to implement arrangements to ensure that it can:
- 1.1.1 Respond to an emergency;
 - 1.1.2 Continue to support emergency response partners;
 - 1.1.3 Continue to provide essential services to the public as is reasonably practicable in the event of an emergency; and
 - 1.1.4 Identify, plan, resource and implement preventative actions and contingency plans which enable the Trust to:
 - a) react effectively to emergencies;
 - b) reduce the risk of disruption to essential services; and
 - c) mitigate any financial impact of such events;
- 1.2 These requirements are met through the implementation of Major Incident and/ or Business Continuity plans, which will enable the Trust to respond effectively in emergency situations and continue to deliver its services.
- 1.3 The Trust must also ensure that it has effective contingency plans in place to enable it to maintain the provision of its services in abnormal circumstances, such as the failure of a supplier or a sudden increase in demand on services.

2. Scope

This policy applies to all areas and services of the Trust and all individuals employed by the Trust, including contractors, volunteers, students, locum, bank and agency staff and staff employed on honorary contracts who are involved in Trust business on and off the premises.

3. Definitions

Business Continuity Incident	A Business Continuity Incident is an event or situation which: <ul style="list-style-type: none">• Threatens the services, personnel, buildings or the organisational structure of the Trust;
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	<p>and</p> <ul style="list-style-type: none"> Requires special measures to be taken to respond to the interruption and to restore normality.
Local Business Continuity Issue	Local Business Continuity Issues are interruptions to a service that affect only one area of the Trust and can be resolved at a local level.
Critical Incident	Critical Incidents are Business Continuity Incidents which affect one or more Critical Services of the Trust, and require site or potentially Trust-wide co-ordination to ensure resolution.
Business Continuity Management	<p>Business Continuity Management is a process that helps to manage risks to the smooth running of an organisation or delivery of service, ensuring continuity of critical functions in the event of an interruption to services and effective recovery afterwards.</p> <p>Continuity Management is a generic management framework that is valid across the public, private and voluntary sectors. It is an ongoing process that helps organisations anticipate, prepare for, prevent, respond to and recover interruptions to services, whatever their source and whatever aspect of the organisation they affect.</p>
Major Incident	A Major Incident is an occurrence that presents a serious threat to the health of the community, disruption to the service or causes such numbers or types of casualties as to require special arrangements to be implemented by the Trust.
Pandemic Flu (Influenza)	A global disease outbreak of a new flu virus where there is little or no immunity, and no available vaccine.
Accountable Emergency Officer (AEO)	The Executive Director who has overall responsibility for EPRR in the Trust.
Strategic Emergency Preparedness group	A Trust level group that is chaired by the AEO and which provides strategic direction to the Emergency planning groups at QE and HGS.

Strategic Emergency Planning Group	Groups at QEHB and HGS which are chaired by the Heads of Emergency Preparedness that work at the operational level and report to the Strategic Emergency Preparedness group.
Core Standards	The NHS England EPRR annual assurance process to assess the preparedness of NHS Commissioners and Providers against common EPRR standards.

4. Framework

- 4.1 This section describes the broad framework for ensuring the Trust has effective arrangements in place to enable it to:
- 4.1.1 To identify the potential areas of risk to the Trust's services, in order to develop plans which prevent or minimise disruption.
 - 4.1.2 React effectively to a Major Incident outside of the Trust, providing appropriate medical services and support to emergency response partners;
 - 4.1.3 React effectively to a Critical Incident within/directly affecting the Trust so that it can continue to provide essential services as is reasonably practicable;
 - 4.1.4 Minimise disruption when unplanned events have the potential to significantly interrupt normal business; and
 - 4.1.5 Manage impacts on capacity when demand outstrips available capacity and normal contingency plans are insufficient.
 - 4.1.6 React effectively to a situation where there is a significant loss of staff e.g. due to industrial action or Flu Pandemic
 - 4.1.7 To respond to a Business Continuity Incident, alerting appropriate personnel, allocating resources and priorities for action to recover essential services and prepare for return to normal working as quickly as possible.
 - 4.1.8 To support effective communication during an emergency or service interruption.
 - 4.1.9 To ensure the Trust can continue to exercise its functions in the event of an emergency.

- 4.1.10 To ensure all departments are involved in the preparation of the plans, so that there is an effective and consistent response to emergencies and/ or Business Continuity Incidents.
- 4.1.11 To ensure that all plans are tested and updated in line with national requirements.
- 4.2 The Trust's Emergency Preparedness and Business Continuity planning has two work streams which are identified as follows:
 - 4.2.1 Major Incident Planning;
 - 4.2.2 Business Continuity Planning;
- 4.3 The Trust's Business Continuity Plans are separate from the Trust's Major Incident Plans, under which the Trust would deliver its emergency response to a Major Incident, such as a road traffic accident, terrorist attack or chemical incident. Therefore, the Business Continuity Plans and Major Incident Plans can be implemented independently of each other.
- 4.4 However, a Business Continuity Incident may occur simultaneously to a Major Incident or an event, or situation, in the wider environment which requires the Major Incident response, and may also cause an interruption to the Trust's services or functions.
- 4.5 In such circumstances, the Business Continuity Plans may need to be implemented in addition to, and independently, of the Major Incident Plans. However, a Trust's co-ordinated response to the Major Incident and the Business Continuity Issue will be required, to ensure there is an effectiveness of the decision making process and to avoid duplication of effort.
- 4.6 The Accountable Emergency Officer (AEO), through the Strategic Emergency Preparedness Group, will oversee the work carried out under each work stream to ensure that the plans and procedures in each are coordinated, and that work programmes are adhered to.
- 4.7 Major Incident Planning
 - 4.7.1 The AEO will ensure that the following plans are prepared and submitted to the Strategic Emergency Preparedness Group for approval:
 - a) Major Incident/Mass Casualty Response Plans;
 - b) Chemical, Biological, Radiological and Biological Response Plan;

These plans shall be submitted annually as part of the Core Standards process.

4.8 Business Continuity Planning

4.8.1 The Trust shall develop plans to deal with Business Continuity Issues that would affect multiple services of the Trust as set out in the Business Continuity plans, such as staff shortages, interruption to IT services and power failures.

4.8.2 The AEO will ensure that the following plans are prepared and submitted to the Emergency Preparedness Steering Groups for approval, as part of the suite of emergency plans:

- Heatwave Plan;
- Cold Weather Plan;
- Fuel plan
- Business Continuity plans
- Critical Incident
- Operation Consort
- Evacuation and Shelter plan
- Prison plan (GHH specific)
- Pandemic Flu Plan
- Threat plan
- Ramp Plan (QE to contribute to publication)

5. Duties

5.1 Chief Executive

It is the Chief Executive's responsibility to:

5.1.1 Ensure that the Trust has adopted effective Major Incident and Business Continuity Plans;

5.1.2 Ensure that the Board of Directors receives regular reports regarding emergency and business continuity planning;

- 5.1.3 Designate an Executive Director to take responsibility for emergency and business continuity planning throughout the Trust; and
- 5.1.4 Ensure that sufficient resources are available for the Trust to effectively prevent or respond to a Major Incident or a Business Continuity Incident.

5.2 Accountable Emergency Officer (AEO)

The AEO has been designated by the Chief Executive as the Executive Director with overall responsibility for emergency and business continuity planning throughout the Trust, and will be known as the Accountable Emergency Officer for EPRR.

It is the AEO's responsibility to:

- 5.2.1 Provide regular reports to the Board regarding emergency preparedness and business continuity planning;
- 5.2.2 Chair the Strategic Emergency Preparedness Group (Terms Of Reference attached in Appendix B); and
- 5.2.3 With the assistance of the Heads of Emergency Planning and Resilience ensure:
 - a) a comprehensive set of contingency plans for the provision of key services are developed and reviewed annually;
 - b) that such contingency plans meet national requirements;
 - c) that all relevant staff are aware of their responsibilities under those plans; and
 - d) that staff are trained in the application of these plans

5.3 Chief Operating Officers

- 5.3.1 The Chief Operating Officers (COOs) will assist the AEO by ensuring that the emergency plans for the Trust are implemented in line with this Emergency Preparedness and Business Continuity policy.
- 5.3.2 It is the COOs' responsibility to ensure all departments of the Trust have a business continuity plan.

5.4 Director of Information Technology (IT)

The Director of IT will ensure that a comprehensive IT disaster recovery plan is developed, updated and implemented. This plan must meet national requirements, and all relevant staff must be made aware of their responsibilities under the plan.

5.5 Heads of Emergency Planning and Resilience

It is the Heads of Emergency Planning and Resilience's responsibility to:

- 5.5.1 Chair the Emergency planning groups at the QEHB and HGS and report to the Strategic Emergency Preparedness Group;
- 5.5.2 Ensure that the Trust Major Incident plans are updated annually, and that all staff are aware of their roles and responsibilities;
- 5.5.3 Ensure that Business Continuity plans are updated and that all service staff are aware of their responsibilities;
- 5.5.4 Ensure that key elements of all plans developed under the auspices of the Emergency Preparedness Policy are reviewed annually and that the Major Incident plans and Business continuity plans are tested in line with national and statutory obligations;
- 5.5.5 Evaluate the Trust's response and ensure modification to all emergency plans as necessary; and
- 5.5.6 Report the above to the AEO and the Chief Operating Officers so that they may advise the Board of Directors.

5.6 Divisional Directors of Operations

It is each Divisional Director of Operations' responsibility to:

- 5.6.1 Ensure all their staff are aware of their departmental responsibilities to assist Departmental Managers and the Business Continuity Management Team in the Trust's response to a Business Continuity Incident;
- 5.6.2 Ensure that all staff are made aware of other related plans and their responsibilities therein;
- 5.6.3 Ensure that every department or service within their area of responsibility has undertaken a full business continuity risk

assessment, developed appropriate plans and that this is reported centrally through the Strategic Emergency Preparedness Steering Group(s);

5.6.4 All staff are aware of any Departmental Control Measures and Recovery Plans, to prevent and respond to Major Incidents and Business Continuity Incidents and are prepared to implement them.

5.7 All staff

All staff has a responsibility to comply with the requirements of this policy and its associated plans where there are elements that apply to them and their services.

6. Implementation and Monitoring

6.1 Implementation

6.1.1 To ensure all departments are involved in the preparation of the plans, so that there is an effective and consistent response to emergencies and/ or Business Continuity Incidents.

6.1.2 Awareness Training

Awareness training of the Trust Emergency Preparedness plans will be undertaken by the Emergency planning teams covering all Trust sites.

6.1.3 Departmental Training

The Emergency planning teams will work with key areas/ departments to identify and deliver appropriate training.

6.1.4 Individual Training

All individuals with specific responsibilities under the Major Incident and Business Continuity plans shall undergo training specific to their role. The Heads of emergency planning and resilience shall ensure that a central record is maintained of such training.

6.1.5 Exercising of the Major Incident and Business Continuity Plans

6.1.6 Regular testing of all plans is necessary to ensure that the plans are fit for purpose.

6.1.7 All Trust Emergency preparedness plans will be tested in line with national guidance; specific testing regimes are indicated within each plan.

6.2 Monitoring

Appendix A provides full details on how the policy will be monitored by the Trust.

6.3 Review of the Major Incident and Business Continuity Plans

6.3.1 All plans will be reviewed on an annual basis.

6.3.2 This review will take into consideration any action arising from the evaluation of any incident or exercise, changes within the Trust, and of any new guidelines that may have been issued.

7. References

Civil Contingencies Act 2004

NHS England EPRR Framework 2015

8. Associated Policy and Procedural Documentation

The following controlled documents should be read in conjunction with this policy:

All Emergency Preparedness plans at QEHB and HGS as outlined in paragraph 3 (available on the UHB intranet).

Appendix A - Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Compliance Review of Serious Concerns	Heads of Emergency Preparedness at QEHB and HGS	Strategic Emergency Preparedness group chaired by the AEO Board of Directors	Any serious concerns regarding compliance with this policy shall be raised with the AEO who will be responsible for bringing such matters to the notice of the Chief Executive/ Board of Directors as appropriate. This will be included in the board reports.	6 monthly
Review of Emergency plans and Post-Incident Evaluation	Heads of Emergency Preparedness at QE and HGS	Strategic Emergency Preparedness group chaired by the AEO	Plans will be reviewed at the Emergency planning meetings at QE and HGS. The reviews will take into consideration any action arising from the evaluation of any incident or exercise, changes within the Trust, and of any new guidelines that may have been issued	Annually
Business Continuity Plans	Heads of Emergency Preparedness at QE and HGS	Strategic Emergency Preparedness Group chaired by the AEO	Audit of all business continuity plans	Annually

Appendix B

Strategic Emergency Preparedness Group

Terms of Reference

Reference to 'the Trust' shall mean the University Hospitals Birmingham NHS Foundation Trust.

1. Constitution

The Strategic Emergency Preparedness group has the executive powers delegated to it by these Terms of Reference.

2. Role

The role of the group is to:

- 2.1. Agree the process for assessing, ensure local risks are assessed and use this to inform emergency planning
- 2.2. Ensure emergency plans are in place and act as changeover approvers
- 2.3. Ensure Business Continuity Management arrangements are in place
- 2.4. Ensure arrangements to make information available to the public about civil protection matters are in place and maintain arrangements to warn inform and advise the public in the event of an emergency.
- 2.5. Share information with other local responders to enhance co-ordination and efficiency.
- 2.6. Co-operate with other local responders and enhance co-ordination and efficiency.
- 2.7. Provide 6 monthly reports to the board of Directors.
- 2.8. Ensure the Trust is fulfilling it's obligations as laid out in the Civil Contingencies act 2004

3. Membership

- Executive Director of Strategic Operations – Chair
- Director of Corporate Affairs
- Chief Operating Officers
- Heads of Emergency Preparedness and Resilience
- Medical Director
- Head of Facilities

- Head of Estates
- Director of Communications
- Clinical representation from QE and HGS

4. Attendance

- 4.1. When deemed necessary other appropriate representatives throughout the Trust will be invited to attend meetings as and when identified by the group.
- 4.2. If nominated members are unable to attend then a deputy should be designated to attend on their behalf.

5. Frequency

The Strategic Emergency Preparedness group will meet quarterly.

6. Quorum

The group shall be deemed quorate if there is representation of a minimum of 6 members.

7. Authority

The Strategic Emergency Preparedness group is invested with the delegated authority to act on behalf of the Board of Directors. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee contained within these Terms of Reference and subject to the rules on Reporting, as defined below.

8. Duties

- 8.1. To steer the supporting groups and receive updates at every meeting
- 8.2. Administer a regular flow of communication with the comprehensive cascade mechanisms to ensure the Trust is resilient and well prepared in the event of an internal and external disaster and that this is shared widely across the whole Trust
- 8.3. Ensure an update is received every 6 months to the Board of Directors on progress and any issues that may be preventing the Trust from being as resilient as possible.

9. Agendas and Reporting

- 9.1. Agendas and briefing papers should be prepared and circulated in sufficient time for group Members to give them due consideration.
- 9.2. Minutes of the meetings should be formally recorded and distributed to the Members within 5 working days of the meetings.

10. Other Matters

- 10.1. The Heads of Emergency Preparedness and Resilience will agree the agenda with the Chairman and collate all papers.
- 10.2. The Heads of Emergency Preparedness will arrange the taking of minutes and keep a record of matters arising and issues to be carried forward.