

Emergency Preparedness, Resilience and Response Policy

Agenda item 20, Paper 15	
Summariser:	Jonathan Perrott, Business Manager
Authors and contributors:	Jonathan Perrott, Business Manager Daniel Dumbarton, Emergency Preparedness, Resilience and Response (EPRR) Officer
Executive Lead(s):	Matthew Knight
Relevant Committees or forums that have already reviewed this issue:	Executive Management Team
Action required:	Approval
Attached:	Emergency Preparedness, Resilience and Response Policy
CCG Strategic objectives relevant to this paper:	None
Risk	Two risks relevant to the paper appear on the Risk Register: <ul style="list-style-type: none"> • Major Incident • Business Continuity
Compliance observations:	Finance: Minimal costs e.g. pagers, training costs
	Engagement : None
	Quality impact: A quality impact assessment is not deemed necessary and has not been carried out
	Equality impact: Equality impact assessment has been carried out
	Privacy impact: None
	Legal: None

EXECUTIVE SUMMARY

Surrey Downs CCG has a combined Major Incident Policy and Plan that is deemed to be too large and cumbersome. It is proposed to replace this single document with the following separate documents:

- (i) Emergency Preparedness, Resilience and Response Policy
- (ii) Incident Response Plan

The Executive Management Team has reviewed the draft Emergency Preparedness, Resilience and Response Policy and put it forward to the Governing Body for review/approval.

The Executive Management Team has reviewed and noted the Incident Response Plan which is a working document and subject to change. This and other associated documents are available on request.

Date of paper

18.7.16

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Emergency Preparedness, Resilience and Response Policy

Policy ID	CG14
Version:	V1.1
Author	Jonathan Perrott, Business Manager
Last review date:	N/A
Next review date:	29.7.2018
Date agreed by Governing Body	28.7.2016

Version History

V.	Date	Status and/or amendments
V1.0	May 2016	First draft
V1.1	July 2016	Recommended by Executive Management Team to go forward to Governing Body

Equality statement

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

Equality analysis

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:	No	
	Age Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).	No	
	Disability A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	No	
	Gender reassignment The process of transitioning from one	No	

	gender to another.		
	<p>Marriage and civil partnership</p> <p>In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.</p> <p>Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).</p>	No	
	<p>Pregnancy and maternity</p> <p>Pregnancy is the condition of being pregnant or expecting a baby.</p> <p>Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	No	
	<p>Race</p> <p>Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins</p>	No	
	<p>Religion and belief</p> <p>Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in</p>	No	

	the definition		
	Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment
Jonathan Perrott, Business Manager	23rd May 2016
Daniel Dumbarton, EPRR Officer	

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1. Statement of Intent

Surrey Downs CCG (The CCG) is required to fulfil its obligations under the Health and Social Care Act (2012) and Civil Contingencies Act (2004) in respect to the response to internal and external incidents and disruptions.

The CCG must be able to maintain its own services in the event of a disruption to its normal working environment and must be able to participate as a responder to emergency incidents that affect the local population and health economy.

NHS organisations and providers of NHS funded care must:

- nominate a director level accountable emergency officer who will be responsible for EPRR; and
- contribute to area planning for EPRR through local health resilience partnerships (LHRPs) and other relevant groups.

NHS organisations and providers of NHS funded care must:

- have suitable, proportionate and up to date plans which set out how they plan for, respond to and recover from emergency and business continuity incidents as identified in national and community risk registers;
- exercise these plans through:
 - a communications exercise every six months;
 - a desktop exercise once a year; and
 - a major live exercise every three years;
- have appropriately trained, competent staff and suitable facilities available round the clock to effectively manage an emergency and business continuity incident; and
- share their resources as required to respond to an emergency or business continuity incident.

NHS organisations and providers of NHS funded care must have suitable, proportionate and up to date plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks; for example, severe weather, IT failure, an infectious disease, a fuel shortage or industrial action.

This planning should be aligned to current nationally recognised business continuity standards.

The CCG recognises the importance of having the appropriate arrangements in place to enable it to discharge the duties listed above.

Signed by
Accountable Emergency Officer/ AO

2. The Policy

2.1 Introduction

NHS England requires the CCG to have prepared and tested arrangements to respond to emergency and business continuity incidents. This policy outlines the requirements to which the CCG must adhere and how these will be delivered. This policy applies to all aspects of CCG operations and services. The process of EPRR is by the whole organisation and is driven by the Governing Body through the CCG Accountable Emergency Officer. The goal of the EPRR policy is to ensure that CCG can support the local health economy in the response to an emergency incident whilst maintaining high levels of service for the local population.

2.2 Scope

The scope of the arrangements for the response to emergency incidents covers the CCG response to all levels of incident as described by NHS England – See figure 1.

The CCG will be responsible for the coordination of Level 1 and 2 incidents within its area of operations. The CCG will provide support to NHS England in the response to Level 3 and 4 incidents.

Incident level	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

Figure 1: NHS Incident Response Levels

The scope of the arrangements for the response to Business Continuity incidents are limited to the activities of the CCG. It does not cover activities related to provider's premises, processes, staff or systems where they are not related to a core contractual term with the CCG.

The CCG is also responsible for ensuring that contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements. In this respect the scope of this policy includes the arrangements directly commissioned by the CCG or where the CCG is the lead commissioner of a service provider.

2.3 Accountability

The person with senior level responsibility for the delivery of the CCG EPRR arrangements is the Accountable Emergency Officer.

The Accountable Emergency Officer will report no less than annually to the CCG Governing Body on the progress against EPRR assurance framework and the response to incidents and disruptions when they occur.

The responsibilities of the Accountable Emergency Officer may be discharged through one or more deputies, however the responsibility for ensuring compliance remains with the Accountable Emergency Officer

2.4 Implementation

The CCG will maintain appropriate plans and procedures documenting their response to emergency and business continuity incident.

This will include:

- Incident Response Plan
- Business Continuity Plan
- Corporate Risk Register

The CCG Incident Response Plan will enable the CCG to respond to and coordinate local provider responses to Level 1 Incident as well as Level 2 incidents (in liaison and agreement with NHS England). It will also enable the CCG to support NHS England to discharge its EPRR responsibilities for level 3 and 4 incidents.

Incident response planning will be developed with regard to NHS England guidance and available national guidance including HM Government Emergency Response and Recovery guidance (October 2013).

The CCG will maintain a corporate business continuity plan to enable it to respond to business disruptions. This plan will be scalable, enabling an individual directorate to manage low level disruptions whilst also providing a framework for the Governing Body to manage disruptions that affect the whole organisation.

Business Continuity Plans will be developed with regard to best practice both with the NHS and from industry standards. This will include ISO 22301 Business Continuity Management.

2.5 Roles and Responsibilities

2.5.1 CCG EPRR Roles and responsibilities

The EPRR role and responsibilities of CCGs are to:

- 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 3 & 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).

2.5.2 Governing Body

Act to ensure/monitor the overall strategic direction of the EPRR programme across the CCG.

Ensure that the EPRR programme is enforced and resourced appropriately.

In the event of a serious or widespread disruption to the activities of the CCG may be necessary to invoke the Business Continuity Plan. In this case the Governing Body may need to lead the response or delegate incident management coordination to named officers.

2.5.3 Accountable Emergency Officer

The AEO will be responsible for:

- Ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR
- Ensuring that the organisation is properly prepared and resourced for dealing with an incident
- Ensuring that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
- Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served
- Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate

2.5.4 Department Leads

Ensure that where necessary relevant department level plans are completed and maintained. Support the management team in the response to emergency and business continuity incidents. Ensure that staff attend training relevant to their role.

3. Communications and Awareness

The EPRR Policy, supporting plans and other associated documents will be placed in an appropriate place on the CCGs intranet site and will actively be promoted to both new starters as part of the induction process and existing staff.

4. Maintenance

The AEO will be responsible for ensuring that the EPRR Policy and associated plans and procedures are maintained in line with the standard CCG process for document control and version management.

The EPRR Policy and associated plans will be reviewed at least annually or in the event of any changes to:

- Business objectives and processes
- Organisational function

- Organisational structures and staff
- Key suppliers or contractual arrangements
- If an updated risk assessment highlights a new or changed vulnerability

The Policy, plans and procedures may also be reviewed following the response to a real incident or exercise. Where changes are made these will be communicated with all relevant staff and partner organisation and where necessary, updated documents will be circulated.

5. Testing and Training

The Accountable Emergency Officer is responsible for identifying appropriate levels of training and awareness sessions for relevant CCG staff who will be involved with a response to an emergency or business continuity incident. CCG Directors on Call must undertake training that meets the relevant National Occupational Standards and NHS England competencies.

The CCG will maintain a training plan which is based on a training needs analysis to focus the training delivered within the organisation. The AEO will ensure that staff attend required training and that training records are maintained by the CCG. Directors on Call will maintain individual training portfolios that demonstrate their competencies.

Plans and procedures will be tested on a regular basis, no less than annually or following significant changes to the organisation. Plans and procedures will be exercised in line with the requirements of the NHS England Emergency Preparedness Framework (2015) and will involve

- a communications exercise every six months;
- a desktop exercise once a year; and
- a major live exercise every three years;

The CCG will maintain an exercise plan based upon these requirements. The responsibility to exercise plans can be discharged through participation in multi – agency exercises or the response to a real event.

6. Continuous Organisational Development

As part of its commitment to continual development the CCG will undertake reviews of its response and procedures following major exercises or real incident response. Where appropriate this may take place as part of a multi-agency process. The CCG will maintain appropriate procedures for debriefing staff and identifying and acting on lessons.

Lessons identified will be addressed through changes to policy, plan and procedures and or staff training. The AEO will be responsible for ensuring that this process takes place and that appropriate actions are included in the EPRR work programme.

7. References and underpinning materials

- The Civil Contingencies Act 2004
- The Health and Social Care Act 2012
- NHS England EPRR framework 2015
- NHS standard contract
- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice²²;
- BSI PAS 2015 – Framework for Health Services Resilience
- ISO 22301 Societal Security - Business Continuity Management Systems Requirements

8. Monitoring and Review

This Policy and all associated plans will be monitored and reviewed in line with the NHS England Annual assurance process. Each year the annual review process generates a work plan which will enable the CCG to effectively review this policy against national standards.