

Emergency Planning, Resilience and Response Policy

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Circulation List

Prior to Approval, this Policy was circulated to the following for consultation:

- Corporate Affairs and Governance Manager
- Audit Committee
- Governing Body

Following Approval this Policy Document will be circulated to:

- All CCG staff

Equality Impact Assessment

This document has been impact assessed by the CCG. No issues have been identified in relation to Equality, Diversity and Inclusion.

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1.0 Introduction

- 1.1 The CCG has a role to play in any business continuity, critical, or major incident such as for example; severe weather, Infection control, Fire, chemical incident.
- 1.2 The CCG is a Category 2 responder, responsible for ensuring commissioned providers have emergency resilience plans in place (including business continuity and incident plans) and ensuring business continuity of CCG functions. The CCG also has a role in supporting the wider health economy in the event of managing incidents.
- 1.3 This Emergency Planning, Resilience and Response Policy (EPRR) outlines how the CCG will meet the duties set out in legislation and associated statutory guidelines, as well as any other issues identified by way of risk assessments and identified capabilities.

2.0 Statement

- 2.1 The purpose of this document is to ensure the CCG acts in accordance with the Civil Contingency Act 2004, the NHS Act 2006, the Health and Social Care Act 2012, Home Office guidance, and Department of Health national policy and guidance by undertaking the duties listed below:
 - to establish clearly defined Board level responsibilities and lines of accountability throughout the organisation;
 - to ensure that incident plans and business continuity plans have been established and are well communicated;
 - to ensure that the plans address the consequences of all situations that might feasibly occur by undertaking risk assessment as appropriate;
 - to ensure that plans involve robust arrangements for the operational recovery from all such incidents;
 - to ensure that all key stakeholders are consulted and collaborated with concerning their role in the plan and that they understand those responsibilities;
 - to ensure that the plans are tested and are regularly reviewed;
 - to ensure that funding and resources are available to respond effectively to major incidents;
 - to ensure that CCG has access to up to date guidance relating to emergency planning
 - to ensure that staff receive emergency preparedness training that is commensurate with their role and responsibilities;
 - to ensure that indicators demonstrating emergency preparedness and/or early warning of risk are used within contracts and service specifications;
 - to ensure that the whole system is monitored and audited regularly

- to ensure that the CCG has an annual EPRR workplan including an exercises plan that forms part of emergency preparedness

2.2 This policy should be read in conjunction with the following CCG policies:

Risk Management Strategy
Business Continuity Management Policy

3.0 National Guidance, Statutory Requirements and CCG Duties

- 3.1 The responsibilities for emergency planning are set out in the Civil Contingencies Act (CCA) 2004, Section 46 of the Health and Social Care Act 2012 and the NHS Commissioning Board Emergency Preparedness Framework 2013.
- 3.2 The CCA 2004 aims to establish a consistent level of civil protection across the United Kingdom. The act provides a framework for organisations and agencies planning for local and/or national emergencies and explains how these organisations and agencies should work together, providing a framework to formalise joint working.
- 3.3 Under the Civil Contingencies Act 2004, a number of multi-agency organisations were designated as Category 1 or 2 responders.
- 3.4 The Health and Social Care Act 2012 designates Clinical Commissioning Groups as Category Two responders. Category 2 are 'co-operating bodies'.
- 3.5 The NHS England Emergency Preparedness, Resilience and Response Framework 2015 sets out the EPRR role of CCGs as follows:
- Ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity
 - Monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards
 - Ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the CCG 24/7
 - Ensure effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers
 - Be represented at the LHRP, either on their own behalf or through a nominated lead CCG representative
 - Provide a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness
 - Support NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents (Alert Level 2-4)

- Fulfil the duties of a Category 2 responder under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended)

3.6 Further legal advice on CCG responsibilities under the CCA should, if needed, be referred to the CCG's legal advisers.

4.0 CCG Framework for fulfilling duties related to EPRR

Planning and Prevention

4.1 The CCG is responsible for ensuring that provider contracts contain sufficient depth and detail in regard to EPRR. In addition, CCGs are expected to ensure delivery of these outcomes through contribution to an annual EPRR assurance process facilitated by the NHS England Local Area Team. The NHS Standard Contract includes the appropriate EPRR provision and this contractual framework will be used wherever appropriate by the CCG when commissioning services. Contract monitoring and review will encompass the review of EPRR and there may be occasions where the LHRP uses the CCG as a route of escalation where providers are not meeting expected standards.

4.2 CCGs will enable and facilitate local training and exercising programmes, engaging themselves where appropriate and in collaboration with the NHS England Local Area Team and LHRP.

4.3 The CCG will take part in the Local Health Resilience Partnership (LHRP) and in particular will:

- co-operate and share relevant information with category one responders
- engage in LHRP discussions where they will add value;
- maintain robust business continuity plans; and
- will support the NHS England in discharging its EPRR functions and duties locally, ensuring representation on the LHRP and engaging in health economy planning groups.

Escalation

4.4 The CCG has a number of specific plans in place which have been developed across the health economy in order to respond to emergencies and escalate actions appropriately. These include:

- Incident Response Plan (which includes the CCGs 24/7 on-call management arrangements in response to emergency incidents); and
- Business Continuity Management Policy and supporting team and fuel contingency plan.

4.5 These will be supported by a number of specific plans including those that manage incidents such as extreme weather, pandemic flu, infectious disease outbreak, fuel contingency and evacuation for example.

Response

- 4.6 As Category Two responders under the Civil Contingencies Act (2004), the CCG must respond to reasonable requests to assist and co-operate with the NHS England Area Team should any emergency require wider NHS resources to be mobilised. The CCG must have a mechanism in place to support NHS Area Teams to effectively mobilise and coordinate all applicable providers that support primary care services should the need arise.
- 4.7 The CCG will maintain service delivery across the local health economy to prevent business as usual pressures and minor incidents within individual providers from becoming significant or major incidents. This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy which may include support with surge in emergency pressures.

5.0 Responsibilities

- 5.1 The specific responsibilities associated with delivery of EPRR are outlined below:

Accountable Officer

- 5.2 The Accountable Officer is responsible for critical incident, major incident and business continuity planning. The day to day implementation of this procedure will be the responsibility of the Accountable Emergency Officer.

The Accountable Emergency Officer

- 5.3 The role of Accountable Emergency Officer is required under the Health and Social Care Act 2012.
- 5.4 The Accountable Emergency Officer is responsible for the strategic implementation of major incident and service/business continuity planning in accordance with the aims as detailed within section 2 of this procedure.
- 5.5 The Accountable Emergency Officer will represent the CCG on the Lancashire Local Health Resilience Partnership or alternatively appoint an appropriate representative.
- 5.6 The Accountable Emergency Officer is responsible for all aspects of operational implementation of the aims contained within section 2 of this policy.
- 5.7 Specific responsibilities include:
- seeking assurance, through contractual arrangements, that the plans of commissioned services from Acute Trusts, Community Providers and Ambulance Services, are robust and in line with their relevant responder category;
 - through the Lancashire LHRP ensure that CCG plans are linked to those of NHS England's Area Team – Lancashire and are, where appropriate, linked to those plans within Local Authorities;

- attending the Lancashire Local Health Resilience Partnership;
- developing and continuously monitoring the emergency plans;
- ensuring that staff are appropriately trained and have the necessary skills to respond to an incident notification;
- providing regular updates and annual reports to the CCG Accountable Emergency Officer on work undertaken;
- lead the resilience elements of the CCG's risk register;
- overseeing the audit and fit for purpose requirements for both emergency planning and business continuity.

6.0 Hazard Analysis and Risk Assessment

- 6.1 A hazard analysis and risk assessment will be undertaken and will include detailed assessments of all potential incidences that may occur in line with the national risk register of civil emergencies 2017.
- 6.2 The assessments will be monitored as per the CCG's Risk Management Strategy which is located on the website.
- 6.3 Risk assessments will be regularly reviewed, at least annually, or when such an incident dictates the need to do so earlier.
- 6.4 Any external risk may be required to be entered onto the CCG's risk register and escalated as per the CCGs Risk Management Strategy, and where it is considered that there may be a significant risk to the population this will be notified to the Local Health Resilience Partnership

7.0 Resource Allocation

- 7.1 Under the requirements of the CCA the CCG is required to support the Area Team by responding to reasonable requests to assist and cooperate should any emergency require wider NHS resource to be mobilised.
- 7.2 The CCG will make all reasonable attempts to release resource subject to capacity, however the CCG will work with local health providers and NHS Midlands and Lancashire CSU to identify staff support for the Area Teams response.
- 7.3 The CCG will also work with providers to ensure that arrangements are in place to support mutual aid.
- 7.4 From a financial perspective the CCG has contingency arrangements to cover increased activity within local providers due to a major incident. This financial resource would not be provided indefinitely and, should this exceed budgeted allocations, discussions would need to take place to contain costs within defined budgets. This is a part of the standard process agreed for managing increased activity.

7.5 In regard to internal CCG resource issues , there is a reciprocal agreement with the Midlands and Lancashire Commissioning Support Unit (MLCSU)that, in the event of an incident affecting either work place, then hot-desking has been agreed at each other's base.

7.6 From a staffing perspective, should there be an issue in terms of staffing then we could call on the CSU to provide additional support along with undertaking a review of priority work areas and redistributing available staff.

8.0 Development of Plans

8.1 Emergency plans will be developed to enable the CCG to respond to the identified risks contained within the risk register. Specific plans include:

- Incident Response Plan
- Business Continuity Management Policy; including fuel contingency plan
- Team Business Continuity Plans
- Pandemic Flu Plan
- Disease Outbreak Plan
- Severe Weather Plans

8.2 Multi agency plans will be developed through the Local Health Resilience Partnership. The CCG will work in partnership with the Local Health Resilience Partnership to ensure its actions and responsibilities are detailed within multi agency plans and clearly understood.

8.3 Plans requested in accordance with contracts, service specifications and threat specific agreements (including provider business/service continuity plans) will be monitored internally with any issues raised to the Local Health Resilience Partnership as required.

8.4 Assurance in respect of emergency planning will be regularly provided to the CCG's Governing Body.

8.5 The CCG will ensure its plans are reflective of the NHS Emergency Planning Core Standards.

9.0 Training

9.1 Systems will be established to ensure that staff are made aware of the Emergency and Business Continuity Plans and are trained as appropriate to the roles that they are anticipated to undertake. This will include:

- induction training for all staff
- on-call training;
- action card training for specific roles as detailed within incident response plans; and

- specialised training as necessary (for example crisis leadership and Loggist skills).

9.2 Training needs will be identified through the risk assessment process and coordinated by the Corporate Affairs and Governance team.

9.3 Training will reflect the requirements of the NHS England Emergency Preparedness, Resilience, and Response Framework as follows:

Communications exercise – every 6 months

These exercises are to test the ability of the organisation to contact key staff and other NHS and partner organisations 24/7.

Table top exercise – every 12 months

The table top exercise brings together relevant staff, and partners as required, to discuss the response, or specific element of a response, to an incident.

Live play exercise – every three years

The live play exercise is a live test of arrangements and includes the operational and practical elements of an incident response.

Command post exercise – every 3 years

The command post exercise tests the operational element of command and control and requires the setting up of the Incident Coordination Centre.

10.0 Testing, Monitoring and Communication

10.1 The CCG's will undertake testing and compliance audits against its plans on an annual basis.

10.2 A test of the communications system to contact the CCG on-call manager will be held twice a year.

10.3 Live incidents which require the plans to be evoked, have a debrief process and lead to review/improvements of the plans will be considered as the annual test where applicable.

10.4 This policy, and those documents underpinning it, will be placed on the CCGs website and shared with the emergency planning leads of local and regional organisations. In addition staff will be briefed on arrangements via a local team brief.

11.0 Review

11.1 This policy shall be reviewed bi-annually or as and when incidents or national guidance deem it to no longer be 'fit for purpose'.

12.0 References

- The Civil Contingencies Act 2004¹;
- The Health and Social Care Act 2012²;
- NHS Commissioning Board planning framework ('*Everyone Counts: Planning for Patients*'³);
- NHS standard contract ⁴;
- NHS Commissioning Board EPRR documents and supporting materials⁵
- NHS Commissioning Board Business Continuity Management Framework (service resilience) (2013)⁶;
- NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies (2013)⁷;
- NHS Commissioning Board Model Incident Response Plan (national, regional and area team); NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR)⁸;
- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice⁹;
- BSI PAS 2015 – Framework for Health Services Resilience¹⁰ ;
- ISO 22301 Societal Security - Business Continuity Management Systems – Requirements¹¹.
- The role of accountable emergency officers¹²
- The Business Continuity Institute ¹³
- Freedom of Information Act 2000¹⁴
- Competencies for NHS Commissioning Board co-chairs of Local health resilience partnership (LHRPs)¹⁵
- Competencies for Director of Public Health (DPH) co-chairs of LHRPs ¹⁶
- Cabinet Office National Recovery Guidance ¹⁷
- NHS England Emergency Preparedness, Resilience and Response Framework 2015¹⁸

¹ <http://www.legislation.gov.uk/ukpga/2004/36/contents>

² <http://www.legislation.gov.uk/ukpga/2012/7/enacted>

³ <http://www.england.nhs.uk/everyonecounts/>

⁴ <http://www.england.nhs.uk/nhs-standard-contract/>

⁵ <http://www.england.nhs.uk/ourwork/gov/eprr/>

⁶ <http://www.england.nhs.uk/wp-content/uploads/2013/01/bus-cont-frame.pdf>

⁷ <http://www.england.nhs.uk/wp-content/uploads/2013/01/comm-control-frame.pdf>

⁸ <http://www.england.nhs.uk/wp-content/uploads/2013/03/eprr-core-standards.pdf>

⁹ <http://skillsforjustice.com/NOS>

¹⁰ <http://shop.bsigroup.com/en/ProductDetail/?pid=00000000030201297>

¹¹ http://www.iso.org/iso/catalogue_detail?csnumber=50038

¹² <http://www.england.nhs.uk/wp-content/uploads/2012/12/eprr-officer-role.pdf>

¹³ <http://thebci.org/>

¹⁴ <http://www.legislation.gov.uk/ukpga/2000/36/contents>

¹⁵ <https://www.wp.dh.gov.uk/publications/files/2012/08/nhs-lhrp-co-chair-competencies-020812.pdf>

¹⁶ <https://www.gov.uk/government/publications/resource-pack-for-local-health-resilience-partnerships>

¹⁷ <http://www.cabinetoffice.gov.uk/content/national-recovery-guidance>

¹⁸ <https://www.england.nhs.uk/ourwork/eprr/gf/>