

Agenda item: 9
Paper no: GBiC (1) 05-2018

Title of Report:	Emergency Preparedness, Resilience and Response Policy	
Status:	To Approve	
Committee:	The Governing Bodies in Common	Date: 26/09/18
Venue:	H.G. Wells Centre, Church Street East, Woking GU21 6HJ	

Presented by:	Elaine Newton, Executive Director of Communications and Corporate Affairs	
Executive Lead sign off:	Elaine Newton, Executive Director of Communications and Corporate Affairs	Date: 11/09/18
Author(s):	<ul style="list-style-type: none"> • Mark Twomey, Head of EPRR, Facilities Management and Business Support • Felicity Govas, Senior Resilience Manager 	

Governance:

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	<ul style="list-style-type: none"> • Joint Executive Team 11.09.18 • Audit Committees in Common 21 09.18 	
Freedom of Information: The Author considers:	Open – no exemption applies	✓

Executive Summary:

This policy, covering the work of Surrey Heartlands CCGs, is presented to Governing Bodies in common for ratification. The policy sets out a framework to ensure that the CCGs comply with their statutory duties with regards to emergency preparedness, resilience and response (EPRR) including fulfilling their duties as Category 2 responders under the Civil Contingencies Act 2004. It details the responsibilities of key staff who have a defined role in the EPRR process, including the expectations of on-call staff. The policy takes into account the stipulations of the NHS England EPRR

Framework 2015, and the NHS England Core Standards for EPRR and complies with their requirements.

Implications:

What is the health impact/ outcome and is this in line with the CCG's strategic objectives ?	<ul style="list-style-type: none"> • Objective 1: Achieving a sustainable system • Objective 2: Development of collaborative working • Objective 3: Developing Integrated Care at a local level • Objective 4: Primary care development • Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience • Objective 6: Commissioning a safe and sustainable Children's service
What is the financial/ resource required?	None
What legislation, policy or other guidance is relevant?	<p>Civil Contingencies Act 2004</p> <p>NHS England Emergency Preparedness, Resilience and Response Framework 2015</p> <p>NHS England Core Standards for Emergency Preparedness, Resilience and Response</p> <p>ISO 22301</p>
Is an Equality Analysis required?	No impact envisaged
Any Patient and Public Engagement/ consultation required?	No
Potential risk(s) ? (including reputational)	No risk(s) identified.

Recommendation(s):

1. That the Governing Bodies in Common **NOTE** and support the ongoing work to standardise the EPRR process across Surrey Heartlands CCGs
2. That the Governing Bodies in Common **RATIFY** this policy following scrutiny from JET and the Audit Committees in Common.

Next Steps:

1. Policy to be introduced and implemented across the Surrey Heartlands CCGs, and made available to all staff via the intranet.

Surrey Heartlands CCGs

Emergency Preparedness, Resilience and Response Policy

Policy number	SH EP 01
Version	0.1 FINAL DRAFT
Approved by	Governing Body
Name of author/originator	Head of EPRR Senior Resilience Manager (Response)
Owner (director)	Executive Director of Communications and Corporate Affairs
Date of approval	TBC
Date of last review	New Policy
Review to be completed by	Head of Emergency Preparedness, Resilience and Response Senior Resilience Manager (Response)

Document Control			
Version	FINAL v1	Version date	12.09.18
Name of Document	Surrey Heartlands CCGs' Joint Emergency Planning, Resilience and Response Policy		
Owner	Executive Director of Communications and Corporate Affairs		
Author	Head of Emergency Preparedness, Resilience and Response Senior Resilience Manager (Response)		
Next Review	September 2019 by document Authors		
GPMS	OFFICIAL		
Document Location	s:\(surrey heartlands)\epr\1. work programme and policy\2018\stp-epr policy v0.1 final draft.docx		

Significant change summary since last version

Not applicable

Distribution and Accessibility

This document will be made available to all staff via the Intranet and Public Website following committee approval. This will also be available to on-call staff through Resilience Direct.

Author Contact Details

Mark Twomey
Head of EPRR
m.twomey@nhs.net

Equality statement

NHS Guildford and Waverley, North West Surrey and Surrey Downs CCGs aim 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. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

See next page for an Equality Analysis of this policy.

Equality Analysis

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups

Name of Policy: Emergency Planning, Resilience and Response Policy	Policy Ref:	Is this New? [] Or Existing? [N]
Assessment conducted by (name, role): Jamie Hogg EPRR Officer		Date of Analysis: September 2018
Directorate: Communications and Corporate Affairs	Director's signature:	
<p>Who is intended to <u>follow</u> this policy? Explain the aim of the policy as applied to this group.</p> <p>All staff, especially those on-call by providing a framework by which the CCG will meet its duties for Emergency Planning, Resilience and Response and the respective legislative requirements.</p>		
<p>Who is intended to <u>benefit from</u> this policy? Explain the aim of the policy as applied to this group.</p> <p>All staff within the CCG, especially those performing on-call duties. The EPRR Policy provides the framework for policy, planning response and recovery to any incidents in line with the expectations of the Civil Contingencies Act and from NHS England.</p>		
<p>1. Evidence considered. <i>What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?</i></p> <ul style="list-style-type: none"> • Joint Strategic Needs Assessment: http://www.surreyi.gov.uk/grouppage.aspx?groupid=36 • NHS G&W CCG Health Profile: http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1358 • Local Practice Profiles: http://fingertips.phe.org.uk/profile/general-practice • Public Health England: Longer Lives; Outcomes Framework; Segment Tool; Local Health Tool; Data & Knowledge Gateway • Reports of relevant Patient & Public Engagement forums and formal consultations 		

<ul style="list-style-type: none"> • Research (the evidence base e.g. National Institute for Health and Clinical Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN). Charities and the voluntary sector often produce guidance regarding inequalities e.g. SignHealth) • Health & Wellbeing Priorities: http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1365 • Complaints, public enquiries, audits & reviews
<p>2. Consultation. <i>Have you consulted people from protected groups? What were their views? Yes, key stake holders consulted on the review and update.</i></p>
<p>3. Promoting equality. <i>Does this policy have a positive impact on equality? What evidence is there to support this? Could it do more?</i></p>
<p>4. Identifying the adverse impact of policies <i>Identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.</i></p>
<p>a) People from different age groups: None</p>
<p>b) Disabled people: None</p>
<p>c) Women and men: None</p>
<p>d) Religious people or those with strongly held philosophical beliefs: None</p>
<p>e) Black and minority ethnic (BME) people: None</p>
<p>f) Transgender people: None</p>
<p>g) Lesbians, gay men and bisexual people: None</p>
<p>h) Women who are pregnant or on maternity leave: None</p>
<p>i) People who are married or in a civil partnership: None</p>
<p>5. Monitoring <i>How will you monitor the impact of the policy on protected groups? Review of incidents, debriefs and any lessons learned.</i></p>

Contents

1. Introduction and Policy Objective	8
2. Scope	9
3. Definitions	10
4. Roles, Responsibilities and Commitment	12
5. On-Call Arrangements	15
6. Incident Response	17
7. Risk	20
8. Training and Exercising	20
9. Continual Improvement, Review and Publication	21
Appendix A Governance	23
Appendix B The Role of NHS Organisations in Tactical and Strategic Coordinating Groups & Supporting the Multi-Agency Response	24
Appendix C Procedural Document Checklist for Approval	26
Appendix D Compliance and Audit Table	29

Introduction and Policy Objective

- 1.1 NHS Surrey Heartlands Clinical Commissioning Groups (CCGs) are responsible for commissioning NHS funded health services for the local population from a variety of healthcare providers, both in the public and private sectors. The Surrey Heartlands CCGs are made up of NHS Guildford and Waverley, North West Surrey and Surrey Downs Clinical Commissioning Groups.
- 1.2 All NHS organisations are required to prepare for and respond to a wide range of incidents or emergencies that could adversely affect the health of the population, or patient care. These could be anything from extreme weather events or infectious disease outbreaks, to terrorist attacks or major transport accidents. Furthermore, NHS organisations must be internally resilient in order to respond safely to such incidents or other internal disruptions.
- 1.3 The purpose of this policy is to explain how Surrey Heartlands CCGs will meet their obligation under the Civil Contingencies Act 2004 (CCA 2004), the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2015, the NHS England Emergency Preparedness, Resilience and Response Core Standards, section 46 of the Health and Social Care Act 2012, and other associated legislation, in order to support local resilience partners and maintain critical services in the event of a disruption.
- 1.4 The NHS England EPRR Core standards require NHS funded organisations to align their EPRR arrangements to ISO 22301 and other industry standards and as such demonstrate continual improvement.
- 1.5 The CCA 2004 outlines a single framework for civil protection in the United Kingdom. The Surrey Heartlands CCGs are Category 2 responders under the CCA 2004. In compliance with the Act the CCG are required to share information with, cooperate with and support other Category 1 and Category 2 responders, including NHS England, Public Health England, Acute Trusts and Foundation Trusts, as well as other responders that make up the Surrey Local Resilience Forum. The CCG is also expected to provide support to NHS England in relation to the coordination of the local health economy.¹
- 1.6 This Policy will be reviewed annually and amended as required to take into account new legislation, non-statutory guidance from Central Government, and revisions of British and International Standards.

¹ NHS England Emergency Preparedness Resilience and Response Framework 2015

2. Scope

2.1 This policy covers the staff and activities of NHS Guildford and Waverley CCG, NHS Surrey Downs CCG and NHS North West Surrey CCG, and should be read with the separate but closely related Incident Management Plan and Business Continuity Policy.

2.2 NHS emergency planning embraces all reasonable contingency measures to enhance response capabilities to deal with any accident, natural disaster or hostile act resulting in an abnormal casualty situation or posing any threat to the health of the community or in the provision of services. The minimum core standards, which NHS funded organisations must meet, are set out in the NHS England (NHSE) Core Standards for EPRR. A summary of the requirements placed on CCGs by the 2018 version of the Core Standards is set out below. The full core standards matrix is available in Excel format on the NHS England website, along with all other EPRR framework documents:

<http://www.england.nhs.uk/ourwork/epr/>

2.3 The CCG is required to:

- Nominate an Accountable Emergency Officer who will be responsible for EPRR
- Contribute to EPRR planning in the local area through the Local Health Resilience Partnerships (LHRPs) and other relevant groups such as the Local Resilience Forum
- Contribute to an annual NHSE report on the health sector's EPRR capability and capacity in responding to national, regional and multi-agency incidents
- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience and response elements
- Seek assurance that provider organisations are delivering their contractual obligation
- Have suitable, up to date business continuity plans
- Have suitable, up to date incident response plans which set out how the CCG will plan for, respond to, and recover from a critical or major incident
- Cooperate with other responding agencies (including other CCGs) in the business of emergency planning
- Share information for the purposes of emergency planning.

3. Definitions

3.1 HM Government has defined an emergency in the Civil Contingencies Act 2004 as:

- an event or situation which threatens serious damage to human welfare;
- an event or situation which threatens serious damage to the environment; or war, or terrorism, which threatens serious damage to security.²

3.2 The NHS England EPRR Framework (2015) details three types of incident: Business Continuity Incident, Critical Incident, and Major Incident.

Each type of incident will impact upon service delivery within the NHS, and may require contingency plans to be implemented. This in turn may undermine public confidence.

- **Business Continuity Incident**

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed)

- **Critical Incident**

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

- **Major Incident**

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency.

3.3 In the context of the CCGs a business disruption is defined as a situation that is internal to one or more of the CCGs, requiring the activation of the business continuity plan. This may be in response to an actual incident such as a denial of access to a building, or in anticipation of a situation or event that is likely to cause a business disruption. The CCG is required to maintain appropriate arrangements to ensure that essential services can continue during disruptive events, or be restored in a timely manner. The details of these arrangements

² Cabinet Office Civil Contingencies Act 2004

are contained within the Business Continuity Plan. It is the responsibility of the EPRR Team to ensure that business continuity arrangements are aligned to ISO 22301 and are complementary to wider EPRR plans. Business continuity arrangements will be reviewed on an annual basis to ensure that they remain fit for purpose.

3.4 Incident levels

The level of an incident will be determined by its nature and scale. As an event unfolds it may be described in terms of its level as per the table below.

Incident level	
Level 1 Provider with CCG	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 CCGs with NHSE	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 NHSE Regional Team	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 NHSE National Team	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.

4. Roles, Responsibilities and Commitment

4.1 The Governing Body and Committees

4.1.1 The Governing Body

The Governing Body is responsible for approving the EPRR Policy. The Governing Body will receive reports around the EPRR work stream at least annually, for their assurance.

4.1.2 Joint Executive Team

The Joint Executive Team is responsible for scrutinising EPRR Policies on behalf of the Governing Body.

4.1.3 Resilience Sub-Committee

The Resilience Sub Committee is chaired by the Deputy Director of Corporate Affairs. The committee meets twice yearly with resilience leads from across the Surrey Heartlands CCGs to help shape plans and support the monitoring and delivery of resilience arrangements across the CCGs. The standing members are:

- Deputy Director of Corporate Affairs (Chair)
- Head of Emergency Preparedness, Resilience and Response
- Associate Director of Integrated and Urgent Care
- Associate Director of Primary Care
- Associate Director of Medicines Management
- Deputy Director of Contracts
- IT Programme Director
- Associate Director of Communications and Engagement

Other members may be co-opted for specific purposes. The sub-committee will report to the Audit Committee.

4.2 Accountable Officer

4.2.1 The Joint Accountable Officer (JAO) is the designated accountable officer for the CCGs with statutory responsibility for EPRR.

4.3 Executive Director of Communications and Corporate Affairs

4.3.1 The Executive Director of Communications and Corporate Affairs is the designated Accountable Emergency Officer (AEO) for the CCGs with responsibility for EPRR, including business continuity management. The AEO represents the three CCGs at the Local Health Resilience Partnership.

4.3.2 The AEO is responsible for obtaining assurance that provider organisations are delivering their contractual obligations with regards to EPRR and business

continuity. This is achieved through the formal annual assurance meeting with the Local Health Resilience Partnership, and contract management meetings with the Head of EPRR.

- 4.3.3 The AEO is responsible for providing assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response from Surrey Heartlands CCGs in the event of a Business Continuity, Critical or Major Incident.
- 4.3.4 The AEO is responsible for ensuring that CCG staff with specific responsibilities for EPRR and On-call are suitably trained and equipped.

4.4 Lay Member (Audit)

- 4.4.1 The Lay Member for Audit will provide non-executive support to the AEO and through the Audit Committee provide scrutiny for the CCGs' Emergency Preparedness, Resilience and Response arrangements, including the EPRR Policy and associated plans.

4.5 Audit Committee

- 4.5.1 The Audit Committee will provide oversight to the EPRR work stream and support the development of the CCGs' Emergency Preparedness, Resilience and Response arrangements.

4.6 Head of Emergency Preparedness, Resilience and Response, Facilities Management and Business Support and EPRR Team

- 4.6.1 The Head of EPRR deputises for the Executive Director of Communications and Corporate Affairs when required, at the Surrey Local Health Resilience Partnership Executive Group.
- 4.6.2 The Head of EPRR will ensure the Surrey Heartlands' CCGs are represented at the Surrey Local Health Resilience Partnership Delivery Group, the Local Resilience Forum, and appropriate sub working groups.
- 4.6.3 The Head of EPRR and the EPRR Team will provide expert advice to staff on EPRR plans and the development of business continuity plans.
- 4.6.4 The EPRR Team are responsible for producing, monitoring, reviewing and maintaining EPRR policies, plans and guidance, and ensuring that they conform to current guidance and legislation.
- 4.6.5 The EPRR Team will ensure that, where appropriate, EPRR plans are shared with partner agencies.

- 4.6.6 The EPRR Team are responsible for ensuring the CCGs have suitable areas, facilities and equipment for managing incidents, including any appropriate hard and software. Incident Coordination Centres will be maintained by the EPRR Team who will ensure that they have resilient telecommunications. Confirmation that arrangements are in place will take place quarterly throughout the year.
- 4.6.7 The EPRR Team will assess and deliver resilience training at corporate and/or service level.
- 4.6.8 The EPRR Team will support services in exercising EPRR and business continuity plans at both corporate and service levels.
- 4.6.9 The EPRR Team is responsible for coordinating the on-call rota.
- 4.6.10 The EPRR Team is responsible for collating all records following a declared incident, and ensuring that documents are archived and retained for the correct length of time.
- 4.6.11 The EPRR Team are responsible for ensuring that lessons identified through incidents or exercises are disseminated, and incorporated into the CCGs' policies and procedures.

4.7 Contracts Team

- 4.7.1 The Deputy Directors of Contracts is responsible for ensuring that the appropriate EPRR requirements are specified in CCG contracts (including business continuity planning and surge management) as part of standard provider contracts.
- 4.7.2 The Deputy Directors of Contracts and the Contract / Commissioning Managers are responsible for providing assurance to the Accountable Emergency Officer that provider organisations are delivering on their contractual obligations.

4.8 IT Programme Director

- 4.8.1 The IT programme Director, or nominated deputy, will ensure that the CCGs have a robust disaster recovery plan in place through contracting arrangements.

4.9 Associate Director of Communications and Engagement

- 4.9.1 The CCG will have an important role in the management and provision of communications during an incident. The Associate Director of Communications and Engagement, or nominated deputy, will provide communications support to the On-call manager as required, in alignment with the expectations of the NHS England EPRR Core Standards and the CCG's role as a Category 2 responder

under the CCA 2004. The lead for communications during an incident is NHS England as the Category 1 responder.

4.10 All Directors and Senior Managers

4.10.1 All directors and senior managers on-call (Grade 8c and above) are expected to make themselves available to participate in the on-call rota, and scheduled EPRR training and exercises. Other rotas for subject matter experts may also be asked to partake in rotas relating their respective discipline. These expectations are set out in the on-call policy.

4.10.2 All Directors and senior managers on-call are responsible for ensuring that they are familiar with the CCGs' emergency and business continuity plans and response arrangements, and for keeping their on-call packs up to date. On-call pack updates will be will be circulated by the EPRR Team as required.

4.10.3 All managers of business units are expected to ensure that a business continuity plan and business impact analysis are in place for their area. All staff should be familiar with the plan, its location, and arrangements for its activation. The plan should be reviewed annually or upon any significant change. Managers should engage with the EPRR team to ensure their plan is tested appropriately, depending on the criticality of the service. All plans should be tested every three years at a minimum.

4.11 All Staff

4.11.1 All staff should be familiar with the EPRR policy and its contents. The policy will be made available to all staff via the staff intranet pages.

5. On-Call Arrangements

5.1 Requirements and Preparation

5.1.1 The NHS England EPRR Core Standards require the CCGs to have the ability to enact all levels of command and control 24 hours a day, 365 days a year. In order to meet this requirement a dedicated on-call system is in place. The CCGs operate both Executive Director and a Senior Manager On-call rotas. The on-call teams are accessed via a single point of contact telephone number.

5.1.2 Staff will be notified of their on-call status by their line manager, normally on recruitment.

5.1.3 All On-call Directors and Managers should ensure they are familiar with all relevant policies and plans. Any issues or questions should be referred to one of the Senior Resilience Managers in the first instance. Updates to plans and

protocols will be circulated to on-call staff as required. It is the responsibility of each on-call Director and Manager to maintain their own on-call pack and ensure all materials are up to date.

- 5.1.4 All on-call staff, while they are on-call, must carry their work phone and have access to the on-call pack at all times.
- 5.1.5 On-call Staff are responsible for keeping their phone switched on and charged whilst they are on-call, and ensuring that they are in an area that has sufficient signal to operate the phone at all times. On-call staff who have poor signal strength in their home location should advise the EPRR Team before commencing their on-call duties so that mitigation measures can be put in place.
- 5.1.6 All on-call Executive Directors and Managers must ensure they have access to the Resilience Direct system. Staff should ensure they have the necessary access setup before they go on-call.
- 5.1.7 On-call Directors and Managers must be able to attend a CCG Incident Coordination Centre (ICC) or a Tactical Co-ordination Group meeting, if called by partners, within a two-hour travel distance.
- 5.1.8 If a major incident is declared, and there is a requirement for the CCG to send a representative to a Strategic Coordinating Group (SCG), the On-call Manager should escalate to the Executive Director On-call, who will either attend the SCG themselves, or arrange for Director level CCG Strategic Representation alongside the EPRR Manager on-call.
- 5.1.9 All staff must ensure that they are fit and able to carry out their on-call role at all times during their allocated period of duty.

5.2 On-Call Rota

- 5.2.1 The on-call duty will run from 09.00hrs on Tuesday morning to the same time the following week.
- 5.2.2 The on-call rota will be produced by the EPRR Team. Once produced, any changes will be the responsibility of the individual requiring a change. The Senior Resilience Manager (Response) and the Corporate Support Co-ordinator must be notified of any changes so that the rota can be amended and reissued as appropriate.
- 5.2.3 Some instances such as Bank Holidays, Easter, Christmas or other special times of the year may form part of a separate rota. Covering Public Holidays will attract a day in lieu for those staff on Agenda for Change pay scales, in

accordance with paragraph 13.4 of the National Terms and Conditions of Service Handbook, irrespective of work done.

- 5.2.4. Any inclusion/exclusion to the on-call rota should be agreed with the Executive Director of Communications and Corporate Affairs, through the Head of EPRR before a member of staff can be added on to/removed from the rota.
- 5.2.5 If the on-call manager is on sick leave it is the responsibility of their line manager to determine if the member of staff is on-call, organise cover, and communicate their unavailability and the change to the Senior Resilience Manager (Response) and the Corporate Support Co-ordinator.
- 5.2.6 Expenses incurred by staff during a major incident or emergency including subsistence, accommodation and excess travel can be claimed as per the expenses policy.

6. Incident Response

6.1 Recording

During an incident details of decisions made and actions taken by the Incident Response Team should be recorded using the Green Emergency Log Books, located in the Incident Coordination Centres. All other records, emails, call logs, minutes, notes, post it notes, other papers or audiotapes should be kept for analysis after the event. All emails sent or received should be printed out to ensure that a complete hard copy record exists. Printing all emails will prevent loss or alteration of information.

6.2 Loggists

- 6.2.1 Loggists are an integral part of any incident management team. Incident loggists are trained members of staff, other than those on-call, that can assist in receiving information and recording it appropriately.
- 6.2.2 Following an incident, internal investigations or legal challenges may be made. These may include Coroners inquests, public inquiries, criminal investigations and civil action. The loggist is responsible for maintaining accurate records in the correct format, and ensuring that the rationale behind decisions is recorded in as much detail as possible. This information may be used to evaluate the response to an incident, identify lessons, and as evidence in any subsequent investigations.³

³ NHS England Emergency Preparedness, Resilience and Response Framework 2015

6.2.3 The use of loggists should be considered where an incident or emergency by its impact, magnitude or length warrants assistance for the on-call manager in recording the information relating to the incident.

6.3 Finance

6.3.1 The CCGs will have a cost code available to senior CCG staff for use in an emergency. This will allow audit trail of the cost of a response to be maintained. The Chief Finance Officer will put in place a cost centre and budget codes so that finance for emergency response and unexpected expenditure can be tracked accordingly.

6.4 Information Sharing

6.4.1 The Civil Contingencies Act 2004 and agreements in place with NHS England provide an official authority for the CCGs to undertake EPRR related activity as detailed in this policy. The CCGs therefore have a lawful basis to process personal data for this activity under applicable Data Protection related legislation (e.g. the Data Protection Act 2018 and the General Data Protection Regulation).

6.4.2 In addition, all CCGs are signatories to the Surrey Multi Agency Information Sharing Protocol, which provides an overarching framework for the sharing of data with other relevant organisations during emergency conditions.

6.4.3 The CCGs' Information Governance related policies and procedures should be adhered to ensuring that the sharing of data is secure and complies with applicable data protection related legislation.

6.5 Escalation

6.5.1 Incidents which could have an impact on the local or wider health economy should be reported to the NHS England (South East) Director on-call, via the NHS England (South East) Manager on-call. Examples of these situations include, but are not limited to:

- the incident is declared a Major, Critical or Business Continuity Incident;
- the incident needs to be escalated beyond a level 2 (see section 3.4); or
- the incident cannot be managed by the CCG – e.g. Requires management by a Category 1 responder

6.5.2 Management of an incident, including actions and deployment of staff to ICCs, should be agreed with the NHS England Director on-call.

6.5.3 If a major incident is declared and a SCG is called, the NHS England Director On-call will attend on behalf of the NHS and assume the leadership role for the local health economy. The CCG Executive on-call along with a Senior EPRR

Manager, in the role of a category two responder, will support, co-operate and share information as requested or required by NHS England, but will not normally attend the SCG unless specifically asked to do so.

6.5.4 The NHS England EPRR Framework (2015) states that the CCG may be asked to provide tactical level representation at Tactical Coordination Groups (TCGs) when requested by partners, in response to an incident or emerging threat. This representation will primarily be the local CCG manager On-call, with advice provided as necessary from the EPRR Manager on-call.

6.5.5 If the CCG business continuity plan has been activated the Executive Director on-call should notify the relevant Chair as appropriate and the Executive Director of Communications and Corporate Affairs, (in their capacity as Accountable Emergency Officer) at the earliest appropriate time, proportionate to the scale of the incident.

6.5.6 Access to the EPRR On-call must be made through escalation to the Executive Director On-call only.

6.6 Mutual Aid

6.6.1 Mutual aid arrangements are set out in the Surrey LHRP Mutual Aid Arrangements.

6.7 Stand down and debriefing

6.7.1 Stand down for the CCG is declared by either NHS England or the CCG Executive Director On-call. Stand down will take place when the incident or emergency is resolved, or the CCG has no further role to play in the management of the event.

6.7.2 After any major incident or emergency a debrief should be held to capture any learning so that procedures and other preparedness measures can be reviewed and amended if required. The debriefing process will be co-ordinated by the EPRR team.

6.7.3 The following debriefs and reports should be carried out within the stated timeframes:

Hot Debrief

Takes place immediately after the incident (or period of duty if the incident is protracted).

Organisational (Cold) Debrief

A structured internal debrief which should take place within two weeks post incident.

Multi-Agency Debrief

Should take place within one month of the incident (only if there has been multi-agency involvement).

Post Incident Reports

The post incident report should be written within 6 weeks of the incident. The report will be supported by action plans and recommendations in order to update any relevant plans with achievable timeframes as agreed by the AEO. In addition, if the incident warrants, a full investigation of the incident will be conducted as per the CCG's relevant policies.

- 6.7.4 Outcomes and highlights of debriefs will form part of a report to the Governing Body.

7. Risk

- 7.1 The CCGs' emergency and incident response plans are informed by the assessment of risks within the national, regional, and local area, as well as internal risks within the organisational area. The CCGs will record any specific emergency planning risks on the Corporate Risk Register or on the Board Assurance Framework, depending on the severity of the risk.
- 7.2 The Surrey Local Resilience Forum reviews all hazards and threats that exist within Surrey and this informs the [Surrey Community Risk Register](#). Many of these hazards and threats will appear on both the local and national risk registers. The Surrey Community Risk Register informs the local plans that are necessary to mitigate and manage the risks identified. These plans are hosted on the National Resilience Direct Service, which the CCGs as Category 2 responders have access. Each Executive Director and Manager On-call has access to the Resilience Direct system.
- 7.3 The Surrey Local Health Resilience Partnership also maintains a separate risk register capturing key health related capability risks. This register is complimentary to, and produced in conjunction with the Surrey Community Risk Register and the National Risk Register. It is reviewed annually through the Local Health Resilience Partnership, of which the CCGs are members.

8. Training and Exercising

- 8.1 The EPRR training programme is informed by the National Occupational Standards (NOS) for EPRR. Training needs analyses have been developed

for different staff groups who may be required to participate in the response to an incident, including strategic and tactical responders, and those supplying support functions, such as loggists, in order to ensure that staff meet the required level of competency for their role.

8.2 On-call training

- 8.2.1 On-call staff will be expected to have completed an introductory session to familiarise themselves with the expectations of their role before taking part in the rota. This will be facilitated by the EPRR Team. In addition, on-call staff must complete a number of mandatory training modules to ensure that they are sufficiently trained for their role. These are set out in the EPRR training programme and should be refreshed as appropriate or as otherwise specified.
- 8.2.2 Staff should also complete a formal training day with the Local Resilience Forum at least every two years. Courses include the NHS Strategic Leadership in a Crisis Training or a Multi-Agency Gold Incident Commander's course (MAGIC) facilitated by the College of Policing.
- 8.2.3 On-call staff will be expected to attend briefings and update sessions, as well taking part in at least one emergency planning exercise event per year in order to maintain their professional development and remuneration for the role. Training is accessible through the EPRR Team.
- 8.2.4 The status of an individual's training and competencies will be assessed and monitored by their line manager in conjunction with the Head of Emergency Preparedness, Resilience and Response. This will be reflected in their personal development plan and appraisal.

8.3 Exercises

- 8.3.1 In accordance with the NHS England EPRR Framework (2015) and the EPRR Core Standards, the CCG are required to undertake the following exercises:
- Communications exercise – Minimum frequency every six months
 - Table top exercise – Minimum frequency every 12 months
 - Live play exercise – Minimum frequency every 3 years
 - Command post exercise – Minimum frequency every 3 years

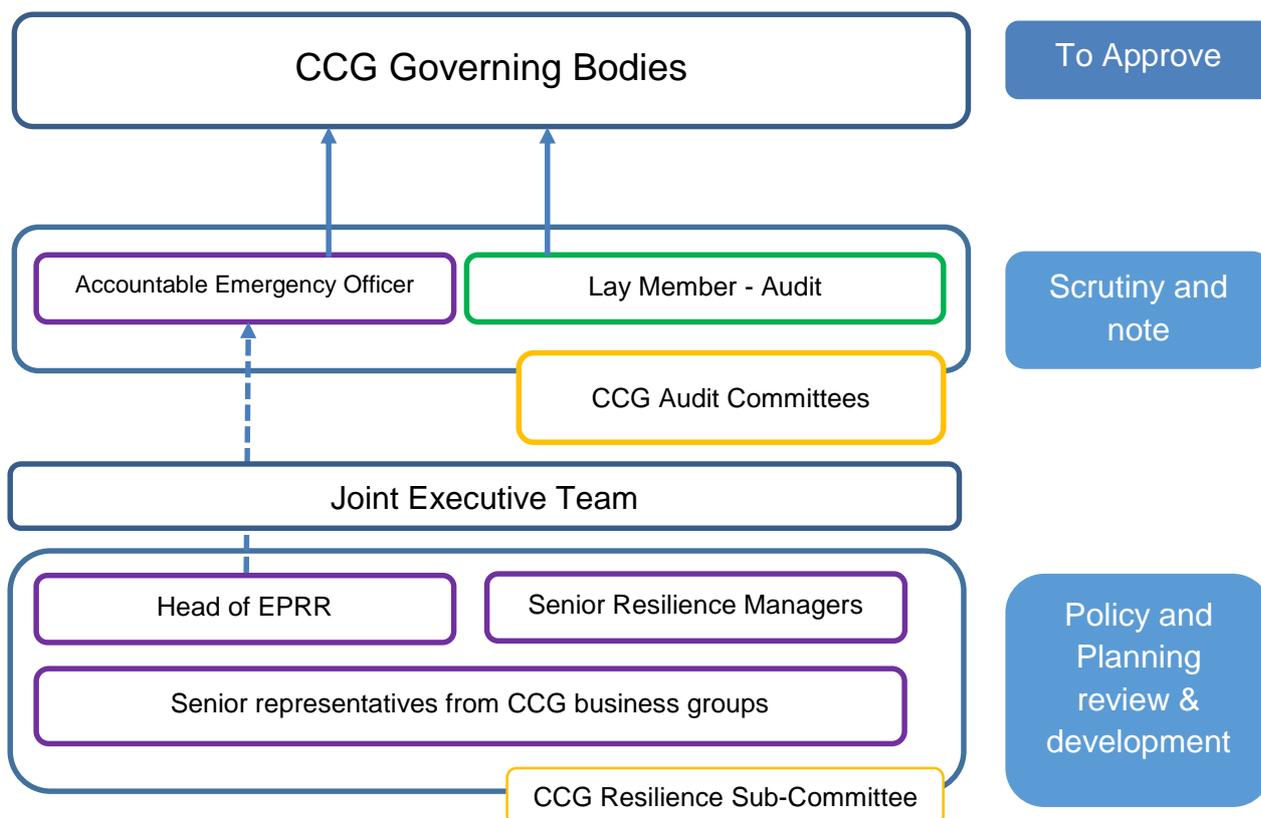
The EPRR Team are responsible for ensuring that this testing schedule is adhered to.

9. Continual Improvement, Review and Publication

- 9.1 The CCG will continually improve the suitability, adequacy and effectiveness of its resilience systems through training, workshops, exercising, and reviews post incidents.

- 9.2 The EPRR Policy and associated Incident Management Plan and Business Continuity Plan will be reviewed annually by the EPRR Team against the NHS England EPRR Core Standards, or more frequently if required in light of procedural changes or new guidance or legislation.
- 9.3 The CCG EPRR Policy will be published on the CCG website once approved by the Governing Body.

Appendix A: Governance



Plans and policies are developed by the EPRR Team and consulted and reviewed with the Resilience Sub-Committee before being presented to the Audit Committee for scrutiny and note after review by the Joint Executive Team. As required by the EPRR Core standards, the overarching plans and policies are presented for approval by the Governing Bodies.

The EPRR Team has the required level of expertise to ensure robust arrangements are in place to respond and recover from incident and emergencies; subject matter expertise for procurements; ensuring business continuity management arrangements are in place; and scrutiny of provider organisations as part of the annual EPRR assurance process.

Appendix B: The Role of NHS Organisations in Tactical and Strategic Coordinating Groups & Supporting the Multi-Agency Response

NHS England South (South East)

- Represents non-ambulance NHS organisations NHS 'Gold' (Strategic Director) at the SCG when established.
- Liaises with the NHS representative at the TCG(s) to make decisions about any strategic changes to NHS services caused by the incident, or the multi-agency response to the incident.
- Requests, receives, collates and shares situation reports from/with NHS organisations and NHS Gold at the SCG and the NHS representative at the TCG(s).
- Maintains information flows between local and regional NHS organisations.
- Liaises with the NHS representative at the TCG(s) to ensure both are aware of multi-agency tactical and strategic decisions
- When adequate notice is provided (e.g. planned evacuations) NHS England (South East) liaises with primary care organisations to identify patients and users of NHS services who may be vulnerable or require support in the particular circumstances of the evacuation.

Clinical Commissioning Groups

- Delegated by NHS England to represent the NHS at the tactical level.
- May also attend TCGs to support the CCGs own role as the lead commissioner of NHS services in the local area.
- Liaises with NHS 'Gold' to agree any changes required to local NHS services
- Work with other members of local healthcare systems to generate capacity as appropriate.

NHS Ambulance Services

- Sets the Ambulance service tactics based on Gold Strategy
- Direct management of all medical resources on scene(s)
- Maintains lines of communication with operational and strategic commanders
- Ensures all relevant information with regards to the incident is passed to strategic commanders

- Responsible for the health and safety of medical staff and resources on scene
- Liaison with the Medical Incident Advisor to decide on specialist clinical casualty management and transport.

NHS Hospital and Community Provider Organisations

- Receive and treat casualties caused by the incident
- Work with other members of local healthcare systems to generate capacity as appropriate.
- Provide public mortuary facilities where contracted to, and generate mortuary capacity as appropriate.

Appendix C: Procedural Document Checklist for Approval

This must be completed and include a plan regarding how a policy will be implemented.

Procedural document checklist for approval			
To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.			
	Title of document being reviewed: Policy framework for the development and management of procedural documents	Yes/No/ Unsure	Comments/Details
A	Is there a sponsoring director?	Yes	Elaine Newton
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	EMT, on-call rota and Governing Body consulted / approved
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target group clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	This plan is complimentary to the NHS England

Procedural document checklist for approval

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments/Details
	Policy framework for the development and management of procedural documents		framework documents
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	Governing Body
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details.	Yes	Via Intranet and CCG Website
8.	Process for Monitoring Compliance		
	Have specific, measurable, achievable, realistic and time-specific standards been detailed to monitor compliance with the document?	Yes	See monitoring table
9.	Review Date		
	Is the review date identified?	Yes	
10	Overall Responsibility for the Document		
	Is it clear who will be responsible for implementing and reviewing the documentation i.e. role of author/originator?	Yes	

Director Approval

On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name	Elaine Newton	Date	
Signature			

Committee Approval

On approval, Chairs to sign and date.

Procedural document checklist for approval

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document being reviewed:		Yes/No/ Unsure	Comments/Details
Policy framework for the development and management of procedural documents			
Name		Date	
Signature			
Document title: EPRR Policy			
Manager: Mark Twomey		Date: September 2018	
Is there a training need?: Yes		(If yes attach separate training schedule)	
Is it competency based?: Yes		(If yes attach separate competency list)	
Action plan:			
Action:	Responsible Person:	Date for Completion:	
Confirm Training schedule once approved by Governing Body	Mark Twomey	February 2019	
Setup Resilience Sub-Committee	Mark Twomey	December 2018	
I hereby confirm that the above document has been circulated to all appropriate staff and that the actions listed above are complete:			
Signed (Policy Owner):		Date:	

Appendix D: Compliance and Audit Table

Explain how the procedures will be audited i.e. how you will provide assurance that the policy is being adhered to

Criteria	Measurable	Frequency	Reporting to	Action Plan/Monitoring
Systems in place to ensure that Policy Owners/Authors follow the process outlined in this Guidance document	Criteria for preliminary approval are met	Annual approval required	Governing Body	EPRR Assurance process takes place annually in addition to annual approval of policy by Governing Body
Systems in place for: <ul style="list-style-type: none"> • Distribution (including version control) • Monitoring of Implementation Plan • Implementation • Timely review of all policies and procedures including equality analysis • Archiving/ Retention /Destruction of policies 	Database showing status of all current policies EPRR aspects are part of IG Toolkit	Annual systems check	JET	Exception Report
Iterative development of Policy responding to comments received regarding the viability of policy implementation	Number of comments received	Annual	DCCA with any amendment to relevant Governing Body Committee	Action Plan to address comments