**Emergency Planning and Business Continuity**

**Annual Report**

**1 April 2012 – 31 March 2013**

# Introduction

This report describes the emergency planning activities of Oxford Health NHS Foundation Trust during 2012/13 in order to meet the requirements of the Civil Contingencies Act 2004 and NHS Emergency Planning Guidance 2005.

Yvonne Taylor, Chief Operating Officer is the Accountable Emergency Officer and holds executive responsibility for emergency preparedness on behalf of the organisation. Yvonne Taylor is supported by the Associate Director of Operations, Sharon Fennell. Mike Bellamy is the Non-Executive Director of the Board nominated to support the Executive Director lead in this role. Katie Cleaver is the designated Emergency Planning Lead and responsible for supporting the Executive in the discharge of their duties for emergency preparedness. The emergency preparedness work programme for the Trust is progressed through the Emergency Planning Group chaired by the Associate Director of Operations with representation from Divisions, Communications, Human Resources and Facilities. Please refer to Appendix A for the Terms of Reference of this group and a summary of topics discussed during 2012/13.

# Background

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at local level. The Act divides local responders into two categories, imposing a different set of duties on each. Category 1 responders are those organisations at the core of the response to most emergencies, and are subject to the full set of civil protection duties. Category 2 responders have a lesser set of duties and are required to cooperate and share relevant information with other Category 1 and 2 responders.

Oxford Health NHS Foundation Trust is a category 1 responder, and as such the Trust is subject to the following civil protection duties:

* assess the risk of emergencies occurring and use this to inform contingency planning
* put in place emergency plans
* put in place business continuity management arrangements
* put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
* share information with other local responders to enhance coordination
* cooperate with other local responders to enhance coordination and efficiency.

**Risk Assessment** The Civil Contingencies Act 2004 places a legal duty on responders to undertake risk assessments and publish risks in a Community Risk Register. The purpose of the Community Risk Register is to reassure the community that the risk of potential hazards has been assessed, and that preparation arrangements are undertaken and response plans exist. The top risks currently identified on the Thames Valley Community Risk Register[[1]](#footnote-1) are:

* storms and gales
* low temperatures and heavy snow
* drought
* flooding
* international disruption to the oil supply

## Definition of a Major Incident

For the NHS, a major incident is defined as any occurrence that presents 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 as to require special arrangements to be implemented by NHS Trusts. The term major emergency is used in the Civil Contingencies Act 2004.

# Major Incident and Business Continuity Plans

## Major Incident Plan

The Major Incident Plan is reviewed annually and describes how Oxford Health NHS Foundation Trust will cooperate with partner organisations to prepare plans and how the Trust will respond in the event of a major incident. The Major Incident Plan was reviewed in January 2013. There are several subsidiary plans that link to the major incident plan and each year NHS organisations are required to revise these plans. The following plans were written and/or reviewed during 2012/13:

* Cold Weather Plan
* Heat Wave Plan
* Hospital Evacuation Plan
* Pandemic Flu Plan
* Psychosocial Plan
* Lockdown Plan

## Business Continuity Plan

The Trust Business Continuity Plan, which outlines how the Trust will continue to discharge core functions in the event of a disruption to business operations, was reviewed during 2012/13. As a result of the review a programme of work was undertaken by the Facilities Department to ensure that sites that do not have a generator permanently installed can be connected to a temporary generator. Confirmation was also sort that temporary generators could be delivered and connected by suppliers within four hours. The Trust Business Continuity Plan is supported by Service Business Continuity Plans which are also reviewed on an annual basis.

# Audits

During 2012/13 the South Central Strategic Health Authority sought assurance on the Trust’s preparedness in relation to Heat Wave planning. Oxford Health NHS Foundation Trust was able to declare full compliance in all areas except for the ability to maintain temperatures below 26oC in all inpatient areas. As a result the Estates and Facilities Department commenced a programme of work to ensure inpatient areas could achieve temperatures below 26oC in an identified cool room on each ward.

# Partnership Working

The Trust works in collaboration with a range of partner agencies through formal standing meetings and ad hoc arrangements. Formal committees, of which the Trust was a member, include the Thames Valley Health Emergency Planning Group, the NHS Buckinghamshire and Oxfordshire Health Emergency Planning Group and the Oxfordshire Resilience Group. The purpose of these groups is to ensure that effective and coordinated arrangements are in place for NHS emergency preparedness and response, in accordance with national policy and direction from the Strategic Health Authority. Links are also in place with emergency planning colleagues in Swindon, Wiltshire, Bath and North East Somerset.

# Training and Exercises

Major incident training and the exercising of plans is an important part of the emergency preparedness cycle.

## Training

During 2012/13 one Director and three Divisional Directors undertook Strategic Leadership in a Crisis Training in order to prepare for taking strategic command of an incident[[2]](#footnote-2). Ad hoc training was also provided to staff members during the year in order to create awareness of the Trust’s role in a major incident and the importance of having business continuity arrangements in place. Staff members are also provided with information regarding emergency planning and business continuity arrangements at corporate induction and there is a prompt on the local induction checklist to familiarise new staff members with major incident and business continuity plans.

## Exercises

NHS organisations are required to undertake a minimum of a live exercise every three years, a table top exercise every year and a test of communications cascades every six months. Oxford Health NHS Foundation Trust carried out two communications cascades and several table top exercises (with multiagency involvement) during 2012/13 as described in Table 1. Lessons identified from exercises are subsequently incorporated into major incident plans and business continuity plans, and are also shared with partner organisations.

**Table 1. Exercises for 2012/13**

|  |  |  |
| --- | --- | --- |
| **Scenario** | **Date** | **Division** |
| Communications Cascade | October 2012 and January 2013 |  |
| Hospital evacuation and business continuity table top exercise | September, October, November, December 2012 and March 2013 | Oxfordshire Community Services |
|  | January 2013 | Specialised Services Division |

# Live Events

During 2012/13 there were several periods of severe weather (flooding and snow) and this provided an opportunity for services to test their business continuity plans. In addition, Abingdon Community Hospital experienced several days of intermittent power failures and a structured debrief session was facilitated by the Emergency Planning Lead to ensure lessons were captured and acted upon. In particular it was noted that there was a need to review generator capacity at all sites and this was undertaken by the Facilities Department.

# Health Emergency Preparedness, Resilience and Response (EPRR) from April 2013

NHS England has recently released the *NHS Commissioning Board Emergency Preparedness Framework 2013* and associated documents which set out the new arrangements for local health EPRR as part of the changes to the Health and Social Care Act 2012. NHS England is responsible for ensuring there is a comprehensive NHS EPRR system that operates at all levels, for assuring itself that the system is fit for purpose and for leading the mobilisation of the NHS in the event of an emergency or incident. This is achieved at local level through Area Teams. Local Health Resilience Partnerships (LHRPs) have been formed and provide a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at Local Resilience Forum level. Members of the LHRP are executive representatives who are able to authorise plans and commit resources on behalf of their organisations.

# Conclusion

In line with the Civil Contingencies Act 2004 emergency planning and business continuity continues to be a core function of the NHS[[3]](#footnote-3). This annual report provides assurance that Oxford Health NHS Foundation Trust is in compliance with these requirements.

**Katie Cleaver, Emergency Planning Lead**

**11 April 2013**

**Appendix A**

The Terms of Reference for the Trust Emergency Planning Group are shown below.

### EMERGENCY PLANNING GROUP

### Terms of Reference

# Purpose

The purpose of the Oxford Health NHS Foundation Trust Emergency Planning Group is to facilitate emergency preparedness and business continuity within the Trust.

# 2.0 Objectives

The objectives of the Emergency Planning Group are:

* to develop and maintain emergency plans which comply with Department of Health guidance and the requirements of the Civil Contingencies Act 2004
* to facilitate major incident exercises including a communications exercise every six months, a table top exercise on an annual basis, and a live exercise every three years
* to ensure business continuity plans are prepared and exercised by services within the Trust
* to ensure that plans are compatible with plans developed by other NHS organisations and multi-agency partners in Oxfordshire, Buckinghamshire, Swindon, Wiltshire and BaNES.
* to provide a forum to exchange information and promote good practice in emergency planning and business continuity
* to share lessons learned as a result of exercises and incidents within the Trust
* to ensure a training programme is prepared annually that provides staff members with training appropriate to their role in a major incident and training records are maintained

# 3.0 Work Programme

A work programme is prepared by the Emergency Planning Lead to achieve the above objectives, and progressed by the members of the Emergency Planning Group.

# 4.0 Membership

 Members of the Emergency Planning Group are:

* + Sharon Fennell, Associate Director of Operations (Chair)
	+ Katie Cleaver, Emergency Planning Lead
	+ Justinian Habner, Trust Secretary
	+ Mike Foster, Head of Nursing
	+ Karen Campbell, Head of Community Hospitals, Oxfordshire Community Services
	+ Jackie Thomas, Head of Adult Community Mental Health, Mental Health Division
	+ Rahman Gariba, Service Manager, Specialised Services
	+ Naomi Evans, Service Manager, Children and Families Services
	+ Carrie-Ann Wade Williams, Head of Communications
	+ John Upham, Capital Development Manager, Estates and Facilities
	+ Jayne Halford, Deputy Director, Human Resources
	+ Mike Bellamy, Non-Executive Director

If a member cannot attend a meeting then, if possible, a deputy should be sent as appropriate.

# 5.0 Frequency of meetings

 The Emergency Planning Group will meet on a quarterly basis.

# 6.0 Reporting Structure

The Emergency Planning Group reports to the Executive Team via the Chief Operating Officer. Meeting minutes will be provided to the Trust Secretary. As required by NHS Emergency Planning Guidance 2005, an annual report will be prepared and presented to the Board.

# 7.0 Document Approval

# Documents (e.g. policies) requiring review and approval will be submitted to the relevant Quality Improvement Committee and then to the Integrated Governance Committee for Board level approval, as appropriate. In some instances approval may be required from Board.

--------------------

The following topics were discussed during 2012/13:

* Heat Wave Planning
* Hospital Evacuation
* Psychosocial Response
* Human Resources Guidance in the event of an incident
* Pandemic Influenza Planning
* Radiation Monitoring Units
* Lockdown Planning
* Learning from Incidents
* Exercises
* Training
* Prevent[[4]](#footnote-4)
* Olympics
* Cold Weather Planning
* Business Continuity
1. The Thames Valley LRF Community Risk Register can be accessed at: http://www.thamesvalleylrf.org.uk/useful-links/publications/risk-register.ashx [↑](#footnote-ref-1)
2. All other Directors and Divisional Directors have previously undertaken this training. [↑](#footnote-ref-2)
3. The NHS England Business Plan 2013 - 2016 [↑](#footnote-ref-3)
4. The PREVENT strategy is part of the governments counter terrorism strategy and aims to respond to the ideological challenge of terrorism and the threat from those who promote it; to prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and to work with sectors and institutions where there are risks of radicalisation [↑](#footnote-ref-4)