

TRUST BOARD IN PUBLIC		Date: 7th August 2014	
		Agenda Item: 4.4	
REPORT TITLE:		Trust Resilience Policy	
EXECUTIVE SPONSOR:		Paul Bostock Chief Operating Officer	
REPORT AUTHOR:		Andrea Strudwick Business Continuity Manager	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		Executive Committee - 23 rd July 2014	
Action Required:			
Approval (√)	Discussion (√)	Assurance (√)	
Summary of Key Issues			
<p>The Resilience Policy is a legal requirement of Civil Contingencies Act 2004 for Business Continuity/Major Incident Plans to be signed off at Trust Board.</p> <p>Plan has been re-written to reflect changes in NHS structure and to reflect NHS England Core Standards.</p>			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>SO2: Effective - Deliver effective and sustainable clinical services within the local health economy SO5: Well – led</p>			
Corporate Impact Assessment:			
Legal and regulatory implications	A legal requirement of the Civil Contingencies Act 2004		
Financial implications	N/A		
Patient Experience/Engagement	N/A		
Risk & Performance Management	Included within the report		
NHS Constitution/Equality & Diversity/Communication	Included within the report		
Attachments:			
Trust Resilience Policy			

TRUST BOARD REPORT – 7th August 2014

Trust Resilience Policy

1. Introduction

All Category 1 Responders have had a legal duty to have Major Incident and Business Continuity Plans which have been signed off at Trust Board Level.

The policy has been re-written to reflect changes to the NHS structure during the past Two years and in line with the NHS England core standards.

The local divisional business continuity plans have been revised and are due to be tested, completion to be achieved by end of September 2014. These will then also be presented to the Board for approval and sign off.

2. Recommendation

The Trust Board is asked to approve and sign off the Resilience Policy as an overarching policy. This will achieve partial compliance under the CCA 2004. Full compliance will be achieved when the Divisional Plans have been tested and presented for approval.

Paul Bostock
Chief Operating Officer
August 2014

An Organisation-Wide Policy for Resilience

This document outlines the Emergency Resilience and Business Continuity Policy for Surrey and Sussex Healthcare NHS Trust.

Status (Draft/ Ratified):	Final
Date ratified:	23/7/2014
Version:	1.0
Ratifying Board:	Executive Board
Approved Sponsor Group:	Resilience Steering Group
Type of Procedural Document	Policy
Owner:	Andrea Strudwick
Owner's job title:	Business Continuity Manager
Author:	Andrea Strudwick
Author's job title:	Business Continuity Manager
Equality Analysis completion date:	TBA
Date issue:	26/06/2014
Review date:	26/06/2016
Replaces:	N/A
Unique Document Number:	<i>To be completed by the Corporate Governance Officer</i>

Equality statement

This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the Trust Procedural Documents Coordinator and the Equality and Diversity Lead.

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1. Rationale

Surrey & Sussex NHS Trust have an obligation to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care.

Under the Civil Contingencies Act (2004) the Trust, as a Category One responder, has specific duties and standards which need to be met in relation to Emergency Preparedness, Resilience and Response (EPRR) <http://www.england.nhs.uk/wp-content/uploads/2013/03/epr-core-standards.pdf>.

As an NHS funded organisation the Trust must be able to demonstrate that it can deal with an incident whilst maintaining services to patients.

This Policy ensures that the Trust is compliant with the Civil Contingencies Act (2004) and NHS Commissioning Board Emergency Preparedness Framework (2013), outlining the objectives, processes and governance to facilitate this compliance.

2. Scope

The aim of this Policy is to

- provide assurance that the framework is in place to enable the Trust to respond and recover from incidents or emergencies.

The objectives of this policy are to

- Outline roles and responsibilities for emergency resilience and business continuity within the Trust
- Outline the Business Continuity Management Process
- Provide a framework for developing, maintaining and disseminating and testing all emergency resilience plans
- Provide a framework for how assurance is provided internally to the Trust Board and externally to NHS England and the Clinical Commissioning Groups and other interested parties.

3. Glossary

Business Continuity Management (BCM) identifies critical activities and highlights potential impacts that could threaten an organisation. It provides a framework for building resilience and the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities.

Category 1 Responders. Core responders, as defined by the Civil Contingencies Act (2004), to emergencies and are responsible for carrying out the legislation set down by the Act.

Clinical Commissioning Groups (CCGs). NHS organisations set up by the Health & Social Care Act 2012 to organise the delivery of NHS services in England

Critical Activity. An activity which an organisation needs to ensure its continuity in order to meet its business objectives.

Emergency Preparedness, Resilience and Response (EPRR). A programme of work which prepares and responds to a wide range of emergencies and incidents that could affect health or patient care

Incident. An event that causes disruption to the organisation

Information Asset Owner. Senior/responsible individual involved in running the relevant service

Local Health Resilience Partnership (LHRP). Group representatives at Executive level from local health sector organisations. A forum for joint working in EPRR.

Major Incident Any occurrence that presents serious threat to the health of the community, disruption to the service, causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented.

4. Roles and Responsibilities

Chief Executive

- Is responsible for designating the responsibility of EPRR as a core part of the organisations governance and operational delivery programmes
- Is aware of factors within the organisations which could negatively impact on public protection within their health community as a result of a major incident
- Is aware of their legal duties to respond to a major incident
- Is responsible for nominating an Accountable Emergency Officer

Chief Operating Officer

Chief Operating Officer is the **Accountable Emergency Officer** and as such is

- The board level director responsible for EPRR
- Responsible for providing assurance to the Chief Executive and the Trust Board that the organisation is meeting its obligations in respect to EPRR and relevant statutory obligations under the Civil Contingencies Act (2004)
- Responsible for ensuring the organisations is properly prepared and resourced to respond
- Responsible for ensuring the Trust meets requirements and provides the information required by NHS England, or agents thereof, and it is represented at sub groups, Local Resilience Forums (LRF) and joint working partnerships.

Emergency Planning Officer

- Is responsible for reviewing and facilitating plan updates through the correct Trust procedure.
- Is responsible for ensuring the EPRR corporate responsibilities are met in line with NHS England Core Standards for EPRR (2013)
- Is responsible for training and exercising major incident plans throughout the Trust
- Is the representative for the Trust at local sub groups related to EPRR and the LRF
- Is responsible for coordinating a post incident debrief and using lessons learnt to improve existing plans
- Supports the Accountable Emergency Officer in providing assurance to the Trust Board regarding EPRR.

Resilience Steering Group

- Is responsible for reviewing and ratifying resilience plans, documentation and exercising
- Must address issues regarding EPRR and providing assurance in relation to governance to the Health & Safety Committee.

Associate Directors

- Are responsible for ensuring that their appropriate departments comply and engage in EPRR and support the Accountable Emergency Officer in providing assurance to the Trust Board
- Must ensure that business continuity plans and arrangements are in place which are agreed and remain as live documents.
- Must allow the resources to exercise EPRR arrangements and train staff.

Service Managers/Heads of Departments

- Must ensure that their departments/areas have comprehensive Service Level BCPs in place.
- Are responsible for reviewing and updating plans
- Are responsible for ensuring that all relevant staff are aware of the service plan and have received instruction in the use of the plan.

The Head of Procurement

- Must ensure that procurement contracts are aligned to the principles of ISO 22301 Business Continuity Management and contracted suppliers can evidence a Business Continuity Plan.
- Must ensure there is an identification process of alternative capable suppliers.

5. Business Continuity Management

Business Continuity Management (BCM) identifies critical activities and highlights potential impacts that could threaten an organisation. It provides a framework for building resilience and the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities.

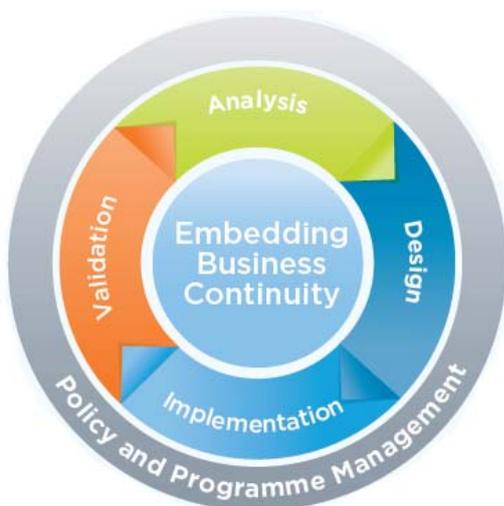


Figure 1. Business Continuity Management -Programme Management (ISO22301)

Effective programme management will ensure capability is established and maintained with the Trust.

Step 1. Policy and Programme Management

Creating Business Continuity Policy and setting out the programme of lifecycle activities, detailing how Business Continuity will be implemented, controlled and validated.

Step 2. Embedding Business Continuity

Continually seeking to integrate Business Continuity into Business As Usual activities and organisational culture.

Step 3. Analysis

Undertaking Business Impact Analysis to review, assess and understand the organisation in relation to its objectives, how it functions and the environment within which it operates.

Step 4. Design

Selecting appropriate strategies and tactics to business continuation and recovery from disruption will be achieved.

Step 5. Implementation

Developing Business Continuity Plans to document relevant analysis and resulting recovery strategies

Step 6. Validation

Confirming through practice that the Business Continuity Plans meet the policy and programme requirements and are 'fit for purpose'.

6. Planning

The Emergency Planning Officer is responsible for developing, maintaining, reviewing and revising emergency resilience plans including

- Surrey & Sussex Healthcare NHS Trust Resilience Policy
- Surrey & Sussex Healthcare NHS Trust Major Incident Plan
- Surrey & Sussex Healthcare NHS Trust Business Continuity Plans
- Surrey & Sussex Healthcare NHS Trust Heat wave Plan
- Surrey & Sussex Healthcare NHS Trust Cold Weather Plan
- Surrey & Sussex Healthcare NHS Trust Escalation and Capacity Plan

These plans will be kept up to date in line with current legislation, guidance and good practice.

Directorates and departments will identify the lead information asset owner, complete a BIA and produce and maintain a business continuity plan. These plans will be kept locally within the directorates and within emergency resilience information records and the Trusts shared drive folders in order to compliment the Trusts Business Continuity Plans.

Plans will be distributed for peer review when first developed or under significant revision.

Plans will be shared with multiagency partners and the Surrey Local Health Resilience Partnership (LHRP) to promote interoperability.

Resilience plans will be available to all staff via the Trusts Intranet. Paper copies of the plans will be held in key locations across the Trust.

7. Training and Exercising

The Emergency Planning Officer is responsible for coordinating and facilitating the Emergency Resilience training and exercise programme for the Trust.

7.1 Training

Mandatory Emergency Resilience training is required yearly for

- Executive Directors
- Senior Managers
- Clinical Site Practitioners
- Matrons/ward sisters including midwifery
- Emergency Department trained staff

These sessions will be tailored to the roles and responsibilities of the group. Records of training will be recorded by the Training and Staff Development Department.

Resilience training is currently undertaken via the three Mandatory and Statutory Training Programmes; 1) Senior Doctors 2) Midwives 3) All other staff on a yearly basis.

The Emergency Planning Officer will also provide non mandatory training to other staff groups through local arrangements, staff development days and staff meetings.

Training sessions will incorporate National Occupation Standards as best practice.

The Emergency Planning Officer will organise training using external facilitators or locate courses for specialist training such as Loggist training. In addition the Emergency Planning Officer will make available external training to Trust staff through multiagency organisations such as the Surrey Resilience Forum.

Maidstone & Tunbridge Wells (MTW) NHS Trust facilitate Chemical, Biological, Radiological and Nuclear explosives (CBRNe) training at East Surrey Hospital. CBRNe training is mandatory for Emergency Department staff but the courses are open to other relevant Trust staff. Registers are maintained by the Emergency Planning Officer and submitted to the Staff Training & Development Department. Yearly training sessions for portering staff are also undertaken in order to assist with deployment of equipment in a CBRNe incident.

7.2 Exercising

The Trust has a legal obligation under the Civil Contingencies Act (2004) to carry out regular exercising of resilience arrangements.

The Trust must carry out a

- Live exercise every 3 years
- Table top exercise every year
- Communications exercise every 6 months.

The Emergency Planning Officer will coordinate these exercises. These exercises may be run in conjunction with partnership organisations such as other acute trusts or community partners. Where possible, exercises will involve multi agency partners to maximise interoperability.

Likewise, the Emergency Planning Officer and other operational staff will endeavour to participate in external exercises facilitated by other Category One responders to support interoperability. The Emergency Planning Officer will make available opportunities for other staff to take part in multiagency exercises not only in incident response but in surge capacity and winter planning.

8. Funding

The Emergency Planning Officer will have control of and hold the Emergency Planning Budget. This will be set each year with the Chief Operating Officer and the Chief Executive.

Each department may have to contribute towards the costs of staff going on training and exercises and any resilience equipment required within its department.

In the event of a major incident all departments must keep a record of additional expenditure and forward this to the Emergency Planning Officer so that where possible reserves can be allocated by the Director of Finance however the costs of responding to a major incident rest with the directorate concerned.

In the event of a large scale incident, costs will be met through Trust reserves.

9. Risk Assessment

The Emergency Planning Officer will develop and maintain emergency plans in line with the Surrey County Council Community Risk Register.

Site or Trust specific risks will be assessed using the Trust risk assessment format and submitted to the Risk Department and where appropriate recorded on the Corporate Risk Register.

10. Assurance and Governance

The Resilience Steering Group will provide assurance to the Health & Safety Committee that resilience programme is being developed and maintained and that EPRR issues are being addressed within the Trust.

The Emergency Planning Officer will submit biannual reports to the Health & Safety Committee and annual report to the Trust Board regarding EPRR.

The Emergency Planning Officer will be responsible for engaging and completing external assurance processes from NHS England and Clinical Commissioning Groups.

11. Training and Implementation

There is no formal training required with this Policy, the understanding and knowledge of the Trusts resilience framework will be disseminated in Emergency Resilience training sessions. This document will be available on the Trust intranet and held in key locations with supporting material on the shared drive Business Continuity and On call Managers folders as well as in the Hospital Control Centre

12. Monitoring Compliance with this document

What will be monitored	How/Method/Frequency	Lead	Reporting to	Deficiencies/gaps Recommendations and actions	Implementation of any required change
Surrey & Sussex Healthcare NHS Trust Emergency Resilience and Business Continuity policy	Annual	Emergency Planning Officer	Chief Operating Officer	Changes in national guidance, legislation, standards, frameworks and good practice guidelines if applicable.	An updated, agreed policy will be made available via the Trust Intranet

13. Associated Documents/Further Reading

- Surrey & Sussex Healthcare NHS Trust Major Incident Plan
- Surrey & Sussex Healthcare NHS Trust Business Continuity Plans
- Surrey & Sussex Healthcare NHS Trust Heat wave Plan
- Surrey & Sussex Healthcare NHS Trust Cold Weather Plan
- Surrey & Sussex Healthcare NHS Trust Escalation and Capacity Plan

14. References

NHS Commissioning Board. (2013). *Emergency Preparedness Framework*.

Cabinet Office. (2004). *Civil Contingencies Act*.

Cabinet Office. (2013). *Emergency Response and Recovery; Non statutory guidance accompanying the Civil Contingencies Act 2004*. Cabinet Office.

Appendix 1 Equality Analysis (EqA)

By completing this document in full you will have gathered evidence to ensure, documentation, service design, delivery and organisational decisions have due regard for the Equality Act 2010. This will also provide evidence to support the Public Sector Equality Duty.

Name of the policy / function / service development being assessed		
Date last reviewed or created & version number		
Briefly describe its aims and objectives:		
Directorate lead		
Target audience (including staff or patients affected)		
Screening completed by (please include everyone's name)	Organisation	Date

Equality Group (Or protected characteristic):	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
Age					
Disability					
Gender reassignment					
Marriage & Civil partnership					
Pregnancy & maternity					
Race					
Religion & Belief					
Sex					
Sexual orientation					
Carers					