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Request for Information Reference: 05.22.47

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Email only

20th June 2022

Freedom of Information Act 2000 – Request for Information

Thank you for submitting a request for information which we received on 26th May 2022 in relation to County Durham and Darlington NHS Foundation Trust (the Trust). Your request has been processed under the provisions of the Freedom of Information Act 2000 and I am now able to provide you with a response.

Your request was in relation to EPRR and I am providing the following information in response to your specific questions:

This information relates to the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework in general and section 10, “Cycle of preparedness”, section 13, “Concepts of command and control” and section 14, “NHS command and control”, in particular.

Please note that the much of the information requested is only the records of the existence of committee membership, a meeting, training and responsibilities, and activities, list(s), procedures, mechanisms, arrangements and exercises and not the contents of the membership, meeting, training, responsibilities, activities, list(s), procedures, mechanisms, arrangements and exercises themselves.

Given the potentially sensitive nature of this information, I ask you to redact any exempt information instead of refusing disclosure. This would be in accordance with guidance on best practice from the Information Commissioner’s Office.

If you do not hold some of this information then I ask you to confirm explicitly that you do not hold it.

Coordination of emergency and disaster management activities

1. Hospital Emergency / Disaster Committee

- a. Any record of the current existence of a multidepartmental and multidisciplinary committee to coordinate EPRR measures. If such a committee exists then any record of which departments and disciplines are represented on it and the date the committee most recently met.**

The committee that oversees EPRR activity & governance is known as the Trust Resilience Forum (TRF).

Representation at this committee is as follows:

- Accountable Emergency Officer (AEO) is chair
- Non-Executive Director with EPRR as part of his portfolio
- Head of EPRR
- EPRR Support Manager
- Integrated Medical Service Care Group (IMS) - Business Manager or nominated deputy
- Surgical Care Group – Business Manager or nominated deputy
- Community Services – Business Manager or nominated deputy
- Clinical Support Services (CSS) – Business Manager or nominated deputy
- Families Care Group – Business Manager or nominated deputy
- Finance – Associate Director of Finance
- Pharmacy – Chief Pharmacist
- Security and Data Protection – Data Protection Officer
- ICT – Head of ICT
- Business Development – Business Development Manager
- Procurement – Head of Procurement
- Security, Health and Safety – Manger
- Estates – Associate Director of Estates
- Regional EPRR Representative
- Other representatives that may be required depending on the agenda items

The TRF meets bi-monthly the last being held on May 10th 2022 and the next scheduled for July 12th 2022. The next 12 months meetings are all scheduled

2. Committee member responsibilities and training

- a. If such a committee above exists then any record that committee members have received training for their role on the committee and any**

record that committee members have been assigned specific responsibilities.

A training programme has been agreed at TRF and is detailed on the EPRR Work Programme for 2022/ 2023. This work programme includes a Training Needs Analysis covering the different requirements of each staff member and includes, as an example:

- Incident management;
- Decontamination;
- Loggist;
- Adverse weather;
- Rest Centre;
- Vulnerable patients
- Lockdown
- Call Cascade; and
- Ramgene.

As noted below, the roles undertaken by TRF members and EPRR staff do not necessarily correlate to the roles established in the Command and Control structure for an incident. Staff with Tactical and or Strategic Command responsibilities are expected to complete the Trust's Major Incident Management Response training.

3. Designated emergency and disaster management coordinator

- a. Any record of the current existence of a hospital emergency / disaster management coordinator. If such a co-ordinator exists then any record of what whole time equivalent of their time is devoted to emergency and disaster management.**

EPRR staff are tactical advisors. EPRR comprise of two whole time equivalents.

We have a Silver Commander and Gold Commander on duty 24/7. In the event of a Major or Critical Incident the Silver Commander will become the Incident Commander and Gold Commander will become Trust Commander.

Silver command are typically Associate Directors and Gold Commanders are typically Executive Directors.

4. Preparedness programme for strengthening emergency and disaster response and recovery

- a. Any record that activities to strengthen EPRR have been implemented in the past 12 months.**

A new Incident Response training programme has been rolled out across the Trust which will be presented to the following groups:

- Gold
- Silver
- Bronze
- Patient Flow
- Clinical teams
- PFI staff

Updated CBRN training
Loggist Training
Exercise
Audit (Internal and External)
Plan Review

5. Hospital incident management system

- a. **Any record of the current existence of list(s) of key personnel roles in a hospital incident management system for the command, control and coordination in an emergency or disaster response. If such list(s) exists then any record of the existence of corresponding key personnel role action procedure documents.**

Various command and control lists exist and examples of groups are listed below. This system is checked every month in hour and out of hours:

Call cascade groups are pre-programmed into the call cascade system

- Full Incident Response
- Full Capacity Protocol
- Single site Critical Incident
- Area Business Continuity
- Lockdown
- Adverse weather

These lists along with contact detail are also stored in hard copy format.

The Trust has documented escalation and response plans which include action cards for those with designated responsibilities. There is an extensive suite of these documents.

6. Emergency Operations Centre (EOC)

- a. **Any record of the current existence of a designated Incident Coordination Centre. If such an Incident Coordination Centre exists then any record of whether it has full immediate operational capacity in an emergency.**

We have two Incident Command Centres (ICCs), one at UHND and the other at DMH, so geographically separated making them more resilient in terms of locality issues.

Both ICCs are covered with two HV supplies, generator backup and UPS to bridge the gap of the primary supply being lost and the generator taking the load.

Both ICCs are used as part of command and control a daily basis and have access to all critical clinical systems along with secondary backup systems in case of network failure.

7. Coordination mechanisms and cooperative arrangements with local emergency / disaster management agencies

- a. Any record of the existence of current formal co-ordination or co-operation mechanisms or arrangements between the Trust and emergency/disaster management agencies (e.g. local authorities, police services, fire and rescue services, civil society organisations) in order to support Trust functions in time of emergency or disaster.**
- b. If such mechanisms or arrangements above exist then any record of the most recent exercise(s) to test them, including date(s) of exercise(s).**

The Trust is represented on the Local Resilience Forum (LRF) and the various sub group such as the Training and Exercise Group who arrange and oversee training and exercise. Due to the Covid-19 pandemic a number of LRF exercise were stood down.

We also link in with counterparts from other partner agencies such as our local authorities or North East Ambulance Services to conduct exercises of plans such as Vulnerable Patients / Rest Centre which was tested in a live situation during Storm Arwen.

8. Coordination mechanisms and cooperative arrangements with the healthcare network

- a. Any record of the existence of current formal co-ordination or co-operation mechanisms or arrangements between the Trust and other healthcare providers in order to support Trust functions in time of emergency or disaster.**

Hospital Trusts often come under significant pressure and as such seek mutual aid from, not just other healthcare providers but local authorities.

During these surge events, there is a known framework in place - Operational Pressure Escalation Level (OPEL) which we along with our partners do seek mutual aid and assistance.

b. If such mechanisms or arrangements above exist then any record of the most recent exercise(s) to test them, including date(s) of exercise(s).

The most recent deployments of the arrangements outlined have been in live situations as outlined above.

In line with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log on the Trust's website. However please be assured that we anonymise all responses prior to adding them to the disclosure log.

I hope that this response has provided you with the information you had requested. If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me by telephone or in writing. If however, you are dissatisfied with the way in which your request has been handled and would like an internal review, you will need to contact me in writing at the above address or via cdda-tr.cddffoi@nhs.

If you remain dissatisfied with our response following an internal review you have the right to appeal to The Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. More information is available on their website; www.ico.gov.uk.

Yours sincerely

Corporate Records and Freedom of Information Facilitator