BUSINESS CONTINUITY AND EMERGENCY PLANNING POLICY AND STRATEGY	**Corporate/Strategic Register No: 12009A Status: Public once ratified**

Developed in response to:	H M Government Civil Contingencies Act 2004 NHS England Emergency Preparedness Framework 2015 The British Standards Institution, ISO 22301 H M Government Health and social Care act 2012

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1.0	Doug Smale	22nd March 2012
1.1	Carin Charlton - update of ToR	20 November 2014
2.0	Doug Smale - Formal Review	30 March 2015
3.0	Emergency Planning Team	23rd October 2018

Contents

1.   Purpose

1.1   The policy sets out the principles and processes for the creation and revision of Business Continuity and Emergency Planning Management for Mid Essex Hospitals NHS Trust as required under the Civil Contingencies Act (CCA) 2004 as a statutory duty of a Category 1 responder.

1.2   It establishes a process within the Trust that ensures it can react to untoward events in a co-ordinated manner with a framework to support the Trusts' commitment to ensure all departments and services have comprehensive Business Continuity Plans in place.

1.3   It outlines key objectives

1.4   It outlines the Business Continuity Planning process within the Trust with impact analysis, planning pro forma and the ownership of all business continuity plans within the Business Units.

1.5   It provides timescales to determine what is acceptable for reinstatement of services.

1.6   It describes specific duties and responsibilities within the Trust (Chief Executive, Accountable Emergency Officer, Emergency Planning Liaison Officer etc.).

2.   Introduction

2.1   The CCA has legislated that all Category 1 responders are required to have comprehensive Emergency and Business Continuity Plans (BCPs) in place. The CCA also requires Category 1 responders to maintain plans to ensure that they can continue to exercise their functions in the event of an emergency so far as reasonably practicable.

2.2   The Trust must ensure that the highest levels of service to patients are maintained regardless of what might happen to clinical/non clinical infrastructure or facilities. The Trust is categorised as a Category 1 responder under the CCA thereby imposing a statutory duty to carry out risk assessments, to have robust Emergency and Business Continuity Plans in place to manage disruptions to the delivery of services and to have plans for recovery in the event of disruption.

2.3   As a general guide, business continuity planning must be carried out to minimise the effects of a number of potentially disruptive events, for example:

- Fire, flood, extreme weather conditions
- Loss of utilities, including IT and telephone systems

- Major disruptions to staffing e.g. as result of an epidemic, transport disruption, industrial accident, inability to recruit
- Major accident or incident, national disaster, terrorist attack

2.4   Such events may not be mutually exclusive, for example extreme weather could lead to the loss of utilities and disruption to transport with staff unable to get to work.

2.5   Business Continuity Plans are separate from, but can operate alongside, the Major Incident Plan (MIP) and specific emergency plans such as Cold Weather Plan, Evacuation Plan and Pandemic Influenza Plan.

3.   Scope

3.1   This policy refers to Mid Essex Hospital Services NHS Trust. It has been devised using the guidance in the following documents:

- The NHS Emergency Planning Framework 2015
- The Civil Contingencies Act (CCA) 2004
- British Standard BS ISO 22301

3.2   This policy applies to all departments and services within the Trust.

4.   Aims

4.1   The aim of emergency plans and business continuity management (BCM) programme is to establish a process whereby the Trust produces emergency and business continuity plans to ensure it reacts to untoward events in a co-ordinated manner. Whilst business continuity and major incident planning are usually separate processes within an organisation, a major incident may trigger a business continuity issue or could occur at the same time as a separate business continuity issue.

4.2   The aim of this policy is to provide a framework to support the Trust's commitment to ensure that all departments and services within the Trust have comprehensive service level business continuity and emergency plans in place.

5.   Objectives

5.1   This policy will provide the Trust with documented principles to which it will aspire and against which the Trusts' capability should be measured. The key objectives of this policy are to:

- Define the scope and ownership of Business Continuity and Emergency Planning Management within the Trust.

- Define the Business Continuity and Emergency Planning Management principles, guidelines and minimum standards for the Trust (including the roles and responsibilities of staff).
- Ensure that resources (including funding) are available to meet requirements of Business Continuity and Emergency Planning Management within the Trust.
- Reference any relevant standards, regulations or policies that are required to be included or may be used as a benchmark.
- Clearly define the criteria for involving Business Continuity and Emergency Plans if interruptions to the services, critical systems and business processes have not been resolved within the timescales outlined in this policy.
- Develop minimum acceptable levels of service delivery.
- Ensure that Business Continuity and Emergency Planning for the Trust forms an integral part of the risk management process.
- Ensure that Business Continuity and Emergency Planning is maintained, tested and implemented when circumstances dictate.
- Maintain communication and information flows.
- Outline the internal governance process.
- Identify and maintain a risk register for emergency plans and business continuity and carry out business impact analysis.
- Fully evaluate, test and review all plans on a regular basis.
- Plan and Deliver Training and Exercising in line with the NHS England Emergency Planning Resilience and Response Training Needs Analysis.

**6.   Trust Arrangements for Business Continuity and Emergency Planning**

6.1   The Trust has in place an overarching Emergency Preparedness & Resilience Group that has membership from a broad range of internal and co-opted external stakeholders. The Major Incident Plan, internal incident plan, specific emergency plans, Business Continuity Plan and emergency planning activities are covered by this group, who are responsible for the development and revision of such plans. The group is led by the trusts Accountable Emergency Officer and supported by the Emergency Planning Liaison Officer.

6.2   This group will; on behalf of the Board, act and be recognised for all statutory and regulatory purposes as the Group responsible for Emergency Preparedness and Resilience within the Trust and shall scrutinise or investigate any areas covered within its Terms of Reference as agreed by the Board.

6.3   The main duties and responsibilities include;
- Producing, maintaining and following a devised emergency planning work programme built upon the NHS core assurance standards, lesson

identified from incident and exercises, national, local and internal risk register and other actions taken from various sources.

- Clear prioritisation, management and continual review of risk and of risk issues relating to emergency preparedness, resilience and response (EPRR).
- To inform the development, monitoring and implementation of Trust policies and plans for emergency planning, emergency preparedness, business continuity response and recovery planning.
- To participate in, organise and oversee exercises.
- To ensure a multi-agency approach to emergency preparedness, participating as a member of Essex Health Resilience Forum and other local, regional or national emergency planning groups, disseminating information as appropriate.
- Review incidents, identify and monitor lessons identified and make recommendations as necessary, updating Trust plans accordingly.
- To make recommendations and escalate issues that are not being resolved through the appropriate Trust channels.
- To ensure that the Trust develops and maintains robust business continuity arrangements and plans and emergency plans in line with the Business Continuity and Emergency Planning Policy and Strategy by overseeing the activity of the Business Continuity Management sub-group.
- A resilient and dedicated EPRR on call mechanism in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents.

6.4   **Reporting Structure**
- The Emergency Preparedness and Resilience Group will report to the Health & Safety Group on a quarterly basis.
- An annual report will be submitted to the Board of Directors by the Lead Director for Emergency Planning and Preparedness.
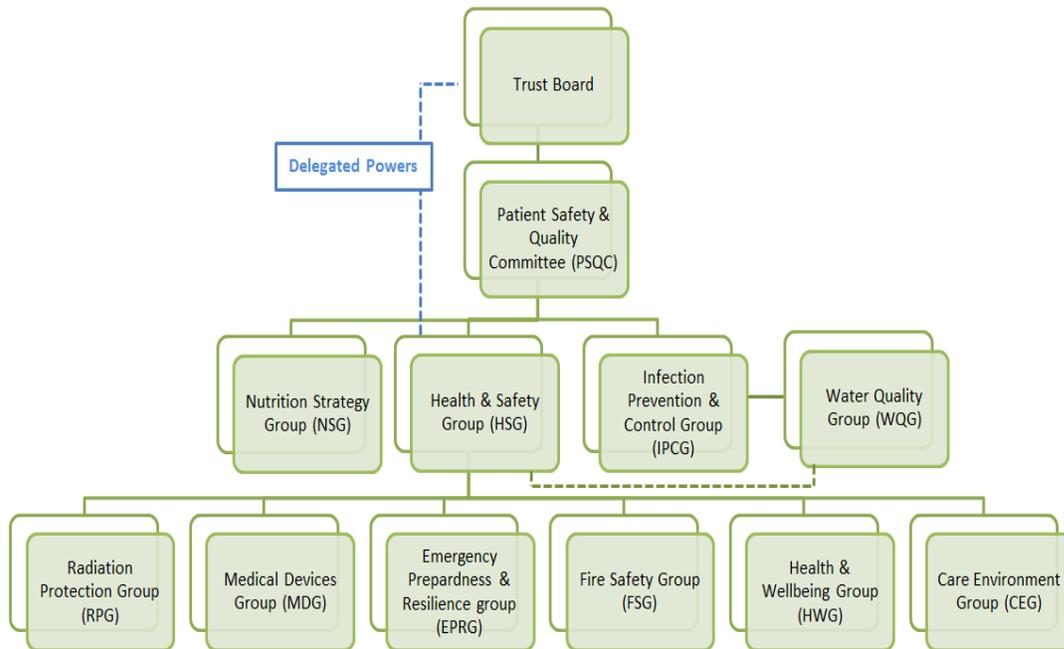
7. Policy Statement

7.1 The Trust will take all reasonable steps to ensure that in the event of a service interruption, essential services will be maintained and normal services will be returned as soon as possible.

7.2 To ensure this happens, it is the policy of the Trust to have in place robust emergency and business continuity and service recovery plans that are regularly reviewed and tested.

7.3 To help managers produce robust emergency and business continuity and service recovery plans, the Trust will utilise standardised planning templates and provide support through the Emergency Preparedness & Resilience Group.

7.4 The table below contains the plans and planning activities covered by this policy. This list is not exclusive as other plans may need to be developed in line with government requirements or as necessary as a Category 1 provider.

Planning documents covered by this policy (Non exclusive)
• Major Incident Plan
• Mass Casualty plan
• CBRN(E)Hazmat plan
• Hospital Evacuation plan
• Lockdown Plan

• Pandemic Influenza Plan
• Fuel Plan
• Adverse Weather Plan
• Isolation Plan
• V.I.P Management Plan
• All Business Continuity plans

8.   Equality and Diversity

8.1   Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair accessible and meets the needs of all individuals.

9.   Definitions

9.1   **Service Interruptions:** Any incident which threatens personnel, building or the operational procedures of the organisation and which requires special measures to be taken to restore normal functions.

9.2   **Service Recovery:** The restoration and support of services and utilities, without which the core organisational functions would not be able to continue.

9.3   **Business Continuity Management (BCM):** The identification and management of risks and threats faced by the organisation due to disruption and interruption; taking steps to control and reduce the risks; assessing the impact on the organisation if the risks should materialise and providing a plan to be followed to ensure that the activities of the organisation continue.

10.   The Business Continuity Planning Process

10.1   The Business Continuity Institute has developed a five stage approach that has been incorporated into a British Standards Institute Publicly Available Specification (PAS 56). The process is accepted as 'industry standard'. The stages are:

- Understanding the business – defining the mission critical (Category 1 activities) and support (Category 2 activities). See Appendix 1 and 2

- Identifying risks and establish how they are to be managed

- Developing a response to risks

- Raising awareness and embedding plans

- Maintaining and auditing plans

10.2   The Trust has incorporated these stages into an impact analysis pro forma (Appendix 1) to help identify mission critical functions and a business continuity

plan template (Appendix 2). Each business unit / service is required to carry out an analysis for service functions using the pro forma as a guide and then complete a business continuity plan for each risk identified.

10.3   Analysis of the service functions, risk identification and business plans must be reviewed and amended at least annually or sooner if there is a major service development.

11.   Roles and Responsibilities

11.1   Legal and Statutory Duties and Responsibilities
The following general (Statutory) duties apply:

11.1.1   The CCA places a duty on Acute Trusts as Category 1 providers, to have business continuity plans in place to ensure that they can continue to exercise their functions in the event so far as is reasonably practicable. The duty relates to all functions, not just the emergency response functions.

11.1.2   The CCA definition of an emergency is as follows:

"An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK."

11.1.3   To constitute an emergency, this event or situation must require the implementation special arrangements by one or more Category 1 responders.

11.1.4   From a health perspective, an emergency constituting a 'Major Incident' is defined as:

"Any occurrence that presents a serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties at to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations."

11.2   Specific Duties and Responsibilities within the Trust
The following specific duties and responsibilities apply within the Trust:

11.2.1   Chief Executive
The Chief Executive has overall responsibility for the strategic and operational management of the Trust, including ensuring that the Trust has in place robust arrangements for business continuity and service recovery.

11.2.2   Trust Board
The Trust Board is responsible for setting the strategic context in which business continuity and service recovery procedures are developed.

11.2.3 Lead Executive Director
The Director of Estates & Facilities will act as the Lead Executive Director responsible for ensuring that objectives set by the Trust Board are met within agreed time limits.

11.2.4 Emergency Preparedness & Resilience Group
The Emergency Preparedness & Resilience Group is responsible for the review emergency preparedness plans and planning activities and professional approval of this policy. The terms of reference of this group can be seen in Appendix 4.

11.2.5 Directors and Heads of Service
All Directors and Heads of Service are responsible for ensuring that:

- Business Units and services complete an analysis of service functions and risk assessments
- Business continuity plans are completed for each risk identified
- Business continuity plans are cascaded to appropriate staff and support/training is provided for implementation
- Plans and service function analysis are reviewed annually and also when there is a major change to systems, locations or procedures

11.2.6 Emergency Planning Officer
The Emergency Planning Officer (EPO) is responsible for supporting the Trust emergency preparedness and business continuity management (BCM) programme management, which includes:

- Support for completion of business continuity plan pro forma's and templates is made available through workshops or on a one to one basis
- Completed service function analysis, business continuity and emergency plans are collated and made available on the Trust intranet

11.2.8 On Call Staff
Mid Essex Hospital NHS Trust has a resilient two tier on call mechanism in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. Staff responsible for being on call are selected through corporate teams and must undergo mandatory training that is aligned to the NHS England Emergency Planning Framework (2015).
These staff will fulfil the role as Tactical Silver lead and Strategic Gold lead in response to incident management.

11.2.8 All Staff
All staff must make themselves familiar with their individual roles as set out in:

- This policy and Strategy document
- Individual department/service business continuity plans

12.   Developing Plans

12.1   Each business unit and service must have ownership of the business continuity plans and emergency plans that relate to the services it provides. As a means of ensuring this, each business unit and services are responsible for completing the analysis of service functions and the identification of risks relating to those functions. This information should then be used to develop the contingency arrangements leading to business continuity plans.

12.2   Once agreed, plans will be cascaded to all staff within the business units as appropriate. Each business unit and service will hold the original copy of the service functions analysis and business continuity plans. Copies will be sent to the EPO who will be responsible for holding the corporate copy of all plans. All plans will be available via the Trust intranet.

12.3   The EPO will be responsible for supporting the completion of business continuity plan pro forma's and templates. This will be achieved through workshops or on a one to one basis to support managers in their completion.

12.4   Each business unit is responsible for ensuring staff are provided with information and training to assist them to implement business continuity plans and relevant Emergency plans. Training will vary according to the department or service and the content of the plans.

12.5   The Business Continuity and Emergency Planning procedure is outlined in Appendix 3.

13.   Planning Documents and Guidelines

13.1   **Business Impact Analysis (Template 1)**

13.1.1   The pro forma (Appendix 1) is intended to provide a tool for each business unit and service to identify its critical functions. These are the functions that underpin the ability of the business units to:

- Provide an appropriate response to an emergency
- Fulfil any statutory functions
- Or impact on the credibility and public perception of the Trust if not provided.
- Key risks to the mission critical functions which would result in the loss of function should be identified and documented on the pro forma. This process is known as the **Business Impact Analysis.**

13.2 **Business Continuity Plan (Template 2)**

13.2.1 For each risk identified on Template 1, a business continuity plan should be completed using the template (Appendix 2).

13.2.2 Plans must include:
- A description of the risk and a risk score
- Detailed action plan to control the risk
- Details of who is responsible for overseeing contingency planning and activating plans
- Details of who is responsible for implementing action plans
- Details of external organisations to be involved if appropriate
- A description of escalation procedures if appropriate
- Details of who, within the organisation should be informed that the plan has been activated (i.e. senior manager, Director On Call and Chief Executive)

13.2.3 Plans must also contain information about how their implementation will be monitored and recorded. A plan can be generic to the service/department and may need to be reviewed whilst in use to reflect the disruption due timescale etc.

13.2.4 Whilst it is difficult to predict the type of incident, it is assumed that these are likely to be associated with scenarios including fire, flood, building collapse, electrical failure, IT failure, telecommunications' failure, staff shortages due to sickness, fuel shortages and terrorism. The list is not exhaustive and those dealing with emergencies and business continuity within their service/department should assume that they might be called upon to provide an adequate level of their service in unusual circumstances and to varying degrees.

13.2.5 Managers should remember to cross reference service/department plans to those services not aligned to their individual business units. This will ensure that disruption to other departments is minimised and communication processes are included in the plan.

13.3 **Timescales**

13.3.1 The timescales used to determine the provision of adequate levels of service are classified as follows:

- **Critical – Immediate response**
  Danger/distress to staff and/or patients
  Prevents provision of an essential service/function

- **Urgent - < 8 hours**
  Will degrade to Critical if not addressed within 8 hours

- **Essential - < 24 hours**

Major disruption to service provision – no danger

- **Important - < 3 days**
  Will affect services without causing distress to patients

- **Necessary - < 7days**
  Minor disruption to services

- **Routine - < 14 days**
  No direct disruption – inconvenience only

- **Non Urgent – within 28 days or as agreed**
  Will involve non urgent repairs

13.3.2 These timescales are based on those suggested by NHS Estates Code, Section 6.93 – Prioritisation of Maintenance Service. The Trust can use these to ensure that priority is given to providing resources to facilitate mission critical services. The consequences of not providing certain services may lead to life being endangered; the Trust not being able to undertake statutory duties; failure to adequately recover from an incident and have the potential to affect its public image.

14. Records Management

14.1 All records created during the implementation of business continuity plans must be kept in accordance with the Trust Records Management Policy.

15. Training

15.1 All Directors and Heads of Service will need to be aware of the contents of this policy document to ensure they are acquainted with the Business Continuity and Service Recovery Planning Process and have access to the appropriate templates.

15.2 The EPO will, on request, provide support information, training and advice to Directors and Heads of Service, including instruction and training in the application of the process and completion of the pro forma and business continuity templates.

15.3 Workshops will be held, facilitated by the EPO, to provide help with the practicalities of creating business continuity plans and to ensure they meet the standard required by the Trust.

15.4 All department/services are responsible for ensuring that staff receives training appropriate to individual business continuity plans.

15.5 Emergency Planning Training will be planned and delivered in line with the NHS Emergency planning Training Needs Analysis. See Appendix 5.

15.5   **Minimum Exercise Requirements**

15.5.1 Emergency plans in association with business continuity plans require testing via an exercising process. This is a requirement of the CCA (2004).

15.5.2 The minimum requirement is:
- Full live exercise every 3 years.
- Full table top exercise annually.
- Communications cascade test every 6 months.

15.5.3 The outcome of all exercises will be concluded with a critical post exercise report compiled by the EPO and forwarded to the executive lead for emergency planning.

15.5.4 Lessons identified from both incidents and exercises will form part of the EPRR work programme. These will be shared internally and across partners in response. The learning from these will inform and improve the planning and response to EPRR arrangements.

15.5.5 All services and departments will test their internal plans and responses to incidents once a year through a table top review of plans with plan critical associated department leads.

16.   Communication and Implementation

16.1   Following consultation and approval by the Trust Board, this policy and strategy document will be distributed to all Directors and Heads of Department/Services with an accompanying letter setting out their responsibilities.

17.   Monitoring and Review

17.1   The Emergency Preparedness & Resilience Group will monitor the development of plans against a timetable approved by the Trust Board.

17.2   The Trust Board will receive an Annual Emergency Preparedness Report in accordance with DH Planning Guidelines 2005.

17.3   Quarterly status reports by the EPO will be provided to the Emergency Preparedness and Resilience Group.

17.4   This policy and Strategy will be reviewed annually as a minimum or sooner as required.

18.   Relevant Legislation and Regulation

- Civil Contingencies Act (2004)
- Healthcare Commission Core Standard 24

- British Standards Institute BS 25999 (Parts 1 & 2)
- Health & Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999

Appendix 1

Business Continuity Management

CORE BUSINESS PLANNING
TEMPLATE 1 – Business Impact Analysis (Recovery Priority)

One form to be completed for each functional area

DIRECTORATE	
DEPARTMENT / LOCATION	
Functional Area	
Function Provided	

Key contacts: Name	**Daytime telephone**	**Out of hours contact**
1.		
2.		

Restoration Priority

The priority for restoration of this service / function is (please tick)

1 CRITICAL: Immediate response	Danger/distress to staff and/or patients. Prevents provision of an essential service/function.	
2 URGENT: Within 8 hours	Will degrade to "Critical" if not addressed within this time band.	
3 ESSENTIAL: Within 24 hours	Major disruption - no danger to staff and/or patients. Does not prevent provision of an essential service/function.	
4 IMPORTANT: Within 3 days	Will affect services without causing distress to patients.	
5 NECESSARY: Within 7 days	Minor disruption to services.	
6 ROUTINE Within 14 days or as agreed	Will not directly disrupt services but will cause inconvenience.	
7 NON-URGENT Within 28 days or as agreed	Will involve non-urgent repairs.	

If the function had to relocate in the short or longer term, would this present any problems or additional requirements?

If "yes", brief description of potential problems or additional requirements

Does the function require any specialist input (e.g. equipment, link to other functions) to operate effectively?
If "yes", brief description of the specialist input required

Minimum staffing levels required (identified by Role/Function, Number)

Role/Function	No.

Current resources available, and minimum service restoration requirement
(i.e. the absolute minimum resource needed to operate short-term continuity)

Resource type	Brief description / designated user(s)	Current resource	Minimum for continuity
Specialist or medical Equipment			
Computer (fixed)			
Computer (laptop)			
Printer (B&W)			
Printer (colour)			
Telecoms (Fixed/mobile phone, pager, fax)			
Photocopier			
Camera, recorder etc.			
Other office equipment			

Consumables required to provide a minimum service:

Item / Description	Approx. number if known

Please give any additional or supporting information on a continuation sheet.

Appendix 2

Business Continuity Planning

Examples of Critical Functions
In order to develop a Business continuity Plan you need to have a thorough understanding of your business. This involves knowing the critical functions of your business, the effect of those functions being disrupted and priority for recovery of those functions. The indicative list of Critical Business Functions below highlights the departments and services and their level of critical business functions. Tier 1 denotes primarily clinical activities while Tier 2 denotes primarily critical non clinical services.

Critical Business Functions (Acute Trust)

Tier 1
- A & E
- ITU, HDU.
- Theatres & HSDU.
- Maternity Services & NICU / SCBU.
- In patient services.
- Imaging & Diagnostics.
- Pharmacy services.
- Out patient services (Cancer OPD's & treatment services).

Tier 2
- Hotel Services (Portering, Catering & Domestic services).
- Estates Services.
- Fire Alarms, Security Systems.
- Gas, Water, Electricity.
- IT Systems, Telephones/Communications.
- NHS Supplies.

Organisational Functions
- Corporate Services including Board functions
- Estates/site provision
- Finance
- Human Resources
- Information Management and Technology

(Please note: these lists are not exhaustive only examples)

Defining Essential and Non –essential Services

In the event that the Trust is unable to staff all services due to a Major Incident, a hierarchy of essential and non-essential services will be agreed and documented by the Trust Board. This list should not be considered an absolute. It forms a guideline and basis for consideration when the circumstances of the situation are known.

Plans – Integral to Service Delivery
Plans may need to be cross referenced against other service/department plans outside of your own Business Unit to reduce the impact on other areas. The communication cascade should include contact details of other services/departments who may be affected by your involvement in an incident.

Using the Pro Forma
The pro forma should be used to record the critical functions of the wards and departments and the risks to the delivery of those critical functions. You need to consider what the critical functions/activities are for your service by using Template 1- Business Impact Analysis.

Complete a Risk Assessment, identifying hazards which may disrupt your critical functions e.g. loss or interruption of a utility – electricity, water, gases.

Risk Matrix
The Risk Matrix is to be use to determine if the risk is low, medium, high or very high

	Consequence				
		1	**2**	**3**	**4**	**5**
	1	Low	Low	Low	Medium	Medium
	2	Low	Medium	Medium	Medium	High
Likelihood	**3**	Low	Medium	Medium	High	Very High
	4	Medium	High	High	Very High	Very High
	5	Medium	High	Very High	Very High	Very High

Once the risk assessment is carried out complete a Business Continuity Plan (Template 2) to support each critical function.

Business Continuity Plan
Template 2

Directorate	e.g. Emergency
Critical Function	*(Describe the Critical Function)* e.g. Provision of inpatient nursing service
Location	e.g. MEHT
Risk	e.g. loss of 25% of nursing staff due to sickness

Risk Score using 5 x 5 Risk Matrix	**Consequence**	e.g. 4	**Overall Score**	
	Likelihood	e.g.2	e.g. 8 medium risk	

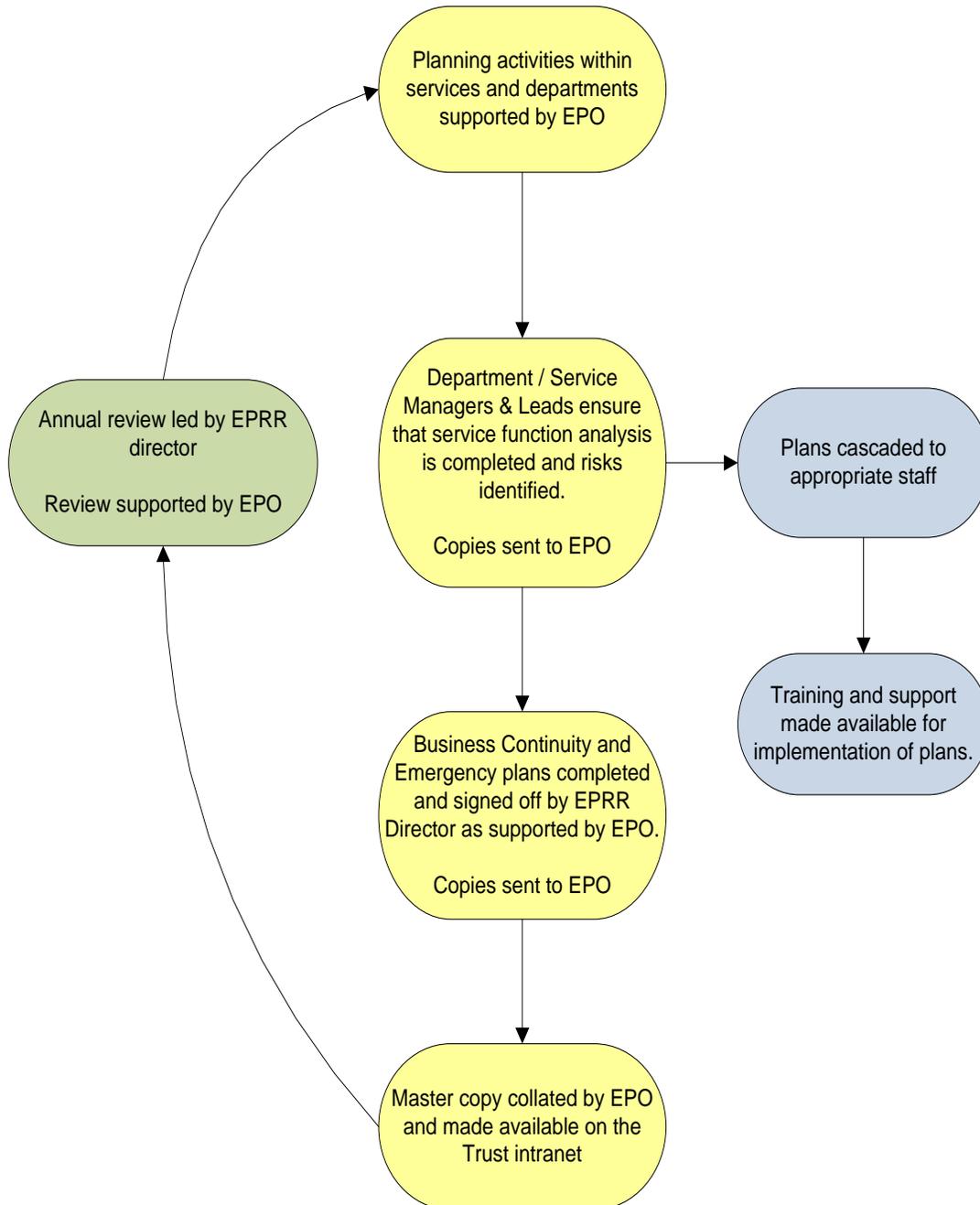| **Immediate Actions**	**Responsibility**
List as appropriate Example below: *What staff cover is available?* *What to do with patients?* *Who needs to be immediately informed?* *Identify time considerations* *What other parts of the Trust need to be contacted?*	*Circle as appropriate* **9 to 5** **Out of Hours** *Ward Manager* *Manager on-call* *Chief Nurse* *Bed Manager* *Service Manager* *On Call Director* *On Call Director* *Site Manager* *Bed Manager*
Interim Actions	**Responsibility**
What interim arrangements need to be put in place to cover workload? *What needs to happen in the next 3/6/8/12/24 hours?*	
Subsequent Actions	**Responsibility**
Long term actions	
External Contacts & Timescales	**Responsibility**
Do other agencies/partner organisations need to be contacted and when	
Comments and Notes	

Copies of plan kept:	Electronic Copy sent to Emergency Planning Officer – **YES/NO** (circle)
Person Completing the Plan (Name & Title)	
Agreed with Associate & Clinical Directors	
Date Completed	
Date for Review	

Copies to be kept by:

- Department/Service Manager
- Emergency Planning Officer

Appendix 3

Business Continuity and Emergency Planning Procedure

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        ┌─────────────────────────────┐
        │   Planning activities within │
        │   services and departments   │
        │       supported by EPO       │
        └─────────────────────────────┘
                      │
                      ▼
┌──────────────────┐   ┌──────────────────────────────┐   ┌─────────────────┐
│ Annual review    │   │   Department / Service        │   │ Plans cascaded  │
│ led by EPRR      │   │   Managers & Leads ensure     │──▶│ to appropriate  │
│ director         │   │   that service function       │   │ staff           │
│                  │   │   analysis is completed and   │   └─────────────────┘
│ Review supported │   │   risks identified.           │            │
│ by EPO           │   │                               │            ▼
└──────────────────┘   │   Copies sent to EPO          │   ┌─────────────────┐
                       └──────────────────────────────┘   │ Training and    │
                                  │                        │ support made    │
                                  ▼                        │ available for   │
                       ┌──────────────────────────────┐   │ implementation  │
                       │ Business Continuity and       │   │ of plans.       │
                       │ Emergency plans completed     │   └─────────────────┘
                       │ and signed off by EPRR        │
                       │ Director as supported by EPO. │
                       │                               │
                       │ Copies sent to EPO            │
                       └──────────────────────────────┘
                                  │
                                  ▼
                       ┌──────────────────────────────┐
                       │ Master copy collated by EPO   │
                       │ and made available on the     │
                       │ Trust intranet                │
                       └──────────────────────────────┘
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Appendix 4

EMERGENCY PREPAREDNESS AND RESILIENCE GROUP (EPR GROUP)

Emergency Preparedness Resilience Group: Terms of Reference 2018/2019

1.   MEMBERSHIP

Core Membership	**Extended Membership**
Accountable Emergency Officer - Chair	**East of England Ambulance Service**
Emergency Planning Team – Vice Chair	**CCG Emergency Planning Lead**
ED Consultant	**NHS England Emergency Planning Team**
Clinical Director of Emergency Chair	**Emergency Planning Leads at BTUH &**
Clinical Operations Lead Nurse or representative	**SUFTH**
Matron (Emergency Care)	**MEHT Senior Health & Safety Manager**
Assistant Director of Nursing (Medicine)	
IT Operations Manager	
Head of Hotel Services or representative	
Deputy Director of Estates or Estates representative	
Burns Representative	

1.1   QUORUM

A quorum shall be a minimum of 4 core members of the group are present. This must include the Chair or Vice chair, representation from Clinical Operations or Assistant Director of Nursing, Consultant and one other core member.

1.2   ATTENDANCE AT MEETINGS

In addition to the membership detailed above, any other individual may be invited to attend at the discretion of the Chair.

2.   FREQUENCY OF MEETINGS AND ATTENDANCE

2.1   Meetings will be held on a quarterly basis.

2.2   Core members should attend a minimum of two meetings per year.

3.   DELEGATED POWERS

3.1   On behalf of the Board, the Group will act and be recognised for all statutory and regulatory purposes as the Group responsible for Emergency Preparedness and Resilience within the Trust and shall scrutinise or investigate any areas covered within its Terms of Reference as agreed by the Board.

3.2   It may seek internal and external information and all employees are directed to co-operate. The Group may seek outside external or otherwise independent professional advice and legal opinion.

4.   DUTIES AND RESPONSIBILITIES

4.1   Clear prioritisation of the management of risk and of risk issues relating to emergency preparedness, resilience and response (EPRR).

4.2   The continual review of identified EPRR risks on the Trust's Risk Register, Local Risk Register and scoping of the National Risk Register and emerging threats.

4.3   In order to meet the above points the explicit terms of reference for the forum will be:

4.4   To ensure that the Trust meets the standards laid down under Care Quality Commission outcomes 4 & 6, NHS Commissioning Board contract, Department of Health NHS Emergency Preparedness Guidance (2005), Civil Contingencies Act (2004) and other key audit tools pertaining to emergency planning and business continuity planning.

4.5   To inform the development, monitoring and implementation of Trust policies for emergency planning, emergency preparedness, business continuity and recovery planning.

4.6   To participate in, organise and oversee exercises in line with Civil Contingencies Act (2004) and NHS Commissioning Board contract requirements (Communications, table top and mock incidents).

4.7   To ensure a multi-agency approach to emergency preparedness, participating as a member of Essex Health Resilience Forum and other local, regional or national emergency planning groups, disseminating information as appropriate.

4.8   To ensure that the Trust has incident response plans in place, and that they are updated and reviewed three yearly, in line with any legislative changes or subsequent to lessons identified from incident.

4.9   To review internal incidents and major incidents, identify and monitor lessons learnt and recommendations, and update Trust plans accordingly.

4.10 To establish and monitor those sub groups required for specialist emergency planning and business continuity management.

4.11 To make recommendations and escalate issues that are not being resolved through the appropriate Trust channels.

4.12 To ensure that a Trust wide and team based approach is taken to 'lessons learned' and that communication is shared across the health economy and from other sources as required.

4.13 To ensure decontamination capabilities are maintained by overseeing the activity of the "Decontamination Planning Group".

4.14 To ensure that the Trust develops and maintains robust business continuity arrangements and plans and emergency plans in line with the Business Continuity and Emergency Planning Policy and Strategy by overseeing the activity of the Business Continuity Management sub-group.

5.   REPORTING AND ACCOUNTABILITY

5.1   The Emergency Preparedness and Resilience Group will receive the following reports as appropriate from the following:
- Essex Local Health Resilience Forum and other local, regional or national emergency planning groups;
- Sub groups required for specialist emergency planning and business continuity management; and
- Post Internal or Major Incidents reports.

5.2   The Emergency Preparedness and Resilience Group will report to the Health & Safety Group on a quarterly basis.

5.3   An annual report will be submitted to the Board of Directors by the Lead Director for Emergency Planning and Preparedness.

6.   REVIEW

6.1   The Trust Secretary should review the Emergency Preparedness & Resilience Group compliance with their terms of reference on an annual basis in accordance with the Risk Management Strategy and Policy.

6.2   The Health & Safety Group will review the performance of all groups reporting to it on an annual basis.

Appendix 5

Emergency Planning Training Matrix	Terrorism & Suspicious Package & Bomb	Integrated Emergency Management Training			Loggist		Media & Public Enquiries	HAZMAT/CBRN Training	HAZMAT/CBRN Training	HAZMAT/CBRN Training	HAZMAT/CBRN Training	HAZMAT/CBRN Training
Level of training	Terrorism Basic Awareness & Bomb Alerts & Video	Gold	Silver	Bronze	Training	Refresher		Level 1	Level 2			Level 3
Training Description		Strategic	Tactical	Operational				Management Awareness	Clinical Site Managers	Operational PRPS Operatives	Operational Porter Security	Train the Trainer
Training Delivery & Duration	EPO 1 hour	EPO 4 hours	EPO 4 hours	EPRR Awareness & Business Continuity through induction. Also	EP & Safety Project Manager 4 hours	EP & Safety Project Manager 1 hour	Comms Manager	EPO 1 day Gold/Silver & IOR Training	EPO 2 hours	EPO 1 day	EPO 2 hours	EPO/HART 1 day
Who records	T&D	EPRR Team	EPRR Team	T&D	EPRR Team	EPRR Team		EPRR Team	EPRR Team	EPRR Team	EPRR Team	EPRR Team
Frequency	2 year	2 years	2 years	Once	Once	1 year	2 years	2 yearly	1 year	1 year	1 year	4 years*
Frontline staff (risk based)	n/a	n/a	n/a	E	n/a	n/a	n/a	n/a	n/a	D	n/a	n/a
TRT	n/a	n/a	n/a	E	n/a	n/a	n/a	n/a	n/a	E	n/a	n/a
All Service Managers & Ward Sisters	D	n/a	n/a	E	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Directors (incl. on call & Exes)	E	E	E	E	n/a	n/a	E	n/a	n/a	n/a	n/a	n/a
Senior Manager on Call (incl. Clinical Site Managers)	E	n/a	E	E	n/a	n/a	D	E	E	n/a	n/a	n/a
Communications Lead	E	D	D	E	n/a	n/a	E	n/a	n/a	n/a	n/a	n/a
Nominated Administrative Staff	n/a	n/a	n/a	E	E	E	n/a	n/a	n/a	n/a	n/a	n/a
All staff	n/a	n/a	n/a	E	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ED staff / porter security/ Decontamintion Group	E	n/a	n/a	E	n/a	n/a	n/a	n/a	n/a	n/a	E	n/a