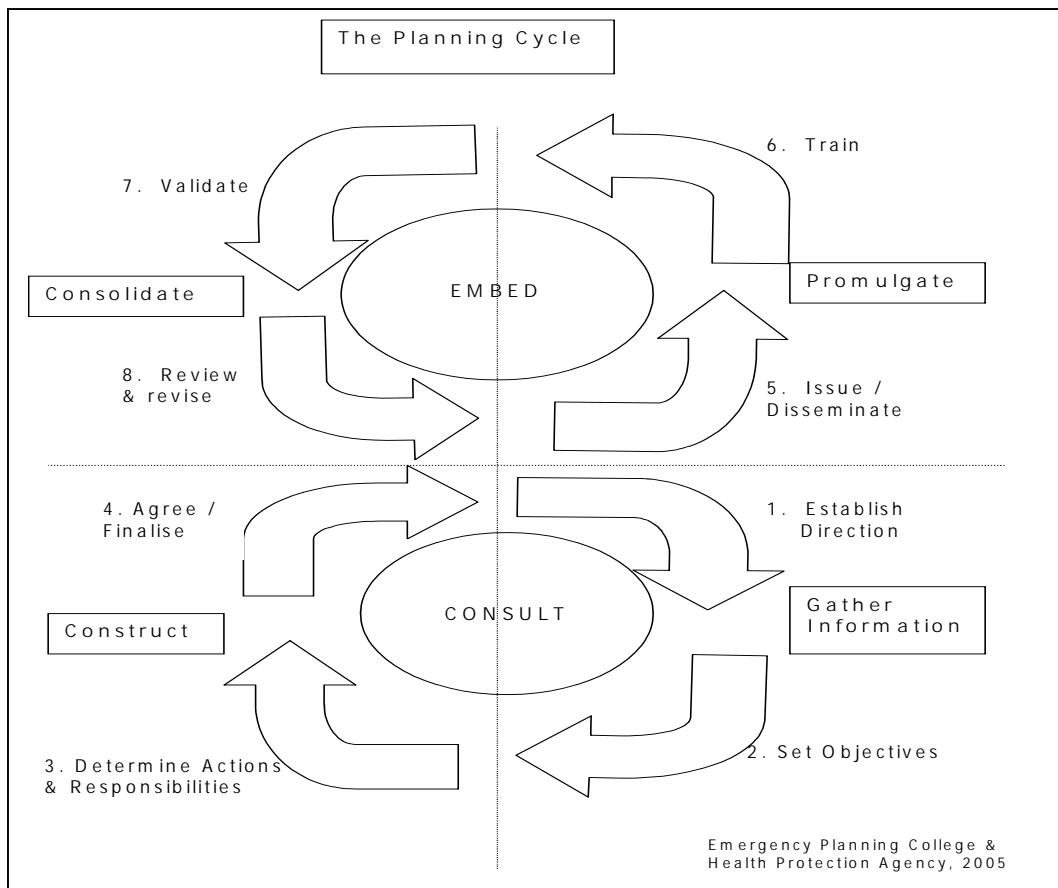


## ***PREPARING FOR AN INCIDENT*** **PRINCIPLES AND STRUCTURES: 2007/8**



**Version: V3.2**  
**Date: 23<sup>rd</sup> August 2007**

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## **FOREWORD**

*“Healthcare organizations protect the public by having a planned, prepared and, where possible, practiced response to incidents and emergency situations which could affect the provision of normal services.”*

*Public Health Core Standard C24*

*National Standards, Local Action:  
Health & Social Care Standards and Planning Framework  
2005/2006 – 2007/8*

We live in a world where we now have to expect the unexpected and be prepared for the unthinkable.

It is the responsibility of the NHS to ensure an appropriate and co-ordinated health response to a major incident regardless of the nature or scale of the incident. Such an incident may have happened, or may be a threat, and may exceed the collective local capability of the NHS.

Each NHS organisation is responsible for planning it's response to incidents, which cannot be dealt with as part of the normal, day-to-day activity, of the NHS and ensuring it's speedy recovery from that incident. Incidents can take a range of forms, and will require different responses depending on the specific nature and scale of the incident. This document seeks to be clear about the principles, structure and core processes with which we shall respond to any major incident. We shall continue to learn and develop our emergency planning and response, and this document will be kept under constant review. However, it provides the basis for our collective response to emergency situations.

As the Chief Executive, I take ultimate responsibility for emergency planning, risk assessment and business continuity for the PCT. However, the effectiveness and speed of our response is dependent upon all of us. It is therefore incumbent on all personnel to familiarize themselves with the emergency plans, their individual responsibilities in the event of an incident, and to actively contribute to the continual updating and improvement of the plan and its processes.

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**Sophia Christie**  
**Chief Executive**

## **1. INTRODUCTION AND CONTEXT**

Primary Care Trusts are responsible for planning, preparing and responding to all types of major incidents such as a naturally occurring incident (otherwise known as Hazards) or hostile and deliberate acts (otherwise known as Threats) that cause infrastructure failure and/or mass casualties. Disruption to service provision or any threats to the health of the community are also examples of other incidents that the PCT needs to respond to.

Primary Care Trusts have overall responsibility for the protection of public health and the provision of some health care services within their geographical area.

Each Primary Care Trust is responsible for planning its response to incidents, which cannot be dealt with as part of the normal, day-to-day activity, of the NHS.

### **1.1. Purpose and Objectives of the Document**

Emergency Planning is split into two main elements - how to prepare for incidents; and how to respond to incidents. The purpose of this document is to describe how the PCT will ensure it is prepared for incidents. It therefore:

- Outlines the requirements for the PCT.
- Outlines responsibilities and accountabilities.
- Describes how the PCT will undertake emergency planning (including the principles on which that planning is based) and the structures it will use to ensure this function is carried out.
- Describes how the PCT develops, reviews and refines its emergency planning processes.
- Describes how it relates to external organizations.

This document will inform the Trust Board of its requirements in relation to Emergency Planning and provide a basis against which to monitor progress and performance. As such it forms both the annual report for emergency planning and forthcoming work programme and consequently will be presented to the Trust Board for approval on a yearly basis. This will also serve as a yearly reminder to the Trust Board of its emergency planning responsibilities.

### **1.2. Structure of Planning Documents**

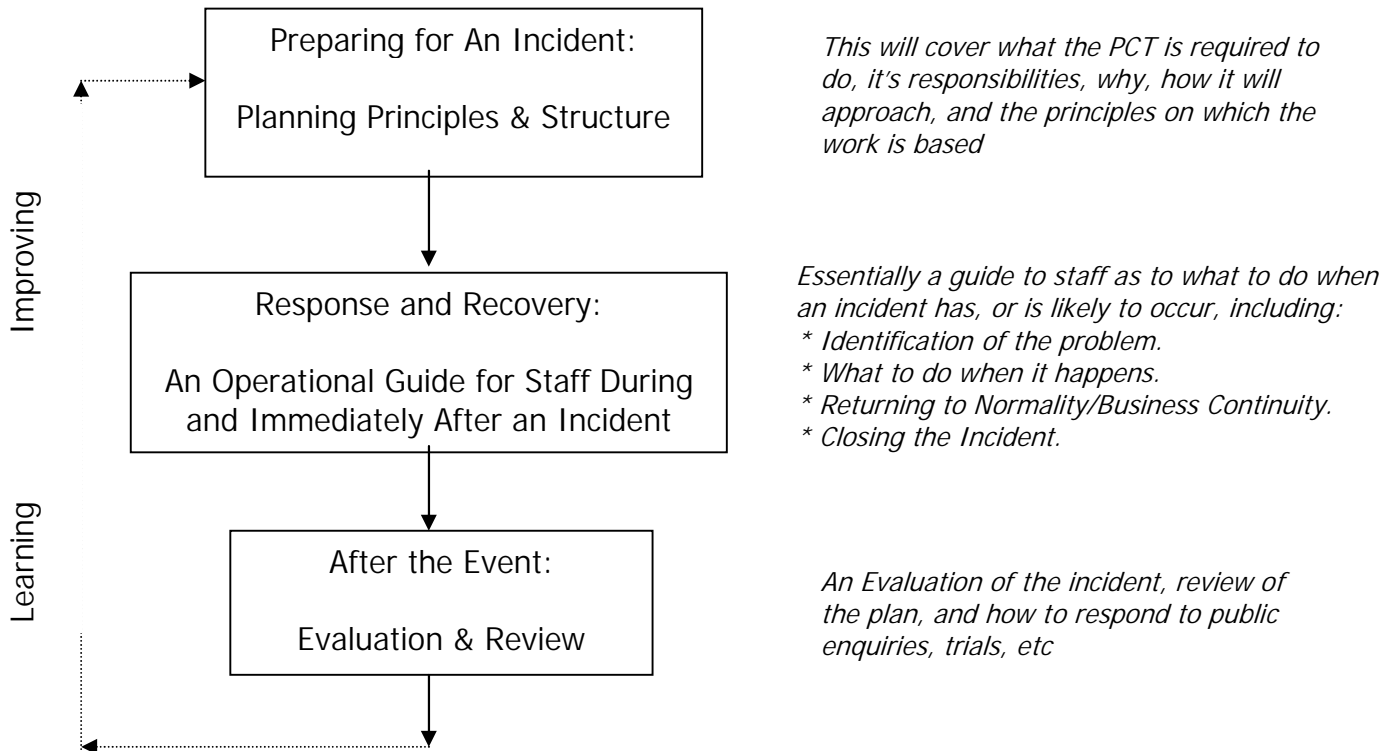
Emergency Planning can be viewed in three work stages:

- ***Preparing for An Incident:***  
Before an incident happens, the PCT is required to have undertaken an assessment of hazards and risks, prepared plans and resources, undertaken training and exercises, and co-ordinated plans with other agencies.
- ***Response and Recovery:***  
During an incident, staff will need access to resources (such as contact numbers and action cards) and take a series of decisions, including how to respond to the actual incident, and how to recover from that incident.

- **Evaluation and Review:**

It is easy to think that emergency planning finishes once the incident has been declared 'over'. However, an evaluation and review of the incident needs to take place, and improvements implemented. In addition, it is important to remember that public inquiries or trials may take place post-incident which require distinct actions to be taken.

Due to the size and range of tasks involved in these different stages, the planning documents have been split accordingly and can be diagrammatically represented as:



## 2. DEFINITION OF MAJOR INCIDENTS

The Civil Contingencies Act 2004 defines emergencies as:

- An event or situation which threatens serious damage to human welfare in a place in the UK;
- An event or situation which threatens serious damage to the environment in a place in the UK; or
- War, or terrorism, which threatens serious damage to security of the UK;

For the NHS, the word “*major incident*” is the term in general use, however, the Civil Contingencies Act (and it’s partners) also use the word “*emergency*”. For both, the reference is to:

***“any event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS, or a Local Authority to respond to it.”***

For the NHS specifically, 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 hospitals, ambulance trusts or primary care organizations.”***

Beyond a Major Incident is defined as:

***“Incidents that threaten severe disruption to health and social care and exceed the collective local capability available in the NHS”.***

Individual NHS organizations can self-declare a major incident when their own facilities and/or resources, or those of its neighbours are overwhelmed. What is a major incident to the NHS may not be a major incident for other local agencies.

### **3. RESPONSIBILITIES & LEGAL REQUIREMENTS**

#### **3.1. Roles & responsibilities of Primary Care Trusts**

The specific roles and responsibilities of the Primary Care Trust under the NHS Emergency Planning Guidance are:

*Planning for An Incident:*

- Fulfill the requirements as a Category 1 responder under the Civil Contingencies Act.
- Co-ordinate a local NHS response to a major incident.
- Develop a command and control structure that allows appropriate linkages to, membership of, communication with and other responses to local resilience arrangements including strategic, tactical and operational commands.
- Be accountable to the SHAs or equivalent.
- Implement national policy and guidance in local context.
- Demonstrate high level of preparedness of primary care and community services and ensure that they can respond at any time.
- Mobilise primary and community care resources to support acute trusts and non-acute trusts.
- Ensure that the PCTs own staff, GPs, primary care and community care staff are appropriately trained and competent to plan for and to respond to a major incident with the induction process for staff including both general and specific guidance on planning and responding to major incidents.
- Ensure that the PCTs own escalation plans for dealing with pressures recognizes the higher-level requirements of a major incident.
- Develop contingency plans for business continuity in the event of a protracted incident.
- Ensure the resilience of its own estate, facilities and systems.
- Establish and maintain working relationships with other emergency services, local major organizations and other key stakeholders.

- Train and exercise in conjunction with local NHS partners and external multi-agency partners to an agreed schedule with the Local Resilience Forum.
- Take into account the needs of vulnerable groups of patients including children. This is particularly important in the event of a sustained major incident.
- Participate in local and SHA or equivalent planning forum.
- Maintain, test and review internal capacity and emergency plans.

*Responding to an Incident* (for specific action during an incident see “Response and Recovery – An Operational Guide for Staff During and Immediately After an Incident”):

- Provide a 24-hour emergency management and clinical response.
- Co-ordinate the primary care, community and mental health response.
- Provide appropriate clinical settings for the treatment of people with minor injuries and conditions such as reception centres, minor injury centres, walk-in centres, community hospitals and general practice.
- Provide care and advice to evacuees, survivors and relatives, including replacement medication.
- Assist acute trusts by providing staff where appropriate and supporting accelerated discharge.
- Co-ordinate community hospital bed capacity in liaison with local acute hospitals and any available local bed management system.
- Liaise with local authorities.
- Assess the effects of an incident on vulnerable care groups, such as children, dialysis patients, elderly, medically dependent, or physically or mentally disabled.
- Establish with local authority facilities for mass distribution of counter-measures; for example, vaccinations and antibiotics.
- Administration of medications, prophylactics, vaccines and counter-measures.
- Provide support, advice and leadership to the local community on health aspects of an incident.
- Support screening, epidemiology and long-term assessment and management of the effects of an incident.
- Provide psychological and mental health support to staff, patients and relatives in conjunction with the appropriate provider.
- Proactively communicate information to PCT staff and ensure relevant guidance and advice is available, including private facilities where appropriate.
- Continue to provide core business services.
- Maintain liaison with and co-ordinate the response with the Strategic Health Authority or equivalent.
- Work with the local authority and community to support the recovery phase.
- Assess the medium term impact on the community and priorities for the restoration of normality.
- Consider the need for long-term monitoring.
- Preserve all plans and documentation used or produced during the course of an emergency response.
- Prepare a post-incident report for consolidation in the NS report to be forwarded to the PCT Board, the SHA or equivalent and other interested organizations.

Each part of the health and social care system has a role to play and each organisation needs to understand not only its own responsibilities, but also those of others that will support and complement its own efforts. Summary responsibilities are outlined in Appendix 2 with more detailed responsibilities outlined in the Response and Recovery Plan to assist staff in understanding.

### **3.2. Legal Requirements:**

In assessing the PCTs state of preparedness, the PCT needs to take account of the following legislation:

#### **3.2.1. Regulations Relating to Acute Trust and PCTs**

Chief Executives of PCTs/Trusts have responsibility for ensuring that plans and arrangements are in place for their own organizations. The PCT Functions (Amendment) Regulations 2002 require PCTs to carry out planning for major incidents under sections 2-5 of the National Health Act 1977:

*“PCTs not only have a duty to protect the health of their populations as part of their wider health improvement and healthcare commissioning activities, but as trusts in their own right along with other NHS Trusts, they have responsibilities to have business continuity plans. They are also uniquely positioned to ensure that there is an integrated primary care and community services response to Major Incidents, as PCTs are both commissioners of healthcare and providers of primary care services.”*

#### **3.2.2. NHS Guidance & Requirements**

As a health body, the PCT will develop plans and procedures in accordance with guidance issued by the Department of Health. Currently, the main guidance is the NHS Emergency Planning Guidance 2005, published 13<sup>th</sup> October 2005.

#### **3.2.3. Civil Contingencies Act 2004**

The Civil Contingencies Act came into force November 2004 and focuses on modern civil protection. It is split into two parts:

- Part 1 – Local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders.
- Part 2 – Focuses on emergency powers, establishing a modern framework for the use of special legislative measures that might be necessary to deal with the effects of the most serious emergencies.

Under the Civil Contingencies Act, PCTs, hospitals, and ambulance services are defined as Category 1<sup>1</sup> responders and are subject to the full set of civil protection duties. They are required to:

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<sup>1</sup> Category 1 responders include police, fire, maritime/coastguard, Local Authorities, most of the NHS. Category 2 responders include utilities, transport, Strategic Health Authorities, Health & Safety Executive.

- 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 and plans.
- 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 co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

#### **3.2.4. Health and Safety 1974**

The Health and Safety Executive (HSE) is the enforcing authority for health and safety law in relation to the NHS. The HSE may be involved in any criminal investigation of the NHS or Trust's role in a major incident but the police would lead the investigation of any possible manslaughter case. The main focus of the HSE is the cause of the incident, but it can, and does consider the role of the emergency services and NHS response.

As well as the general duties under the Health and Safety at Work etc Act 1974, there are a set of regulations that are relevant to major incident planning. The Management of Health and Safety at Work Regulations 1999 require employers to:

- Assess risks to their employees while at work, and any risks to others, which arise from their acts or omissions.
- Identify the measures that need to be taken to control those risks.
- Have adequate written arrangements for planning, organizing, control, monitoring and review of those measures.

The regulations specifically address procedures for dealing with serious and imminent danger and contact with external services, particularly medical care and rescue work.

#### **3.2.5. Duty of Care**

A duty of care is an obligation to conduct an activity in a safe manner. In the context of emergency planning, this could include the duty of the Ambulance Trust to arrive on the scene within a certain period of time, or the duty of an Acute Hospital to have a system in place for prioritizing the treatment of the more seriously injured.

Common law can establish a duty of care through many different situations including written contract, oral representations, or custom and practice. It is essential that there is:

- A relationship of proximity between the parties, ie there has to be established an actual or apparent relationship between the parties. This is sometimes referred to as "the neighbour principle".

- Foreseeability ie the harm caused could reasonably be expected to have happened as a consequence of negligence.

A breach of duty of care depends upon the facts of each case, examples could include:

- Not having an emergency plan.
- Failing to implement an emergency plan properly
- Failing to respond to a major incident in reasonable time.
- Failing to comply with published guidelines and directions.
- Having insufficient resources to deal with a major incident and failing to justify that insufficiency.

### **3.2.6. Human Rights Act 1998**

The Human Rights Act came into effect on 2 October 2000 and effectively incorporates the European Convention on Human Rights into English law. Its primary application is between individuals and public authorities, including the local health economy, the emergency services, Local Authorities and other agencies. Section 6(1) states that *“It is unlawful for a public authority to act in a way which is incompatible with a Convention right”*, and Section 6(6) makes clear that *“an ‘act’ includes a failure to act”*. Section 7 provides for an individual who claims that a public authority has acted or proposes to act in a way which is incompatible with his or her Convention rights to bring proceedings in court. Therefore an individual or a company may bring proceedings against any health agency, claiming that it has acted or failed to act, or is about to do so, in a way which is incompatible with his, her or its Convention rights.

Article 2 of the Act states that *“Everyone’s right to life shall be protected by law”*. The European Court of Human Rights has frequently held that this *places on public authorities, which includes the NHS, a positive obligation to protect life.*

### **3.2.7. Criminal Law**

Any action taken in response to an incident may be subject to an enquiry under Criminal Law. Such enquiries may include individual actions, plans, supporting documents, records made at the time or other relevant evidence.

## **3.3. Adherence to Requirements**

The PCTs emergency plan *“Response and Recovery: An Operational Guide for Staff During and Immediately After an Incident”* meets the Civil Contingencies Act requirement for having a generic business continuity plan and also meets NHS Emergency Planning Guidance.

## **4. PRINCIPLES**

In carrying out its preparations for an incident, the PCT will use the following principles & approach.

### **4.1. Principles of Integrated Emergency Management and Planning**

The PCT will use the established principles of Integrated Emergency Management (as advocated in Emergency Preparedness, Home Office guidance for implementing Civil Contingencies Act) in its approach to preparing and responding to emergency situations. This is described in more detail in Appendix 3.

### **4.2. Hazard and Risk Assessment**

Under the Civil Contingencies Act, a hazard and threat are defined as:

*Hazard* - An accidental or naturally occurring phenomenon with the potential to cause physical (or psychological) harm to members of the community (including loss of life), damage or losses to property or disruption to the environment or structures (economic, social, political) upon which a community's way of life depends.

*Threat* - A malicious act resulting in adverse consequences to human welfare (including property and the supply of essential services and commodities), the environment or security.

The current Community Risk Register was published by the West Midlands Conurbation Local Resilience Forum on 15<sup>th</sup> November 2005 via the West Midlands Fire Service website (see Appendix 4).

A full and formal review of the Community Risk Register (produced by the Local Resilience Forum) is also required every four years (or sooner).

As a Category 1 responder, the PCT is required to contribute to this process, to adopt the Community Risk Register, and to apply the Register to its own organization, ensuring the treatment of the (relevant) risks are addressed in its own emergency plans.

### **4.3. Availability of Information**

As a public body, the PCT has a duty to promote and maintain public confidence in the arrangements put in place for dealing with emergency situations and will therefore make information available in the public domain, in line with the Civil Contingencies Act 2004 and Freedom of Information Act 2000. Also under the Civil Contingencies Act 2004, the PCT has a duty to share information with other Category 1 and 2 responders.

However, the nature of anticipating and responding to an incident may involve sensitive information that will not be made public. The principles that will be applied include:

- Where information is prejudicial to national security/has been supplied by the intelligence services.
- Where information is prejudicial to public safety.
- Commercially sensitive information.
- Personal information

The decision as to what information is/is not in the public domain will be made in line with the Civil Contingencies Act 2004, Freedom of Information Act 2000, and the PCT's Caldicott Guardian will make the ultimate decision using these principles.

In summary, the public availability of the PCT's emergency planning documents is:

<b>Document</b>	<b>Publicly Available?</b>	<b>If not, why not</b>
Preparing for an Incident: Planning Principles & Structure	Yes	
Response & Recovery: An Operational Guide for Staff During and Immediately After an Incident	Main document – Yes  Appendices – No (Resource Packs)	Appendices contain personal and confidential contact numbers (such as home telephone numbers) and information that may cause unnecessary public concern if taken out of context
After the Event: Evaluation & Review	Main document – Yes  Appendices - No	Supporting appendices containing detailed evaluation of an incident will be withheld from public dissemination only IF personal information is contained, or disclosure of the information would present a security risk to the Trust or patients, and/or creates unnecessary public concern if taken out of context.

#### **4.4. Review, Issue & Dissemination**

##### **4.4.1. Review of Plans:**

- All plans and emergency planning documents will be formally reviewed on a yearly basis.
- In addition, they will be reviewed within one month of a Major Incident occurring.
- The responsibility for reviewing these documents will lay with the Director of Performance & OD and Head of Core Business Processes & Strategy, with overall accountability through the responsible committees (below).
- Every document will clearly state the Version and Date. These will be shown on each document page. Although the PCT Emergency Planning Group will sanction changes to the Plan, only the Nominated Emergency

Planning Officer will have the authority to change the documents in order to ensure version control.

#### **4.4.2. Approval of Plans:**

- The Trust Board will approve “*Preparing for an Incident: Emergency Planning Principles and Structure*”. This will be updated at least yearly.
- The Integrated Governance Committee will approve “*After the Event: Evaluation & Review*”, after this has been agreed by the PCT Emergency Planning Group. This document will contain a detailed evaluation of incidents and lessons learnt. It will be updated at least annually, and within one month of an incident occurring. A high level summary will be forwarded for approval by the Trust Board.
- As changes to the operational document need to be circulated as soon as operational decisions have been made, the PCT Emergency Planning Group will approve “*Response and Recovery: An Operational Guide for Staff During and Immediately After an Incident*” and supporting appendices (including Action Cards, Telephone Directory), subject to final approval of the Chief Executive. This approval and dissemination will take place at least yearly, and more frequently as changes are made.
- The Nominated emergency Planning Officer will be responsible for cascading the emergency plans. The consultation & distribution list is attached as Appendix 5.

#### **4.4.3. Responsibility of Staff**

Whilst designated staff have been given particular duties in relation to emergency planning, it is the responsibility of all staff to ensure that they take personal responsibility for:

- Providing immediate notification to the Nominated Emergency Planning Officer of changes in contact details.
- Identifying errors and corrections in the whole emergency planning process/ documents.
- Identifying and fulfilling their individual training needs.

### **4.5. Training & Exercising Requirements**

The minimum requirement for exercising the plan is:

- Live exercise every 3 years
- Table top exercise every year
- Test of communications cascade every 6 months

It is the responsibility of the Nominated Emergency Planning Officer to ensure that a timetable is devised and ensure exercises are organised.

The PCT is required to ensure that key staff understand the plan and are trained and competent to fulfill their roles throughout the full range of Integrated Emergency Management, including assessment of risks and hazards, responding to an incident, business continuity, and consequent action such as public enquiries.

In line with the principles espoused in “Emergency Preparedness”, the steps followed will reflect the Integrated Emergency Management framework:

In addition, training requirements will be considered in light of the “ASK” principle:

- **A**ttitude
- **S**kills
- **K**nowledge

In developing training, the PCT will be mindful of the NHS Knowledge and Skills Framework (identifying where these can be cross-referenced to the KSF, eg G7 Capacity and capability, Level 3 Contribute to developing and sustaining capacity and capability) and will also be identified in individual’s requirements to the Personal Development Plans.

#### **4.6. Performance Management of the Organisation**

Performance monitoring of the PCT on it’s performance of major incident and emergency planning will be undertaken within the context of the NHS Performance Management Framework, which will be monitored by the Health Care Commission. This states:

*“Healthcare organizations protect the public by having a planned, prepared and, where possible, practiced response to incidents and emergency situations which could affect the provision of normal services.”*

*Public Health Core Standard C24  
National Standards, Local Action: Health & Social Care Standards and Planning  
Framework 2005/2006 – 2007/8*

West Midlands Strategic Health Authority will also performance manage the PCT on it’s performance of emergency planning and compliance with all the guidance and statutory legislation.

#### **4.7. Accountable Officers**

The PCT Chief Executive has overall responsibility for ensuring that the PCT has adequate processes and resources for emergency planning; including ensuring that the organization has a Major Incident Plan in place that is built on the principles of risk assessment, co-operation with partners, emergency planning, communicating with the public and information sharing. The plan links to the organisation’s arrangements for ensuring business continuity.

In addition, they will ensure that:

- The Board receives regular reports (at least annually, planned for the end of the first quarter of each year) regarding emergency preparedness, including reports on exercises, training and testing undertaken by the organization;
- and that adequate resources are made available to allow discharge of those responsibilities.

The NHS Emergency Planning Guidance 2005 requires the PCT Chief Executive to designate a senior and experienced manager and/or clinician usually a Director with appropriate support to lead a planning team. For Birmingham East and North PCT, these are:

*Director (Executive Lead):* Director of Performance & OD

*Senior Manager (Nominated Emergency Planning Officer):* Head of Core Business Processes and Strategy

*Support Post:* A&C support available from Executive Assistant to Director of Performance & OD

A Non-Executive Director from Birmingham East and North PCT has been nominated to support the Director of Performance & OD in undertaking this duty.

The PCT Emergency Planning Committee will meet (at least) quarterly to:

- Agree and deliver work programmes and priorities, including the Risk Register, review of plan, training and exercise programmes, operational guides and resource packs and other required documentation.
- Oversee and agree the work of any agreed sub-groups.
- Agree and issue alterations to the plan.

The PCT Emergency Planning Committee comprises:

- Non-Executive Director (Chair)
- Director of Performance and OD
- Director of Health Improvement
- Head of Core Business Processes & Strategy
- Medical Director
- Executive Nurse
- Director of Service Operations
- Head of Communications and Involvement
- Risk Manager

#### **4.8. Accountable Committees**

- ***Trust Board***

The PCT Trust Board and Chief Executive are responsible for ensuring that the full range of Integrated Emergency Management is carried out, resulting in robust plans (including Business Continuity Plans and Risk Assessments) that will enable the PCT to respond to any incident and recovery quickly. The Board will delegate the day-to-day responsibility to the Director of Performance & OD supported by a nominated Non-Executive Director and the PCT Emergency Planning Group. Specifically, the Trust Board will receive this document (“Preparing for An Incident: Emergency Planning Principles & Structures”) for approval annually; a summary of

“After the Event: Evaluation & Review” for approval annually and as incidents occur; and individual update reports as appropriate for information.

- **PCT Emergency Planning Group**

The PCT Emergency Planning Group will be the executive committee within the PCT accountable for improving the emergency planning arrangements within the PCT. This Group will take advice from the Emergency Care Network Board, particularly regarding improvements across the local health economy, but will report to the Integrated Governance & Performance Committee on governance issues, and ultimately to the Trust Board. Specifically, the PCT Emergency Planning Group will be responsible for making and agreeing changes to “Responding to Major Incidents: An Operational Guide for Staff”; ensuring that this document (“Preparing for an Incident: Emergency Planning Principles & Structures”) is updated at least annually; and for preparing and agreeing “After the Event: Evaluation and Review” at least annually, and as incidents occur.

- **Emergency Care Network**

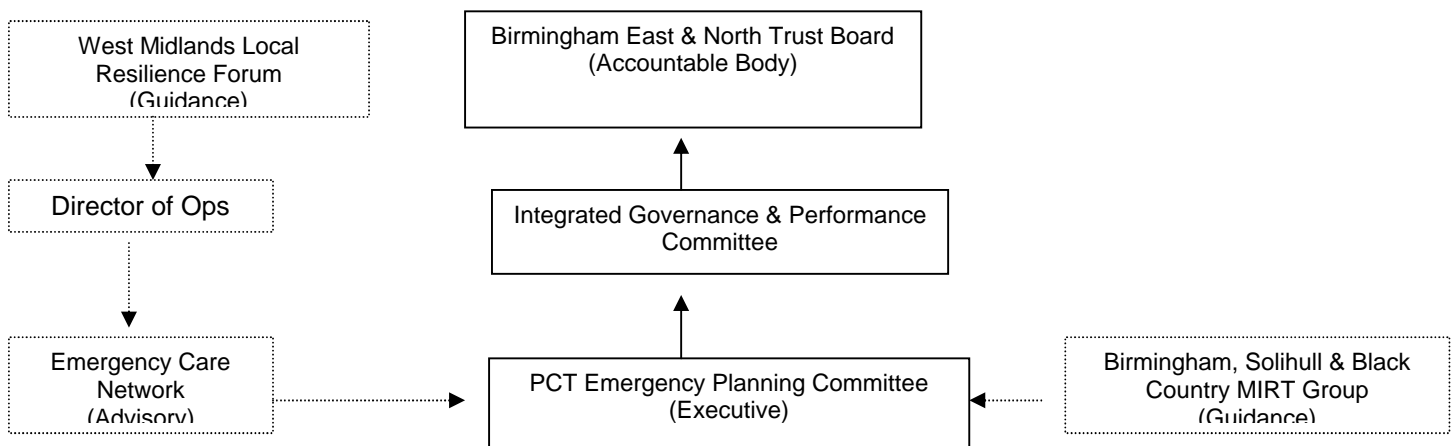
The Emergency Care Network takes an inclusive approach to the management of emergency and urgent care within the local health economy, in order to ensure that all organisations involved in the management of emergency and urgent care services, work together to deliver and develop care of the highest quality that is clinically effective, timely and cost effective. It takes an overview of the arrangements in place with regard to Major/Untoward incidents, pressures and Emergency planning, and ensuring that local plans link with those of the Strategic Health Authority where necessary.

- **Integrated Governance & Performance Committee**

The Integrated Governance & Performance Committee oversees the governance of the PCT’s activities and will receive quarterly reports from the Emergency Planning Group. In addition, the Integrated Governance & Performance Committee will be asked to approve the emergency planning document “After the Event: Evaluation & Review” once agreed by the PCT Emergency Planning Group.

- **External Organisations**

To ensure consistency across the NHS community, and non-NHS organizations, the PCT will also link to Birmingham, Solihull & Black Country Major Incident Planning Group, and the West Midlands Local Resilience Forum:



## **5. REVIEW OF PROGRESS 2006/7:**

### **5.1. Emergency Plans/Arrangements**

In October 2006, the new BEN PCT Board adopted the emergency plan.

In January 2007, reflecting the new organisational arrangements, the PCT implemented a new On-Call system:

- Executive On-Call
- PCT General Manager On-Call (senior support to the On-Call Operational Manager, external contact, and non-operational arm issues).
- Operational Manager On-Call (front-line operational issues)

New On-call packs were developed and issued for the On-Call Operational Managers & PCT General Managers, accompanied by a training workshop held in December 2007.

### **5.2. Training & Exercises:**

#### **5.2.1. Exercises & Actual Events:**

- **February 2006 – Desktop Exercise:** The PCT held a desktop exercise in which the local health economy participated in a flu pandemic scenario. This included Eastern Birmingham PCT, North Birmingham PCT, Heart of England Foundation Trust, Good Hope Hospital, Health Protection Agency.
- **June & July 2006 - Heatwave:** Temperatures twice reached the threshold temperature of 30°C and the PCT's Heatwave Plan was activated (once out-of-hours and once in-hours). PCT nursing teams, GPs, pharmacies, and nursing homes were contacted with advice on action to take (and this therefore tested communication arrangements). In addition, the PCT worked alongside Birmingham PCT colleagues with Birmingham City Council to ensure residential homes and other groups received the appropriate advice.
- **July 2006 - Minworth Sewage Fire:** This involved the PCT Incident Team being placed on stand-by as fumes from a sewage fire passed over part of the PCT area. Working with Severn Trent and the Health Protection Agency, local residents along with GPs and nursing homes in the area were notified and advised of the risks and action to take. The PCT also liaised with colleagues in the neighbouring PCTs of Solihull PCT and North Warwickshire PCT to keep them advised of potential changes.
- **August 2006 - Power Outage:** Following a major fire at a power station, several of the PCT's health centres and GP practices were unable to provide services. The PCT Incident Team was placed on stand-by whilst action was taken to re-direct patients to other facilities.
- **March 2007 – Planned Communications Test:** The new On-Call management system was tested (including Exec On-Call, General

Manager On-Call, On-Call Operational Manager and out-of-hours comms contacts).

### **5.2.2. Achievement of Exercising/Testing Requirements:**

- *Live Exercise:* NHS organizations are required to undertake a live exercise every 3 years, unless an actual event has taken place during this time. During 2006/7, the PCT has had cause to activate its emergency arrangements (Heatwave Plan, power outage, and Minworth Sewage Fire) and therefore may be considered to have met its requirement for a live exercise every 3 years. To ensure that this requirement is fully met, the PCT is planning a planned live exercise for the summer of 2007.
- *Desktop Exercises:* The PCT fully met its requirements for at least yearly desktop exercises in 2006. A further desktop exercise is planned for late 2007 that will achieve the PCT's requirements for 2007.
- *Communications Test:* The requirement for twice-yearly communications testing was introduced in the Department of Health guidance October 2005. During 2006/7, activation of the Heatwave Plan, the power outage, and the Minworth Sewage Fire have provided the PCT with real experiences of testing communications. A further desktop communications exercise held in March 2007 ensured the PCT has fully met its requirements for communications testing during 2006/7.

### **5.2.3. Training:**

*PCT General Managers & On-Call Operational Managers:*

As stated above training was provided for On-Call Managers.

*Flu Pandemic Training:*

The training programme was developed at the request of the Influenza Pandemic Planning Committee to ensure that the PCT will have a competent workforce to support the distribution of antiviral medication and support the delivery of mass vaccination once a pandemic vaccine is available.

The training comprises a mandatory theoretical session (4 hours) and a practical session for staff that identify that they need to regain practical competence in the administration of injections. Attendance on the mandatory training programme for CPR and anaphylaxis is reinforced. A competency sheet is given to all attendees to maintain a log of their training in their professional portfolio.

The session content includes:

- Pandemic versus seasonal influenza
- Principles of immunisation
- Practical issues in immunisation

- Universal precautions in relation to pandemic influenza

All attendees are given an opportunity to use check their hand washing technique with wash and glow and the light box, and are given an opportunity to handle needles and syringes.

The sessions have been delivered by:

- Lynne Lainé Nurse Consultant in Public Health
- Isabelle Thompson Clinical Governance Facilitator
- Sam Lonnen or Kath Hughes Infection Control Specialist Nurses

31 x four hour sessions have been delivered in various venues across the PCT area. 412 members of the nursing workforce booked onto the sessions, with 301 actual attendances (73%).

#### *Other Training:*

Dawn Roberts attended workshops on:

- 14<sup>th</sup> Feb 07 – Communicating COMAH: the unified approach. A training seminar held by West Midlands Fire Service on COMAH (Control of Major Accident Hazards Regulations 1999).
- 23<sup>rd</sup> Feb 07 – Humanitarian Aspects Workshop organised by British Red Cross and attended by multi-agencies, including voluntary agencies, Red Cross, Police, Fire, Birmingham City Council, West Midlands Ambulance Service, PCT, Acute.
- 21<sup>st</sup> March 07 – Hertfordshire Resilience Conference.
- 20<sup>th</sup> April 07 - Birmingham City Council, on behalf of West Midlands LRF, have been holding Risk Assessment training specific to completing and implementing the Community Risk Register.

Kirstie Aris and Dawn Roberts attended a Loggists training course on 29<sup>th</sup> & 30<sup>th</sup> March at Aston Business School, run by the Health Protection Agency. This identified the requirements for capturing details during an emergency incident that can be used in any legal proceedings following an incident. A workshop will be held internally to familiarise identified senior administrative posts and senior managers undertaking the scribe roles and Control Centre Co-ordinator role.

### **5.3. External Assurance**

- Andy Dunn, Health Emergency Planning Adviser to Birmingham Solihull & The Black Country, acted as an observer and external assessor on the PCT's desktop exercise in February 2006.
- District Audit audited the PCT's plans during the Autumn 2006, producing a report providing assurance that the PCT's plans are adequate and appropriate and confirming the PCT's priorities for 2007/8.

- As part of the Fitness for Purpose assessment process (Oct – Dec 2006), the PCT's emergency planning processes were examined and the final report gave assurance that the PCT's plans were adequate and appropriate subject to the completion of a planned live exercise in 2007.

#### **5.4. Multi-Agency/Partnership Working:**

During 2006/7 the PCT continued to participate fully in:

- Birmingham, Solihull and Black Country MIRT Planning Group.
- Birmingham City-Wide Flu Pandemic Group (suspended late Summer 2006).

Tracy Taylor, Director of Performance & OD represents PCTs across NHS West Midlands on the Local Resilience Forum General Working Group.

Dawn Roberts, Head of Core Business Processes & Strategy represents PCTs across the NHS West Midlands area on the Humanitarian Aspects Group. This group started early in 2007 and reports to the Local Resilience Forum.

Both Dawn Roberts and Lynne Laine (Consultant Nurse) contributed fully to the national Flu Pandemic workshops in early 2007.

### **6. WORK PROGRAMME 2007/8:**

The PCT Emergency Planning Group has set up 5 work-streams:

- Communications
- Business Continuity Planning
- Training & Exercise
- Flu Pandemic
- Risk

The priorities for these areas for the forthcoming year are:

#### **6.1. Communications**

- Form two separate communications plans:
  - Internal/external communications
  - Communications infrastructure
- Review the communications lead resource pack & summary sheet.
- Identify additional internal communications support (and a deputy).
- Establish agreed protocol for the Birmingham PCTs on call communications rota
- Agree the role of LTA Communications (or equivalent) in emergency planning and the on call communications rota.
- Produce list of key, trained spokespeople.

- Undertake additional media training for directors and key members of staff.
- Provide details of suitable venues that could be used for press conferences (ensuring issues such as parking, proximity to technical equipment etc are addressed).
- Update WM communications contacts listing.
- Model potential communication implications based on current working arrangements and different scenarios.
- Detail plans for the establishment, management and maintenance of a call centre/helpline.
- Business continuity plan for communications failure.

## **6.2. Business Continuity Planning**

- Prepare a BCP project plan & group.
- Agree a BCP template & framework for progressing BCPs.
- Identify where BCPs currently exist and audit adequacy.
- Provide training on completing BCPs.
- Identify priority BCPs for completion.
- Complete priority BCPs.

## **6.3. Training & Exercise**

### **TRAINING**

- Prepare a training log detailing what training/courses has been attended by which individuals.
- Hold update events for members of the PCT emergency team.
- Identify outstanding staff groups & their requirements.
- Deliver training to outstanding staff groups

### **EXERCISES**

- Complete planning for & hold live exercise.
- Develop & hold desktop exercise.

#### **6.4. Flu Pandemic**

To continue developing a range of plans that will enable the PCT to respond to national guidance as it is issued. A significant element of this work is dependent on completion of the business continuity planning phase.

#### **6.5. Risk**

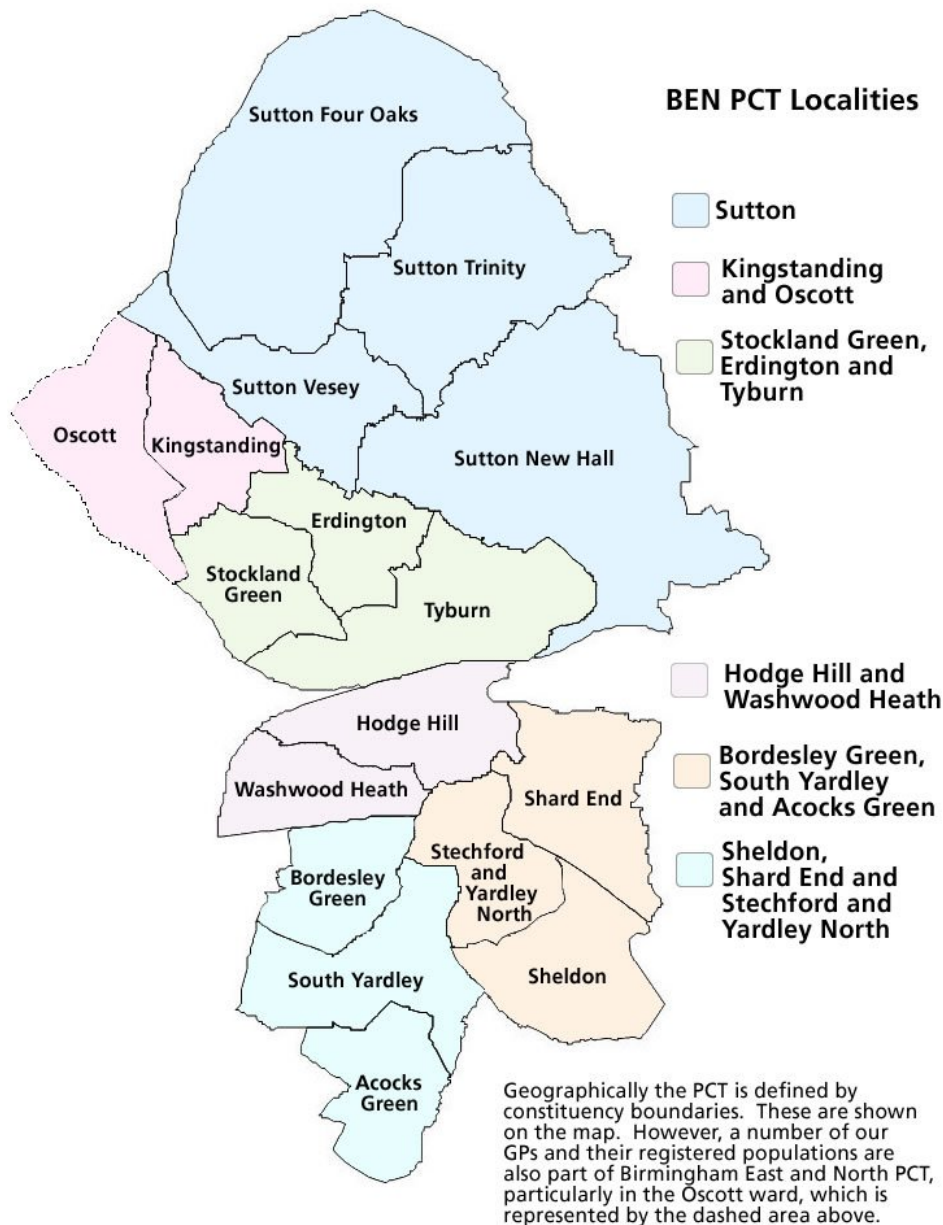
- Review and localise the Community Risk Register.
- Further identify local risks to the PCT and it's services., developing a PCT-specific emergency planning risk register.
- Roll-out the findings of the analysis and incorporate findings into the Business Continuity planning.
- Contribute to the Local Resilience Forum review of the West Midlands LRF Community Risk Register

*Dawn Roberts  
Head of Core Business Processes & Strategy  
23<sup>rd</sup> August 2007*

## Appendix 1

### Geographical Area Covered by Birmingham East and North Primary Care Trust

The area covered by the PCTs emergency planning arrangements are the primary and community services within the Birmingham East and North PCT boundaries:



## **ROLES & RESPONSIBILITIES**

### **1.1. Primary Care Trust**

The specific roles and responsibilities of the Primary Care Trust under the NHS Emergency Planning Guidance are:

#### *Planning for An Incident:*

- Fulfill the requirements as a Category 1 responder under the Civil Contingencies Act.
- Co-ordinate a local NHS response to a major incident.
- Develop a command and control structure that allows appropriate linkages to, membership of, communication with and other responses to local resilience arrangements including strategic, tactical and operational commands.
- Be accountable to the SHAs or equivalent.
- Implement national policy and guidance in local context.
- Demonstrate high level of preparedness of primary care and community services and ensure that they can respond at any time.
- Mobilise primary and community care resources to support acute trusts and non-acute trusts.
- Ensure that the PCTs own staff, GPs, primary care and community care staff are appropriately trained and competent to plan for and to respond to a major incident with the induction process for staff including both general and specific guidance on planning and responding to major incidents.
- Ensure that the PCTs own escalation plans for dealing with pressures recognizes the higher-level requirements of a major incident.
- Develop contingency plans for business continuity in the event of a protracted incident.
- Ensure the resilience of its own estate, facilities and systems.
- Establish and maintain working relationships with other emergency services, local major organizations and other key stakeholders.
- Train and exercise in conjunction with local NHS partners and external multi-agency partners to an agreed schedule with the Local Resilience Forum.
- Take into account the needs of vulnerable groups of patients including children. This is particularly important in the event of a sustained major incident.
- Participate in local and SHA or equivalent planning forum.
- Maintain, test and review internal capacity and emergency plans.

*Responding to an Incident* (for specific action during an incident see “Response and Recovery – An Operational Guide for Staff During and Immediately After an Incident”):

- Provide a 24-hour emergency management and clinical response.
- Co-ordinate the primary care, community and mental health response.
- Provide appropriate clinical settings for the treatment of people with minor injuries and conditions such as reception centres, minor injury centres, walk-in centres, community hospitals and general practice.

- Provide care and advice to evacuees, survivors and relatives, including replacement medication.
- Assist acute trusts by providing staff where appropriate and supporting accelerated discharge.
- Co-ordinate community hospital bed capacity in liaison with local acute hospitals and any available local bed management system.
- Liaise with local authorities.
- Assess the effects of an incident on vulnerable care groups, such as children, dialysis patients, elderly, medically dependent, or physically or mentally disabled.
- Establish with local authority facilities for mass distribution of counter-measures; for example, vaccinations and antibiotics.
- Administration of medications, prophylactics, vaccines and counter-measures.
- Provide support, advice and leadership to the local community on health aspects of an incident.
- Support screening, epidemiology and long-term assessment and management of the effects of an incident.
- Provide psychological and mental health support to staff, patients and relatives in conjunction with the appropriate provider.
- Proactively communicate information to PCT staff and ensure relevant guidance and advice is available, including private facilities where appropriate.
- Continue to provide core business services.
- Maintain liaison with and co-ordinate the response with the Strategic Health Authority or equivalent.
- Work with the local authority and community to support the recovery phase.
- Assess the medium term impact on the community and priorities for the restoration of normality.
- Consider the need for long-term monitoring.
- Preserve all plans and documentation used or produced during the course of an emergency response.
- Prepare a post-incident report for consolidation in the NHS report to be forwarded to the PCT Board, the SHA or equivalent and other interested organizations.

Each part of the health and social care system has a role to play and each organisation needs to understand not only its own responsibilities, but also those of others that will support and complement its own efforts.

## **1.2. Acute Trust – Heart of England Foundation Trust (including Good Hope Hospital and Heartlands Hospital)**

The primary area of responsibility for the Acute Hospitals during a major incident is to receive casualties, identify patients presenting to/at the hospital that require transfer to specialist centres, communicate with relatives and friends of existing patients, ensure that the hospital continues its essential functions.

### **1.3. Community Hospitals/Facilities**

The Community facilities will provide support in the event of severe pressure being placed on local resources, principally by accepting inpatients transferred from receiving and/or supporting hospitals for nursing care.

### **1.4. General Practitioners**

During a Major Incident, GPs may be required to provide support by opening the surgery outside of normal hours, supporting receiving hospitals, providing Local Authority rest Centres with medical support, or providing support at the incident scene. The type of support will depend on the nature and impact of the incident and the decision will be taken by the PCT Major Incident Team.

### **1.5. Nursing Care Homes and Private Hospitals**

Nursing homes and private hospitals in the PCT's catchment area) can be used to help support Community and Acute Hospitals by providing beds for certain groups of patients and the PCT will plan to use these facilities to help in contingency arrangements.

### **1.6. Voluntary Groups**

Voluntary groups can provide significant support to health services during an incident, and the PCT has outlined the following areas for specific support:

- Refreshments at temporary facilities.
- Relative/patient accompaniment.
- Administrative/clerical support.
- Transport of individual relatives/carers.
- Interpretation.
- Religious and spiritual care.
- Co-ordination of international links, particularly for refugees and families of victims involved in overseas disasters.
- Clinical staffing contingencies (retired clinical staff only).
- Welfare services/victim support.
- Community/peer support.
- Post Traumatic Stress Disorder.

### **1.7. Birmingham and Solihull Mental Health Trust**

The Mental Health Trust may be asked to respond to a Major Incident by providing patients, relatives, and staff with counselling services/support.

In addition, as a provider of inpatient beds, their roles and responsibilities also include supporting Acute Trusts in the transfer of casualties, accessing additional resources (such as facilities and transport), and working with other NHS agencies during the recovery phase.

### **1.8. West Midlands Ambulance Trust**

West Midlands Ambulance Services Trust is responsible for deploying the right healthcare resources to care for casualties either at the scene or at a hospital site. Each must be able to mobilise local resources flexibly and to the maximum extent consistent with maintaining essential care. Each trust must also plan to offer effective support to any neighbouring service that is substantially affected and in return should be able to rely on such mutual support if it is needed.

### **1.9. West Midlands Strategic Health Authority**

West Midlands Strategic Health Authority must be able to guarantee strategic control of any incident that affects or seems likely to affect several hospitals or have a significant impact on primary care. Every SHA must ensure that the NHS within its area has unequivocal command and control structures, that escalation triggers and mechanisms are clearly described and understood, that escalation policies are clearly described, that capacity plans are available and that links within the NHS, with neighbouring SHAs, with RDsPH, the HPA and across into other sectors - including social care - are effective and durable. As part of this many SHAs will have 'lead' PCTs to work with.

### **1.10. Birmingham Public Health Observatory**

The Public Health Observatory assists in emergency planning through information collection prior and following incidents.

### **1.11. Health Protection Agency**

Health Protection Agency will provide specialist health emergency advice to the DH, NHS (including Primary Care Trusts) and Regional Public Health Group. They will provide both advice and capacity to deal with communicable diseases and chemical incidents.

### **1.12. Birmingham City Council**

Birmingham City Council is responsible for providing services to mitigate the effects of the emergency on people, the environment, property and infrastructure, including providing signage and barriers, assisting Police with evacuations and providing and managing Rest Centres (for the temporary accommodation of survivors/evacuees), Casualty Reception Centres, and assistance at Relatives and Friends Reception Centres.

They will also activate the voluntary agencies and faith community, and co-ordinate their response, and provide temporary mortuary premises in emergencies involving multiple fatalities.

Depending on the nature of the incident, they may also take the lead in certain major emergencies, eg serious pollution, incidents involving schools, rabies and some other notifiable animal disease outbreaks.

Under the Civil Contingencies Act, the City Council is also responsible for leading and advising on Business Continuity Plans for the wider community (including business community), and promoting recovery and return to normality

### **1.13. Department of Health**

The Department of Health will be responsible for national oversight and monitoring of all incidents that result in activation of a major incident plan. This does not mean it will necessarily always be involved in all of them – most will be handled at local or SHA level. It will whenever necessary – either when more than one SHA is substantially affected or when an incident has a ‘national’ characteristic - establish a national ‘ops room’ to support SHA management of incidents, to promote and encourage mutual aid and to act as focal point for links across Government.

The Department of Health will take control of the deployment of NHS resources in the event of a complex and significant major incident, including those on a UK wide and international scale, through its Emergency Preparedness Division Coordination Centre. All NHS organizations will be expected to respond to instructions delivered under these circumstances.

### **1.14. Resilience Teams**

The creation of Resilience Teams is a Government initiative to improve the UK’s resilience to emergencies and crises. Resilience is defined as the UK’s ability to handle disruptive challenges that can lead to, or result in, crisis.

Regional Resilience Teams were set up in each Government Office to support the civil protection community across the regions in their preparations to handle situations that have a regional or wider impact. They act as the key interface between central Government and local responders on resilience issues.

Their major roles are to:

- Improve communication across and between the regions; between the regions and central government and between the region and its local responders. It is also there to support planning for a response capability on a region-wide basis.
- Provide multi-agency strategic direction to civil protection planning in each region. They also have a particular value to add in focussing on planning for wider consequences of incidents and the means for an effective return to normality.

The Regional Resilience Forum is a planning forum, and does not form part of the operational arrangements during an incident.

#### ***West Midlands Conurbation Local Resilience Forum (planning forum only)***

In a pre-incident phase, the Local Resilience Forum will support planning across agencies, co-ordinating and harmonizing plans (both emergency plans and recovery plans).

Local Resilience Forums are co-terminus with local police boundaries. For Birmingham East and North PCT, the Local Resilience Forum (LRF) is the West Midlands police boundary. Its overall purpose is to ensure that there is an appropriate level of preparedness to enable an effective multi-agency response to emergency incidents, which may have a significant impact on the communities of the West Midlands Conurbation.

The West Midlands Local Resilience Forum has the following responsibilities:

- Improving emergency planning co-ordination at regional level.
- Improving co-ordination between the region and the local response capability, and harmonization of plans.
- Supporting planning for a response capability
- Co-ordinating Central Government resources in a disaster.
- Assisting with recovery.
- Building on existing emergency planning structures.
- Creating emergency planning partnerships, through consultation

The LRF has 5 sub-groups:

1. Risk Assessment and Emergency Planning
2. Business Continuity Management and Provision
3. Communications with the Public
4. Training and Exercising Sub group
5. Information Sharing sub group.

These groups will ensure information sharing and consistency across organizations by agreeing joint strategic and policy directions and set frameworks. The PCT will incorporate recommendations into it's plans.

The Local Resilience Forum is also responsible for developing and approving the Community Risk Register, which component organizations then use as the core for their own Risk Registers.

The WMCLRF is a planning forum only. In an incident of significant magnitude the West Midlands Civil Contingency Committee will form and take a regional overview to co-ordinate decisions and resources (see Response and Recovery: An Operation Guide for Staff During and Immediately After an Incident"). Operational decisions will still be taken by the constituent organizations, but will be co-ordinated by the West Midlands Regional Civil Contingency Committee.

### ***West Midlands Regional Civil Contingencies Committee (WMRCC)***

In the exceptional circumstances where the scale and geographical extent of an incident requires the response and recovery effort to be co-ordinated at a regional level, the West Midlands Regional Civil Contingencies Committee will come into force.

Its role is to:

- Provide a strategic picture of the situation within the region.

- Guide the deployment of resources across the region by identifying regional priorities.
- Target deployment of scarce resources across the region, facilitating mutual aid arrangements within the region and, where necessary, between regions to resolve such issues.
- Provide communication channels between local, regional and national levels.
- Co-ordinate reports to national level on the response and recovery efforts.
- Raise to a national level any issues that cannot be resolved at a local or regional level.
- Ensure that the national input to response and recovery is co-ordinated with the local and regional efforts.
- Provide, if necessary, a regional spokesperson.

Whilst the WMRCCC will observe local decisions, its role is to take a multi-agency overview and can also liaise on the deployment of national resources. It will only be activated if there is a need for it, either by request of central Government or by a member of a local Gold command.

It can meet at 3 levels. At level 3, a “State of Emergency” may be declared, and Emergency Powers may be granted to assist in the management of the situation. *If created the lead person for the region will be called the “Regional Nominated Coordinator”. This role may be undertaken by a senior Government official, or another person with specialist expertise, for example a Director of Public Health, depending upon the type of Emergency.*

**Integrated Emergency Management – Planning Cycle & Principles**

**Principles of Integrated Emergency Management and Planning**

The PCT will use the established principles of Integrated Emergency Management (as advocated in Emergency Preparedness, Home Office guidance for implementing Civil Contingencies Act) in its approach to preparing and responding to emergency situations.

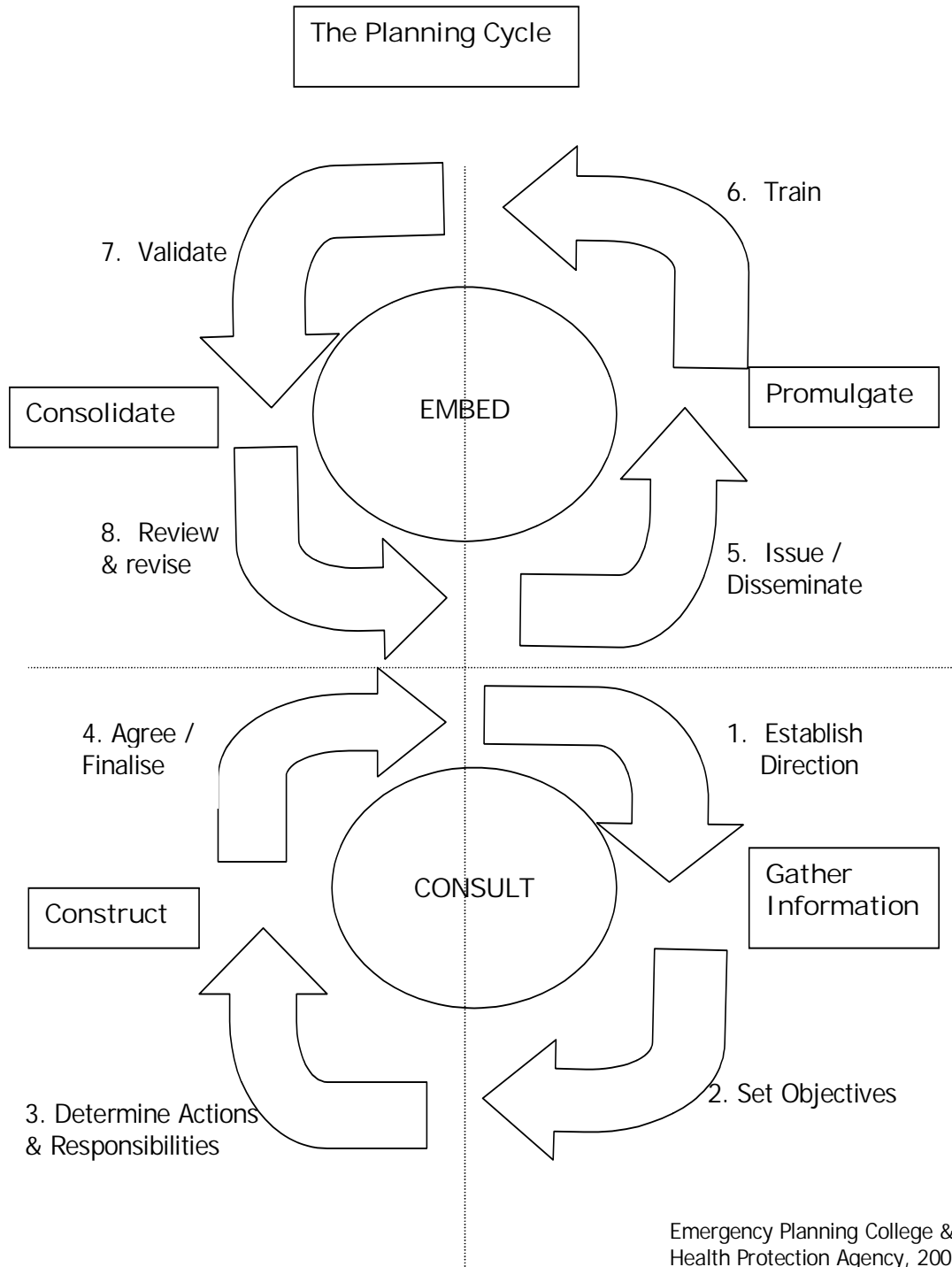
The 6 key steps that need to be addressed are:

- Anticipation
- Assessment
- Prevention
- Preparation
- Response
- Recovery, including:
  - Consequence management – mitigating the impact
  - Restoration (services, infrastructure, individuals, community)
  - Learning and adapting systems

These fit to the three emergency planning stages outlined previously.

<b>Emergency Planning - Stages</b>	<b>Integrated Emergency Management</b>
Preparing for an Incident	Anticipation Assessment Prevention Preparation
Response and Recovery	Response Recovery – Consequence Management Restoration
Evaluation and Review	Recovery – Learning & Adapting

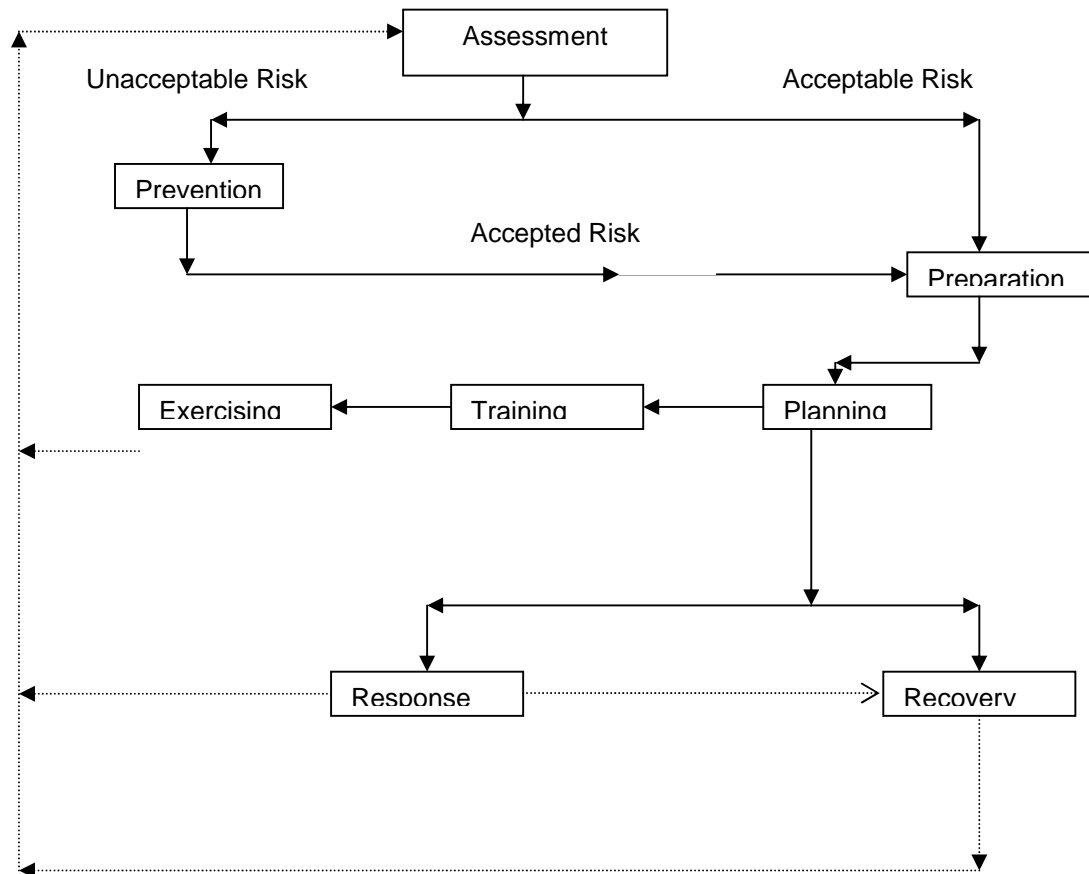
Emergency Planning is a continuous cycle of improvement, rather than a one-off activity, which can diagrammatically be represented as:



The PCT will follow this cycle, with activities timetabled in order to ensure continuous improvement.

## Anticipation, Assessment, And Prevention

In order to be prepared for an incident, the Integrated Emergency Management principles clearly lay out the process that should be followed:



## Hazard and Risk Assessment

Under the Civil Contingencies Act, a hazard and threat are defined as:

**Hazard** - An accidental or naturally occurring phenomenon with the potential to cause physical (or psychological) harm to members of the community (including loss of life), damage or losses to property or disruption to the environment or structures (economic, social, political) upon which a community's way of life depends.

**Threat** - A malicious act resulting in adverse consequences to human welfare (including property and the supply of essential services and commodities), the environment or security.

The current Community Risk Register was published by the West Midlands Conurbation Local Resilience Forum on 15<sup>th</sup> November 2005 via the West Midlands Fire Service website.

A full and formal review of the Community Risk Register (produced by the Local Resilience Forum) is also required every four years (or sooner).

As a Category 1 responder, the PCT is required to contribute to this process, to adopt the Community Risk Register, and to apply the Register to its own organization, ensuring the treatment of the (relevant) risks are addressed in its own emergency plans.

### **Recovery - Business Continuity Management**

Under the Civil Contingencies Act 2004, each responder must:

***“maintain plans for the organization to deliver its functions so far as necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects or taking action in connection with it”***

Civil Contingencies Act 2004, s.2 (1)(d)

The Civil Contingencies Act provides far greater emphasis on mitigating the effects of an emergency than previous guidance, and this element refers to Business Continuity Plans.

The DoH Emergency Planning Guidance 2005 lists the five critical functions that the NHS organizations should consider in developing arrangements for business continuity, including recovery and restoration.

- Human resources, including staff shortages, redeployment of staff, use of retired staff, use of volunteers, Policies
- Buildings, including alternate locations
- Supply chains, including Food, Linen, Drugs
- Utilities, including communications (electronic and phone), Water supply, Electricity supply
- Service capacity, including Flexible use of beds, Discanting, Care of patients at home, Temporary suspension of work/targets.

Business Continuity Planning can be viewed in two ways:

- Ability to deliver core functions during an incident, particularly a prolonged incident.
- Recovery from the incident (eg dealing with backlog of work, achieving targets missed during the incident, repairing/replacing damage).

## **Appendix 4**

### **West Midlands Conurbation – Community Risk Register Scenarios**

The Community Risk Register is a separate document.

## **Consultation & Distribution of Plans**

### **Consultation**

When reviewing plans, the following organizations are to be consulted:

- Birmingham East & North PCT
- Birmingham Primary Care Shared Services
- Heart of England Foundation Trust (including Good Hope Hospital and Heartlands Hospital)
- West Midlands Ambulance Service
- West Midlands Strategic Health Authority
- Birmingham City Council
- Emergency Care Network
- Other stakeholders such as Nursing Homes & Mental Health Trust

### **Distribution**

*Preparing for an Incident: Emergency Planning Principles & Structure:*

- BEN PCT Trust Board
- Emergency Planning Group, BEN PCT
- Integrated Governance & Performance Committee, BEN PCT

*Response and Recovery: An Operational Guide for Staff During and Immediately After an Incident:*

- Copy in each PCT Major Incident Control Room
- On-Call Director
- PCT On-Call Manager
- PCT Operational On-Call Manager
- Sutton Cottage Community Hospital
- Berwood Court
- Assistant Director - Medicines Management, BEN PCT
- Head of Primary Care Commissioning, BEN PCT
- First Response, West Midlands Ambulance Service
- Emergency Planning Officer, West Midlands Police Force
- Emergency Planning Officer, West Midlands Fire Service
- Principal Emergency Planning Officer, Birmingham City Council
- Chief Executive, Good Hope Hospital / Heart of England Foundation Trust
- Medical Director, Good Hope Hospital/ Heart of England Foundation Trust
- Emergency Planning Officer, Good Hope Hospital/ Heart of England Foundation Trust
- Strategic Health Authority – Programme Director – Reforming Emergency Care
- Strategic Health Authority – Health Emergency Planning Adviser
- Chief Executive & Nominated Emergency Planning Officer of neighbouring PCTS including Heart of Birmingham PCT; South Birmingham PCT; South Staffs PCT; Warwickshire PCT; Solihull PCT; Walsall PCT; Sandwell PCT.

*After the Event: Evaluation & Review:*

- PCT Trust Board (summary)
- PCT Integrated Governance & Performance Committee (full document)
- PCT Emergency Planning Group (full document)
- Health Emergency Planning Adviser, Birmingham, Solihull, and the Black Country