

Freedom of Information Request

Ref: 22-266

22 June 2022

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trust's response is as follows:

- We can confirm that we do hold the information you are requesting

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

The Trust has 2 groups involved in Emergency preparedness activities "Incident response planning group" and the "Business continuity planning group" both reporting to the Trust's Accountable Emergency Officer and to the Senior Operational Response Team (SORT).

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.

Membership below (noting that these are under review to reflect changes in reporting structure):

Incident response planning group last met 7th April 2022

Membership

- Resilience Manager (Chair)
- Lead Consultant, Emergency Departments BRI and Weston (ED)
- Lead Consultant, Children's Emergency Department (CED)
- Critical Care rep
- Human Resources rep
- CBRN Nurse leads ED/CED
- Medicine div rep
- Surgery div rep
- Diagnostics & Therapies div rep
- Women & Children's div rep
- Specialised Services div rep
- Clinical Site Management Team rep
- Communications rep
- Security Manager
- Facilities & Estates reps
- Digital services rep
- Fire safety advisor

Business continuity planning group 10th May 2022

Membership

Team / Department / Division	BC Lead	BC Deputy
Medicine	Deputy Divisional Director - Elective Medicine	Speciality Manager
Surgery	Assistant General Manager for Endoscopy and GI	
Weston	Divisional Director	Deputy Divisional Director
Specialised Services	General Manager Bristol Cancer Institute and Bristol Haematology Unit	
Women and Children's Services	Assistant General Manager	
Diagnostics & Therapy	Governance Manager	Head Biomedical Scientist
Facilities	Performance and Projects Manager	Associate Director Facilities
Estates	General Manager Estates	Senior Mechanical Estates Officer Senior Electrical Estates Officer
Digital Services	Chief Technology Officer	Digital Services General Manager
Telecoms	Digital Communications manager	

MEMO	Trainee Clinical Scientist	Medical devices Governance, MDSO
Security	Head of Security	Deputy Head of Security
Resilience	Resilience Manager	EPRR Officer
Finance	Deputy Director of Finance	

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.

There are no records to support this.

Designated emergency and disaster management coordinator

This is co-ordinated by the resilience manager 1.0WTE and is supported by the EPRR Officer 1.0WTE.

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.

There are no records held in relation to actual time devoted to “emergency and disaster management”, however the EPRR officer devotes approx. 0.9 WTE and the resilience manager devotes approx. 0.8 WTE of time to emergency and disaster management which includes planning for and responding to incidents.

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.

The last EPRR report to the Trust’s Senior Leadership Team for Quarter 3 of 2021 on 1st November recorded the following activities

Summary of progress against work-plan/key exceptions

- Core standard 20 – Duty to maintain plans. Shelter and evacuation plan requires revision and testing. Evacuation plan in place following fire plans, gap currently in Shelter aspect.
- Core Standard 58 – Chemical, Biological, Radiation and Nuclear (CBRN) /Hazardous Materials incident. Gap in areas identified for decontamination at both sites requiring a review and formal risk assessment with documented safe systems of work.

Key milestones

- Annual NHSE/I EPRR assurance audit completed by BNSSG CCG on 15th October - substantially compliant against core standards.

- Delivery of a Multiagency exercise to test “Operation Consort” (the plan for Royal principle attending hospital in emergency), across border Avon and Somerset / Gloucestershire Police and the Metropolitan royal and specialist protection team.
- Business continuity audit completed by ASW Assurance commissioned by Trust audit and assurance committee .

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.

The diagram below demonstrates Command and control structure from the current UHBW incident response plan

7.3 Command, Control and Coordination Structure Diagram

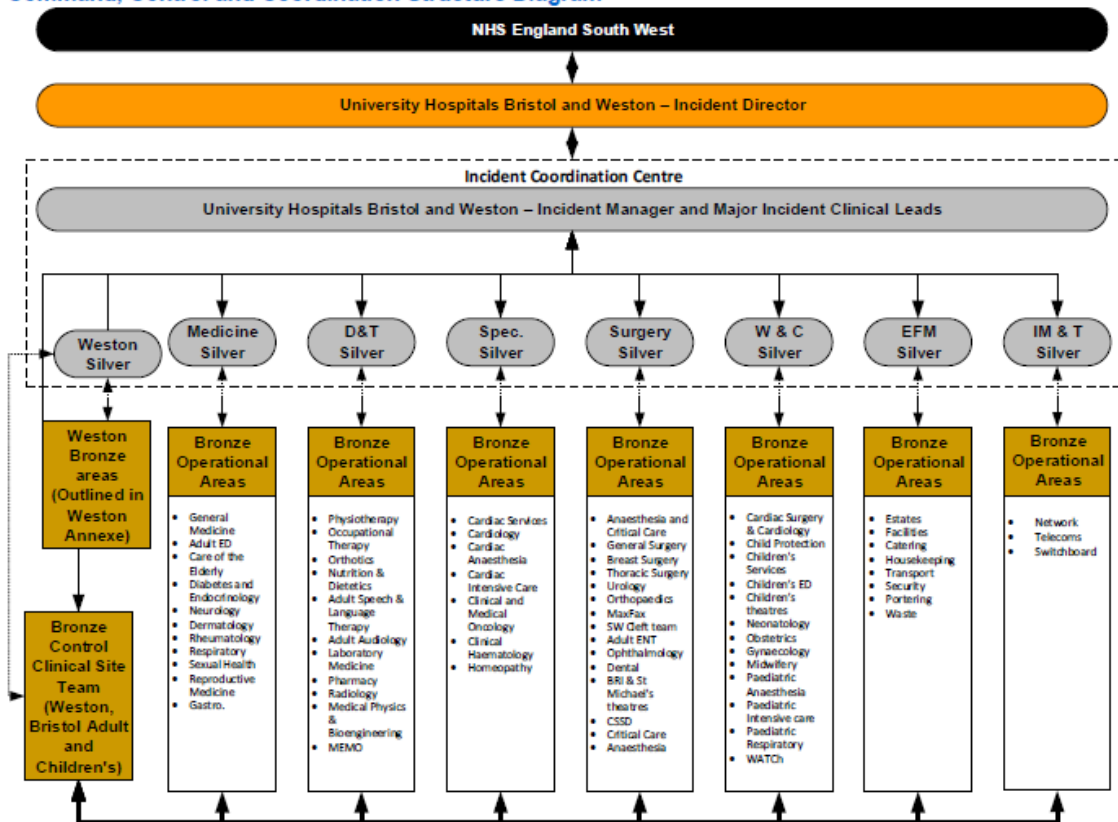


Figure 3 - Command, Control and Coordination Structure Diagram

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.

The Trust has a Designated Incident co-ordination centre (ICC) (please see the attached document).

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.

The Trust is aligned with the national arrangements for incident response as outlined in the national incident response plan which is publicly available on the link below:

[NHS England » NHS England Incident Response Plan \(National\)](#)

BNSSG (Bristol, North Somerset and South Gloucestershire) Clinical Commissioning Group represent NHSE/I in the multiagency arena in response to an incident. Specific local plans and documents that relate to this are marked "OFFICIAL SENSITIVE" and under Section 31* of the Freedom of Information Act 2000 these cannot be shared.

*Under Section 31(1)(a) of the Freedom of Information Act, we are required to judge as to whether the disclosure of the information would, or would be likely to, prejudice the prevention or detection of crime. Under guidance issued by the Information Commissioner states that this exemption applies if disclosure of the withheld information would, or would be likely to prejudice the prevention of criminal acts in relation to the Trust's computer systems and information, such as hacking, theft of data, misuse of confidential data or the disruption of the Trust's operations.

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).

University Hospitals Bristol and Weston NHS Foundation Trust attended a BNSSG (Bristol, North Somerset and South Gloucestershire) system wide exercise to test mass casualty arrangements on the 12th May 2022 - all documents related to this exercise are marked as "OFFICIAL SENSITIVE" and under Section 31* of the Freedom of Information Act 2000 these cannot be shared.

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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.

The local health resilience partnership which consists of health and social care partners in the local integrated care system (ICS) meet regularly to align plans as a system wide approach for co-operation and co-ordination, of which UHBW is a member .The attached redacted Agenda for the meeting on the 8th June demonstrates the types of collaborative work being undertaken at a local level. All documents in relation to these arrangements are marked as “OFFICIAL SENSITIVE” and under Section 31* of the Freedom of Information Act 2000 these cannot be shared.

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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).

These arrangements were most recently tested in a live event in response to a suspicious package at North Bristol NHS Trust on 10th March 2022. All documents in relation to this event are marked as “OFFICIAL SENSITIVE” and under Section 31* of the Freedom of Information Act 2000 these cannot be shared.

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This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Data Protection Officer
University Hospitals Bristol and Weston NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Publication

Please note that this letter and the information included/attached will be published on our website as part of the Trust's Freedom of Information Publication Log. This is because information disclosed in accordance with the Freedom of Information Act is disclosed to the public, not just to the individual making the request. We will remove any personal information (such as your name, email and so on) from any information we make public to protect your personal information.

To view the Freedom of Information Act in full please click [here](#).

Yours sincerely

Freedom of Information Team
University Hospitals Bristol and Weston NHS Foundation Trust