



**University Hospitals
of North Midlands**
NHS Trust

Ref: FOIA Reference 2022/23-098

Royal Stoke University Hospital
Data, Security and Protection
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG

Date: 20th June 2022

Email foi@uhnm.nhs.uk

Dear

I am writing to acknowledge receipt of your email dated 26th May 2022 requesting information under the Freedom of Information Act (2000) regarding EPRR.

The University Hospitals of North Midlands Trust is committed to the Freedom of Information Act 2000.

However, the NHS is facing unprecedented challenges relating to the coronavirus (COVID-19) pandemic at the current time. Understandably, our resources have been diverted to support our front-line colleagues who are working tremendously hard to provide care for our patients, and to those in need of our services.

We strive to be transparent and to work with an open culture. But at this time, whilst care of our patients and the safety of our staff takes precedent, it is likely that responses to some requests for information will be delayed. We apologise for this position in advance, and will endeavour to provide you with as much information as we can, as soon as we are able.

The Information Commissioners Office has recognised the current situation in the NHS.

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1 I am conducting a study of the emergency preparedness of NHS Acute Trusts in England. I am using the emergency and disaster management module of the Hospital Safety Index checklist of the World Health Organisation. The study is part of an MSc in Crisis & Disaster Management at the University of Portsmouth.

Under the provisions of the Freedom of Information Act 2000, I am writing to request the following information. 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

Hospital Emergency / Disaster Committee

- 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.

A1 See below:

Coordination of emergency and disaster management activities = yes we have a program that follows the NHS EPRR Framework that we are bench marked against annually via the EPRR Annual Assurance review.

We also have a annual EPRR Work plan that is broken down into 12 monthly sections and is pegged back to the EPRR Frame work

Hospital Emergency / Disaster Committee:

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.

Yes we have an EPRR Forum and report to Executives via a monthly report

Q2 **Committee member responsibilities and training**

- 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.
- Designated emergency and disaster management coordinator
- 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.

- **Preparedness programme for strengthening emergency and disaster response and recovery**
- **Any record that activities to strengthen EPRR have been implemented in the past 12 months.**

A2 We have a non – executive director who fulfils this role at board level. They receive training and awareness on these matters. This is the non-executive director and the Accountable Emergency Officer, This is the Trusts designated COO, Paul Bytheway. There is also an Emergency Planning Team that is three staff strong and cover EPRR with an annual EPRR Work program. This is led by Richard Lamine, Head of Resilience and EPRR for the trust.

Any record that activities to strengthen EPRR have been implemented in the past 12 months, which is fully documented

Q3 Hospital incident management system.

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.

A3 See below:

- Silver (Tactical)
- Gold (Strategic)

Q4 Emergency Operations Centre (EOC)

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.

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

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.

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).

Coordination mechanisms and cooperative arrangements with the healthcare network

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.

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).

A4 We have an established Incident Command Centre located at both sites

Coordination mechanisms and cooperative arrangements with local emergency / disaster management agencies = Through the Local Resilience Forum and Health Emergency Planning Organisation

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. = None, other than through the CCA requirements

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). = Coordination mechanisms and cooperative arrangements with the healthcare network

System calls and set up via CCA 2004 arrangements

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 = No

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).

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

UHNM NHS Trust is a public sector body and governed by EU law. FOI requestors should note that any new Trust requirements over the EU threshold will be subject to these regulations and will be advertised for open competition accordingly.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

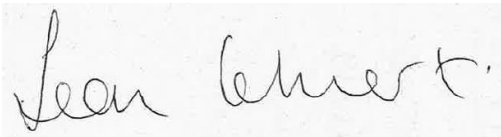
Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 671612.

Yours,



Jean Lehnert
Data, Security & Protection Manager