

Emergency Preparedness Policy

Reference No:	P_CoG_09
Version:	4
Ratified by:	Lincolnshire Community Health Services Trust Board
Date ratified:	14 th November 2017
Name of originator / author:	Alison Biegaj
Name of responsible committee / individual:	Emergency Planning Committee
Date Approved by committee:	12 th October 2017
Date issued:	November 2017
Review date:	October 2019
Target audience:	LCHS Chief Executive, Director of Nursing and Operations, Trust Board (Directors), Heads of Clinical Services, Emergency Planning Committee members and all provider Staff. NHSL and the wider Health and Social Care community (see distribution list).
Distributed via:	Website

Lincolnshire Community Health Services

Policy Statement

Emergency Preparedness Policy

Background	<p>The Civil Contingencies Act 2004 (CCA) places a number of statutory duties on NHS organisations that are classed as / or required to act as either Category 1 or Category 2 providers.</p> <p>As a Community Provider LCHS NHS Trust (LCHS) is required to prepare for emergencies in line with its responsibilities under the CCA (2004).</p>
Statement	<p>This policy outlines how LCHS will meet the duties set out in legislation and associated statutory guidelines as well as any other issues identified by way of risk assessments and identified capabilities</p>
Responsibilities	<p>Compliance with the policy will be the responsibility of all Lincolnshire Community Health Services NHS Trust staff.</p>
Training	<p>Directors / Heads of Clinical Services will be responsible for ensuring that all appropriate staff have appropriate training in line with the policy.</p>
Dissemination	<p>Website Postmaster e-mail</p>
Resource implication	

Distribution List

Lincolnshire Community Health Services NHS Trust:

- LCHS NHS Trust Chief Executive
- Director of Nursing and Operations
- LCHS NHS Trust Board (Directors)
- Heads of Clinical Services
- Service Operating Leads
- Emergency Planning Committee

NHS Lincolnshire:

- Emergency Planning Committee Members
- Risk and Governance Committee Members

Emergency Planning Leads:

- NHS England (Leicestershire and Lincolnshire Area Team)
- United Lincolnshire Hospitals Trust (ULHT)
- Lincolnshire Partnership Foundation Trust (LPFT)
- East Midlands Ambulance Service (EMAS)
- Lincolnshire County Council:
- Joint Emergency Management Service

Abbreviations / Definitions

Acronym	Term / Definition
AEO	Accountable Emergency Officer
BS	British Standard
CQC	Care Quality Commission
CCA (2004)	Civil Contingencies Act, 2004
CCG	Clinical Commissioning Group
CE	Chief Executive
DH	Department of Health
EMAS	East Midlands Ambulance Service
EPC	Emergency Planning Committee
EPL	Emergency Planning Lead
EPRR	Emergency Preparedness Resilience and Response
GEMS	Greater East Midlands Commissioning Support Unit
ICC	Incident Control Centre
ISO	International Standard
LCHS	Lincolnshire Community Health Services NHS Trust
LPfT	Lincolnshire Partnership Trust
LRF	Local Resilience Forum
NHSE	NHS England
NHSE LLAT	NHS England Leicestershire and Lincolnshire Area Team
NHSME	NHS Midlands and East
PAS	Publicly Available Specification
ULHT	United Lincolnshire Hospitals NHS Trust

1. Introduction

LCHS has statutory duties, under the CCA (2004) to assess local risks and put in place emergency plans, co-operating with other local responders to enhance co-ordination and efficiency. LCHS is also required to have in place contingency plans that allow it to continue to provide services during a major incident, so far as is practicable and to recover from the additional pressure that an incident would place on it as an organisation.

This policy is not intended to be used for the response to a Major Incident, in those circumstances staff should refer to the trusts Emergency Preparedness Portfolio **Section 1 - MAJOR INCIDENT/ EMERGENCY RESPONSE PLAN** which details the Trusts operational response to a Major Incident / Emergencies

LCHS must be capable of responding to major incidents of any scale in a way that delivers optimum care and assistance to the victims, that minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning.

LCHS will meet this responsibility through:-

- Building upon the existing strengths of current multi-agency and Health Partner co-ordination and co-operation in Emergency Planning.
- Fully integrating with partner agencies emergency arrangements, in particular providing Mutual Aid in supporting the Acute Trust and Local Authorities as appropriate.
- Working collaboratively to enhance responses to emergencies and the arrangements to meet them, both during the response and recovery phases.
- Reviewing the Trusts state of readiness and operability to deal with a Major Incident, to ensure the Trusts capability to handle any new kind and potential magnitude of threat.
- Ensuring that plans for Business Continuity are in place.
- Engendering a culture within LCHS to make emergency preparedness an intrinsic element of management and operations.

1.1 Aims and Objectives

This policy outlines how LCHS will meet its statutory and mandatory duties as set out in the [Civil Contingencies Act, 2004](#), the [Emergency Preparedness Framework \(NHS England, 2015\)](#), the [Health and Social Care Act \(2012\)](#), [The NHS Planning Guidance – Everyone Counts Planning for Patients 2014 - 2019](#) and the [NHS Standard Contract](#) .

The stated aim will be achieved by:

- Defining how the Trust will discharge its duties under the CCA (2004), this will also address how the Trust will comply with the Care Quality Commission (CQC) standards.
- Defining the roles and responsibilities of respective groups and individuals within the Trust in regard to emergency preparedness.

1.2 Scope

This Policy specifically addresses statutory requirements specific to emergency preparedness issues; how the Trust intends to respond to an emergency is detailed in the Emergency Preparedness Portfolio Section 1 - Major Incident / Emergency Response Plan.

1.3 Review

This policy will be reviewed annually by the Emergency Planning Committee (EPC) and approved by the Trust Board.

1.4 Evidence Base

The following documents should be consulted in partnership with this Policy.

- LCHS Emergency Preparedness Portfolio, containing a compendium of the Strategic Overview and 14 plans, including Major Incident/Emergency Response plan, Command and Control, and Incident Control Centre set up.
- LCHS Business Continuity Policy and Procedure
- LCHS Risk Register
- Local Resilience Forum (LRF) Community Risk Register
- LCHS Emergency Planning Committee Terms of Reference

2. Statutory and Legal Responsibilities

2.1 Risk Register

The CCA (2004) places a statutory duty upon Category 1 responders to develop and maintain a local Community Risk Register based upon risks identified within a National Risk Register which is produced by the Cabinet Office and reviewed annually. The Lincolnshire Local Resilience Forum (LRF) has produced a local Community Risk Register in accordance with the CCA (2004). LCHS will utilise Lincolnshire Local Community Risk Register to prioritise and schedule emergency preparedness activities and contribute to this as appropriate, maintaining a risk register specific to LCHS risk.

2.2 Emergency Planning

LCHS will develop, disseminate and maintain a generic major incident / emergency response plan detailing how the Trust will respond to an emergency, including:

- The definition of major incident
- The activation, notification and stand-down procedures
- Ensuring robust on call rotas for LCHS Directors and Managers (which incorporates Major Incident / Business Continuity emergency response).
- Roles and Responsibilities.
- Control and Co-ordination arrangements.
- Communications arrangements.
- Response activities.
- Recovery arrangements.

Where appropriate, LCHS will develop, disseminate and maintain specific emergency plans for identified hazards and threats. The [Core Standards for Emergency Preparedness, Resilience and Response \(EPRR\) \(NHS England\)](#), requires that all NHS organisations and providers of NHS funded care will have plans setting out how they contribute to co-ordinating planning for emergency preparedness and resilience. All emergency plans will be validated by tests and exercises conducted where possible within 12 months of the publication of the arrangements.

2.3 Business Continuity Management

Under the CCA (2004), LCHS has a duty to develop and maintain arrangements to ensure continuity of service whilst responding to an emergency, be it internal or external.

LCHS recognises ISO 22301 and PAS 215 as the definitive guidance for Business Continuity Management. In accordance with these standards, LCHS will develop, disseminate and maintain business continuity policies, strategies and plans and work to embed a culture of business continuity management within the organisation.

2.4 Cooperation

Under the CCA (2004) the Trust has a duty to cooperate with other Category 1 and Category 2 responders within the local area.

2.4.1 Local Resilience Forum

LCHS recognises the Lincolnshire Local Resilience Forum (LRF) as the principal mechanism for multi-agency cooperation. The Local Resilience Forum is based on police boundaries as detailed within the CCA (2004). It provides a framework for all Category 1 Responders to work together ensuring a robust resilience agenda. Within the Lincolnshire Health Community, the Clinical Commissioning Groups (CCG) acts as the Lead for Emergency Preparedness. As such, the Health Community is represented at the LRF by a nominated Accountable Officer or deputy.

2.4.2 Local Health Resilience Partnership

The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector including the voluntary sector. The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. The key responsibilities of the LHRP are to:

- Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning;
- Provide support to NHS Commissioning Board Local Area Team (NHS CB LAT) and PHE in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level.

2.4.3 Local Health Resilience Operational Group

The LHRP is underpinned by an operational group - both groups have representation from LCHS, United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPT), East Midlands Ambulance Service (EMAS), the Voluntary Sector and other providers.

2.5 Information Sharing

Under the CCA (2004), the Trust has a duty to share information requested by Category 1 responders. Information requests between NHS organisations within the Midlands and East Health Community will be addressed informally through the Emergency Planning Lead, LHRP or LRF. Where informal requests for information cannot be resolved within the business of these forums, a formal request for information will need to be made under the provisions of the CCA (2004) using the proforma supplied in the statutory guidance document 'CCA Emergency Preparedness'.

LCHS will endeavour to respond to all informal requests for information made by partner agencies and will comply with formal requests for information within the time period specified.

2.6 Warning & Informing

LCHS has a statutory responsibility to advise the public of risks before an emergency and warning and keeping the public informed in the event of an emergency.

The Trust along with the CCG / NHS England Leicestershire and Lincolnshire Area Team (NHSE LLAT) will develop, disseminate and maintain arrangements for communicating with the public before and during an emergency. The Trust will work with the communication team from the Greater East Midlands Commissioning Support Unit (GEMS) when developing messages for the public. These arrangements are included in the LCHS Major Incident Plan and supported by the Lincolnshire LRF Warning and Informing Plan.

2.7 Training & Exercising

LCHS will identify individuals who have specific responsibilities when responding to an emergency and ensure that they are given adequate and appropriate training to enable them to discharge their roles.

LCHS recognises the need for collaboration with other Trusts and partner agencies in organising, running and participating in exercises. Where appropriate LCHS will, in partnership with other organisations within the Lincolnshire Health Community, develop and maintain a joint training strategy for the effective delivery of emergency preparedness and response training.

In line with the NHS England Emergency Preparedness, Resilience and Response (NHSE EPRR) Framework (2015) and CCA (2004), LCHS will test its emergency arrangements through:

- Cascade communication tests at least every six months.
- Command Post Exercise every six months
- Table-top exercises at least every year.
- Live exercises at least every three years.

2.8 Budget & Financial Commitment

LCHS will identify the budget elements required to implement the Emergency Preparedness Policy and make provisions where existing budgets are not present or are likely to be insufficient to meet the requirements.

2.9 Monitoring Compliance

LCHS Director of Nursing and Operations is the Trust Accountable Emergency Officer (AEO) and will be responsible for ensuring that the Trust has effective arrangements in place to respond to a Major Incident or Emergency.

LCHS will be required to demonstrate compliance with the Emergency Preparedness Core Standards to NHS England and the Director of Public Health as joint chairs of the Local Health Resilience Forum.

The monitoring and enforcement of compliance with the duties and statutory provisions of the CCA (2004) together with the Emergency Preparedness Core Standards will be undertaken through the Emergency Planning Committee and mainstream performance monitoring arrangements.

Within the Trust, the Executive Lead for Emergency Preparedness will ensure that annual reports are submitted to the board outlining the current state of preparedness.

LCHS will undertake to complete the biennial National Capabilities Survey administered by the Cabinet Office Civil Contingencies Secretariat.

3 Roles and Responsibilities (Duties)

The following roles and responsibilities relate to how LCHS and key individuals will prepare for emergencies.

Emergency response roles and responsibilities are provided in the Trust's Generic Major Incident / Emergency Response Plan.

3.1 Chief Executive

The Chief Executive (CE) has overall responsibility for Emergency Preparedness and is accountable to the Trust Board for ensuring systems are in place to facilitate an effective major incident response.

The CE will:-

- Ensure that the Director of Nursing and Operations is nominated as the Executive Lead/Accountable Emergency Officer (AEO) for Emergency Preparedness.
- Ensure that a designated senior manager is nominated to perform the role of Emergency Planning Lead.

3.2 Executive Lead for Emergency Preparedness

The Director of Nursing and Operations, nominated by the CE will act as the Executive Lead for Emergency preparedness and will:

- Work closely with the Emergency Planning Lead (EPL) to implement the Emergency Preparedness Policy.
- Work with the nominated Non-Executive Director to ensure that the Trust Board is assured of the Trust's compliance with the statutory duties under the CCA (2004).
- Attend meetings of the Local Resilience Forum (LRF) if requested or send a nominated deputy.
- Ensure, with the assistance of the EPL, that an on-call rota is developed and maintained for the provision of senior managers to control the organisations response to a Major Incident / Emergency.

3.3 Emergency Planning Lead

In line with NHSE EPRR Framework (2015), a senior officer will be designated to support the Executive Lead for Emergency Preparedness in implementing the Emergency Preparedness Policy.

The EPL will:-

- Ensure that the organisation meets its statutory obligations under the CCA (2004) and complies with all relevant EPRR guidance for the NHS, including non-statutory guidance that accompanies the CCA (2004) and also for business continuity and resilience preparedness
- Develop and deliver the organisation's emergency preparedness and resilience function, improve standards of such preparedness across the organisation and provide leadership on specialist emergency preparedness and resilience issues
- Ensure that EPRR corporate responsibilities are met and provide assurance to the organisation's Board that it complies with relevant legislation and guidance (as summarised by NHS England core standards for EPRR)
- Developing and contributing to professional relationships within the organisation, with other commissioners and NHS funded organisations and multi-agency partners that facilitate the continual development of EPRR arrangements;
- Lead the development and implementation of EPRR delivery plans
- Ensure appropriate representation at Local Health Resilience Partnerships (LHRPs), Local Resilience Fora (LRFs) and their associated sub-groups and work streams
- Coordinate emergency preparedness and training exercises for the organisation and with resilience partners
- Work with communications staff to ensure an appropriate communications and media response by the NHS to significant events and emergencies.

3.4 Communications / Media Manager

The Communications / Media Manager will:

- Develop, disseminate and maintain arrangements for handling the media and communicating with the public inline with the duty to 'warn and inform the public'.
- Develop and deliver appropriate training for the Trust staff who are likely to be involved with handling the media before, during or after an emergency response.
- Represent LCHS at multi-agency working groups focussing on the duty to 'warn and inform the public' and handling the media.
- Make arrangements in due course for the communication function in the event of an emergency (to be led by a single nominated agency for the whole Lincolnshire health community).

3.5 Emergency Preparedness Core Standards

The following areas for minimum core standards have been identified within the Emergency Preparedness Framework (NHS England)

- All NHS organisations and providers of NHS funded care must nominate an AEO who will be responsible for EPRR and Business Continuity Management.
- All NHS organisations and providers of NHS funded care must share their resources as necessary when they are required to respond to a significant incident or emergency.
- All NHS organisations and providers of NHS funded care must have plans setting out how they contribute to co-ordinated planning for emergency preparedness and resilience (for example surge, winter & service continuity) across the area through LHRPs and relevant sub-groups.
- All NHS organisations and providers of NHS funded care must contribute to an annual NHS CB report on the health sector's EPRR capability and capacity in responding to national, regional and LRF incidents. Reports must include control and assurance processes, information-sharing, training and exercise programmes and national

capabilities surveys. They must be made through the organisations' formal reporting structures.

- All NHS organisations and providers of NHS funded care must have plans which set out how they plan for, respond to and recover from disruptions, significant incidents and emergencies.
- All NHS organisations and providers of NHS funded care must have plans which set out how they plan for, respond to and recover from disruptions, significant incidents and emergencies.
- All NHS organisations must provide a suitable environment for managing a significant incident or emergency (an Incident Control Centre - ICC). This should include a suitable space for making decisions and collecting and sharing information quickly and efficiently.
- All NHS organisations and providers of NHS funded care must develop, maintain and continually improve their Business Continuity Management Systems. This means having suitable plans which set out how each organisation will maintain continuity in its services during a disruption from identified local risks and how they will recover delivery of key services in line with ISO22301.
- Take into account how vulnerable adults and children can be managed to avoid admissions, with special focus on providing healthcare to displaced populations in rest centres;
- Outline how they can assist acute trusts and ambulance services during and after an incident (with reference to specific roles that support discharge from hospital); where relevant, set out detailed plans for lockdown, evacuation and managing relatives.

3.6 Trust staff will:-

- Ensure that they are familiar with the arrangements detailed in the Trust's Major Incident Plan / Emergency Response Plan.
- Ensure that they are familiar with their roles and responsibilities.
- Undertake training commensurate with their emergency response role.

4. Consultation

A formal process for consultation and approval is required for both the initial production and subsequent reviews of this policy.

Formal consultation has been undertaken with /through:-

- Heads of Clinical Services / Corporate Service Directors
- Emergency Planning Committee
- Joint Emergency Management Service

Equality Analysis

<p>Name of Policy/Procedure/Function* Emergency Preparedness Policy Equality Analysis Carried out by: Ali Biegaj Date: 21/09/2017 Equality & Human rights Lead: Rachel Higgins Director/AEO: Lisa Green</p>
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A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	The objective of the policy is to outline how LCHS will meet its statutory and mandatory duties as set out in the Civil Contingencies Act, 2004, the Emergency Preparedness Framework (NHS England, 2015), the Health and Social Act (2012), The NHS Planning Guidance – Everyone Counts Planning for Patients 2014 - 19 and the NHS Standard Contract 2013 /14.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	The policy defines LCHS responsibilities for Emergency Preparedness, which would impact on staff, patients, carers or the wider community dependent on the incident.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Ali Biegaj		
Date:		21/09/2017		

NHSLA Monitoring Requirements

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/ audit	Responsible individuals/ group/ committee (multi - disciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Number and Types of Incidents/ Service Disruption	Incidents formally reported via the Emergency Planning Committee	Emergency Planning Committee	Quarterly	Emergency Planning Committee	Emergency Planning Committee	Emergency Planning Committee
Commissioning Performance Monitoring Standards	Yearly Report to CCG / NHS England	Emergency Planning Lead	Yearly	Emergency Planning Lead	Emergency Planning Lead/ Emergency Planning Committee	Emergency Planning Lead/ Committee
National Standards	National Capabilities Survey	Emergency Planning Lead/ Committee	Quarterly	Emergency Planning Lead/ Committee	Emergency Planning Lead/ Committee	Emergency Planning Lead/ Committee