

## Emergency Preparedness, Resilience and Response Policy

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## **1. Policy Statement**

- 1.1 East London NHS Foundation Trust (ELFT) is committed to developing and maintaining prepared and resilient services by taking a proactive approach to Emergency Preparedness, Resilience and Response (EPRR).

This Policy, along with ELFT's Incident Response Plan, the Trustwide Business Continuity Plan and ELFT's EPRR Strategy, is part of the Trust's on-going programme to increase the resilience of the Trust so that it is able to respond to Major Incidents and business disruptions, regardless of source, whilst continuing to deliver the critical services that its stakeholders and community rely upon.

As part of this programme, the Trust has worked hard to align itself to statutory duties of a Category 1 responder under the Civil Contingencies Act (2004).

## **2. Introduction**

- 2.1 The Civil Contingencies Act (2004) identifies a wide range of public sector organisations as 'category one' responders. The category includes all Acute and Ambulance NHS Trusts, Public Health England and NHS England & NHS Improvement. Community providers, mental health and other NHS organisations (NHS Blood and Transplant, NHS Supply Chain and NHS Protect) are not listed in the Civil Contingencies Act (CCA) 2004.

However, Department of Health and NHS England & NHS Improvement guidance expects the Trust to plan for and respond to incidents in the same way as category one responders.

Furthermore, the 'NHS England & NHS Improvement Emergency Preparedness, Resilience and Response (EPRR) Framework' 2015 states that providers of NHS funded care must:

- Support Clinical Commissioning Groups (CCG) and NHS England & NHS Improvement 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.
- 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 Local Health Resilience Partnerships (LHRP) and appropriate tactical and/or operational representation at local health planning groups and resilience forums in support of EPRR requirements.

### **3 Aim**

- 3.1 The aim of this policy is to outline how the Trust will develop and maintain prepared and resilient services that meet the statutory and mandatory duties as set out in the Civil Contingencies Act (2004) and all current NHS England & NHS Improvement Emergency Preparedness Frameworks and guidance.

### **4 Scope**

- 4.1 ELFT provides mental health services to the three London boroughs of Hackney, Tower Hamlets and Newham as well as to Luton and Bedfordshire. The Trust also provides community services to Tower Hamlets, Newham and Bedfordshire. The Trust's headquarters are located in Alie Street, in the London borough of Tower Hamlets.

This policy provides assurance that frameworks exist within the Trust that support a high level of preparedness to any business-disrupting event or Major Incident, regardless of source. Full adherence to this policy will ensure there are arrangements in place that will enable the Trust to respond to major incidents/business disruptions, continue its critical functions and essential services provide support to the local community and provide and receive mutual aid on a local, regional and national level.

The policy supports a whole health economy approach to resilience where critical and interdependent healthcare systems are prioritised to ensure the ongoing delivery of the services stakeholders and community rely upon, regardless of circumstance.

- 4.2 This plan should be used in conjunction with the trust Incident Response Plan, business continuity plans and Department of Health Guidelines.
- 4.3 This Policy and applies to all employees regardless of grade, hours or length of service.

### **5 Purpose and Outcome**

- 5.1 This policy will ensure:
- An integrated emergency planning process is in place across the Trust that is built on the principles of risk assessment, co-operation with partners, emergency planning, communicating with the public and information sharing.
  - An incident response plan is in place that is kept up to date, accessible, tested regularly and specifically addresses any potential causes of a major incident for which the Trust is at particular risk.

- The needs of vulnerable persons, including children, are taken into account in all resilience arrangements.
- Appropriate arrangements are in place to provide and receive mutual aid locally, regionally and nationally.
- Planning is undertaken in conjunction with all local, regional and national NHS partners including acute services, NHS 111, NHS Professionals, NHS Property Services and other appropriate healthcare agencies.
- Systems and facilities are in place to ensure the health, safety and welfare of all staff in a major incident or business continuity situation.
- Suitable and sufficient training arrangements are in place to ensure the competence of staff in performing emergency planning and major incident roles.
- Suitable governance arrangements are in place for resilience across the Trust.
- Systems are in place to ensure effective monitoring and reporting can be completed during a significant/major incident.
- The Trust's resilience arrangements are mutually compatible with and fully support other resilience arrangements within the wider health economy and that it actively participates in Local Health Resilience Partnerships (LHRP) and Borough Resilience Forums.
- A culture of resilience is adopted within and across the Trust that makes emergency preparedness an intrinsic element of management and operations.

## 6 Definitions:

6.1 The following are definitions which apply to this policy:

- **Emergency Preparedness:** The development and maintenance of agreed procedures to prevent, reduce, control, mitigate and take other actions in the event of an emergency.
- **Resilience:** The ability of an organisation to adapt, respond and recover to disruptions, whether internal or external, to deliver organisationally agreed critical activities.
- **Response:** Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders.
- **Emergency:** Under Section 1 of the CCA 2004, a major incident is defined as:

“An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.”

- **Incident:** For the NHS, incidents are classed as either, Business Continuity, Critical or Major Incident.
- **Business Continuity Incident:** is an event or occurrence that disrupts an organisations normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.
- **Critical Incident:** 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.
- **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 defined above.

## 7 Duties

### 7.1 Chief Executive

7.1.1 The Chief Executive (CEO) has overall responsibility to provide a safe working environment, ensuring compliance with the requirements of The Health and Safety at Work Act 1974, and the requirements of this policy. The CEO also has overall responsibility for the safety of any patient, visitor or contractor whilst they are on Trust premises.

7.1.2. The Chief Executive will liaise with the Executive Leads to set strategic priorities and provide support as necessary.

Duties may include:

- Liaising with The Chief Operating Officer (COO and the Director On-Call and communications co-ordinator in relation to media statements and briefings.
- Approval of use of appropriate Trust plans and procedures or deviation from provision of normal services.
- Strategic assessment of the ability of local health services to deal with the incident and requests for extra resources where the assessment indicates inadequacies.
- Ensure provision of expert advice where the expertise does not exist within the Trust.
- Ensure there is an effective communications, public advice and media plan in place, in conjunction with the regional office.
- Ensure the Trust's response is in keeping with the NHS London Strategic Health Authority lead, NCLs, and the Department of Health and implement agreed actions section

wide.

## 7.2 **The Chief Operating Officer (COO)**

7.2.1 The Chief Operating Officer is the Accountable Executive Officer for EPRR whose duties include:

- Approve the redeployment of Trust staff and services to support other NHS organisations.
- Decide when the incident should be declared over and ensure that appropriate organisations have been informed.
- Make a strategic assessment of the impact of the incident and ensure a full debrief procedure is carried out.
- Ensure that internal resources required to deal with the incident are made available and that arrangements are put in place to respond appropriately.

## 7.3 **Directors**

7.3.1 All Directors have Corporate responsibility to provide a safe working environment under Health and Safety Legislation. The Directors are responsible for exercising the Trust duty of care and shall ensure adequate arrangements are in place via their designated deputies for implementing this policy and associated 'safe systems of work' within their respective Directorate, including emergency preparedness.

7.3.1 The Director on-call will be the Gold Command in the case of a major/serious incident.

## 7.4 **Senior Managers / Heads of Department**

7.4.1 They are responsible for ensuring that Local Managers and other managerial/supervisory staff are aware of their own responsibility for health and safety within their managed areas. Also; they must ensure that funding is available to provide any necessary peripheral and protective equipment, procedures and ongoing training and supervision where a risk assessment has identified such control measures as being necessary.

## 7.5 **Line Managers / Senior Staff on Duty**

7.5.1 In the event of unforeseen circumstances, They are responsible for:

- Ensure that adequate and appropriate communications and reporting mechanisms are in place to enable staff to discharge their responsibilities.
- In liaison with colleagues and the agreement of their Director, consider redeploying staff to enable essential visits to take place in patients' homes which are geographically located near members of staffs' homes.



- In the event of an emergency circumstances line managers will consider a range of factors which might impact upon an employee's ability to attend for duty.
- Line managers and service managers must follow the Trust Business Continuity Plan (BCP) and their local business continuity plans.

## 7.6 **Employees**

### 7.6.1 Responsible for: adherence to this policy

- ensuring any training required is attended and kept up to date.
- ensure any competencies required are maintained
- co-operating with the development and implementation of policies as part of their normal duties and responsibilities.
- identifying the need for a change in policy as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.

## 7.7 **Occupational Health and Well Being**

7.7.1 The service is responsible to provide health surveillance and to provide advice / counsel / refer on as appropriate.

## 7.8 **People & Culture Directorate**

7.8.1 People & Culture Team are responsible for providing relevant advice based on Trust approved policies.

## 7.9 **Estates and Facilities Department**

7.9.1 Estates and Facilities Team are responsible for ensuring that any work being carried out by an employee or a contractor working on a project being managed by them is carried out in accordance with Health and Safety Regulations and the requirements of this Policy.

## 7.10 **Contractors**

7.10.1 Contractors must:

- Comply with the requirements of this policy.
- Before work commences contractors must supply the Trust with copies of the following documents:
  - Risk assessments
  - Method statements (if applicable)
  - Safe systems of work
  - Emergency and rescue procedures
  - Document and report to the Trust any untoward incidents

## 7.11 **Emergency Planning Manager**

7.11.1 The Trust has an Emergency Planning Manager to support the AEO for EPRR They are responsible for:

- Supporting the Executive Lead for Emergency Preparedness in implementing the Trust Emergency Preparedness, Resilience and Response Policy.
- Attendance at the Borough Resilience Forums.
- Developing, disseminating and maintaining the Trust's emergency preparedness arrangements.
- Arranging and delivering emergency preparedness and response training as required.
- Coordinating tests and exercises of the Trust's emergency arrangements.

## **8 General Considerations**

### 8.1 **Risk Management**

8.1.1 The NHS England & NHS Improvement Core Standards for EPRR places a duty upon all NHS organisations to maintain a risk register which links back to the National Risk Assessment (NRA) and Community Risk Register. The Trust will ensure that the development of emergency plans is based on preparing the organisation for risks identified in the National, Local (where applicable) Community Risk Registers and the Trust's risk register and will take account of other relevant documents and information. It will cover planning for response to known and emerging threats and take an all hazards approach, which will aim to cover unknown or unanticipated threats.

All identified emergency preparedness risks will be recorded on the emergency preparedness risk register and will be reviewed in line with the Trust's Risk Management arrangements.

### 8.2 **Business Continuity**

8.2.1 The Trust will ensure that it has a business continuity management strategy (BCMS) which will provide assurance that frameworks exist within the Trust, to enable it to identify and assess the risk of a business disruption or incident, and should that risk be realised, to respond in an appropriate manner. The strategy will detail processes for recording, assessing and managing risk; identifying and prioritising critical services; responding to business disruptions or incidents, regardless of cause; maintaining critical services and restoring services to normal levels.

### 8.3 **Incident Response Plans**

8.3.1 The Trust will ensure that it prepares and maintains plans to respond to emergencies. All plans will be developed in line with the Trust's 'Policy for the drafting and implementation of procedural documents' and as a minimum plans will have the following to be considered appropriate for use:

- Version control and issue date
- A responsible person to manage the plan
- Purpose, definition and scoping statements (including risk factors and non-health impacts).
- Set out roles and responsibilities
- Activation, monitoring and assessment procedures
- Information relating to command and control measures
- Options for response that are scalable, with alternatives
- Alerting procedures and reporting methods
- Stand-down and recovery procedures
- Strategic in nature allowing local managers flexibility to implement operationally
- Contain general guidance for managers and staff.
- Revised annually by the responsible person
- Consulted on with partner responding agencies, especially those responding as part of the threat the plan is written for
- Approval of the Trust Resilience Forum, Executive Management Team and/or Trust Board as appropriate
- Suitable supporting guidance and procedures at operational levels separate from the plan
- Suitable consideration of vulnerable groups requiring additional support or changes to systems to allow fair access to services in an emergency

All EPRR Plans, including the IRP and Corporate Business Continuity Plans, will be made available via the Trust intranet.

## **9 Training and Information**

9.2 NHS Guidance recommends, as a minimum requirement, undertaking a live exercise every three years, a table top exercise every year and a test of communications cascades every six months. Actual incidents may count as a live test of current plans. The following considerations apply:

- It is important that all staff who may expect to be involved, however remotely, should read and familiarise themselves with the Incident Response Plan, paying particular attention to their specific roles and responsibilities and action card(s) and be competent in their role.
- Regular training sessions are made available to all on-call directors and other on-call staff. There will also be additional training for Trust staff who may form part of the incident team, such as loggists and members of the communications team.
- Service Directors, Senior Managers and Heads of Departments are responsible for assessing the training needs of relevant staff and ensure staff are familiar with and trained to be able to carry out their duties and

responsibilities under this plan.

## **10 Incident Reporting**

- 10.1 All incidents are to be reported in accordance with the Trust's Incident Policy and using the on-line datix incident reporting system.
- 10.2 Please refer to the Major Incident reporting procedure located in the Trust Incident Response Plan.

## **11 Monitoring Compliance and Effectiveness**

### **11.1 Internal**

- 11.1.1 The content of the EPRR plans and procedures will be reviewed on an on-going process and updated annually or in the light of legislation changes. The Emergency Planning Manager will monitor compliance through desktop exercises.
- 11.1.2 The Trust's Quality Committee will ratify the plan and procedure and also carry out monitoring.

### **11.2 External**

- 11.2.1 The Health and Safety Executive, The Environmental Agency and CQC have the capability and responsibility to monitor health and safety throughout the NHS. Their Inspectors have the right of entry to property or premises at any time and are empowered to obtain information by interviewing any persons, taking photographs, removing documentation and take possession of any article or substance.
- 11.2.2 NHS England & NHS Improvement is to provide the agencies that make up the London Resilience Partnership with a strategic framework to support their integrated preparedness.

## **12 Dissemination and Implementation**

This document will be made available to all Trust staff on the Trust Intranet and through line management cascade. This plan supersedes all previous plan implementation. This plan provides guidance to managers and staff.

## **13 Related Trust Documentation**

- Incident Response Plan
- Trustwide Business Continuity Plan
- Local Business continuity plans
- Emergency preparedness plans and relevant documentation
- Pandemic Influenza Plan
- Fuel Disruption Plan
- Adverse weather plans
- Other EPRR plans and relevant documentation

- People and Culture Policies
- Health and Safety Policy

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## References

- The Health and Safety at Work Act 1974. London: Stationery Office.
- The Management of Health and Safety at Work Regulations 1999.
- Civil Contingencies Act 2004.
- NHS England: Emergency Preparedness, Resilience and response Framework 2015
- NHS England: Core Standards for Emergency Preparedness, Resilience and Response 2013.