North East Lincolnshire CCG

Emergency Planning, Resilience and Response (EPRR) Policy and Framework

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| 1 | New policy | Sept 2018 |
| 2 | * Policy moved into correct template.
* Standard paragraphs added.
* Change to on-call directors’ arrangements due to switch to Humber contingent
* Review of roles and staff diagram
* Addition of loggists to roles
* Changes to domains of NHSE assurance process
 | 28/04/2021 |

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# **INTRODUCTION**

The NHS England Emergency Preparedness Resilience and Response (EPRR) Framework provides the framework for NHS funded organisations in England to help with meeting the requirements of the Civil Contingencies Act 2004 (CCA 2004), the NHS Act 2006 as amended by the Health and Social Care Act 2012 and the NHS Standard Contract.

In essence it describes how the NHS in England will go about its duty to be properly prepared for dealing with emergencies. Oversight of EPRR activities is led by the NHS through Local Health Resilience Partnerships (LHRPs).

Further, under the Civil Contingencies Act, the principal mechanism for multi-agency co-operation at the local level is the Local Resilience Forum (LRF). LRFs are generally based on local police areas and bring together all the organisations that have a duty to co-operate under the Civil Contingencies Act, along with others who would be involved in the response. The purpose of the LRF process is to ensure effective delivery of those duties under the Act that need to be developed in a multi-agency environment.

There is a significant overlap in the scope of consideration of the LHRP and LRF in terms of the likely impact on NHS funded and other commissioned services and there is a clear expectation that NHSE would seek to work through and with CCGs to ensure a response is effectively managed.

# **2.0 SCOPE**

This policy applies to all CCG staff, specifically CCG emergency planning and strategic planning staff.

# **3.0 PURPOSE**

The purpose of this document is to ensure that the CCG has a policy and work plan associated with emergency planning which spans the LHRP and LRF scope and supports the building of resilience to incidents in NELCCG and its providers; whilst satisfying the requirements of the CCG as a Category 2 responder under the Civil Contingencies Act 2004 and NHS England Core Standards for Emergency Planning.

# **4.0 IMPACT ANALYSES**

4.1 Equality

The CCG is committed to creating an environment where everyone is treated equitably and the potential for discrimination is identified and mitigated.

All policies require an Equality Impact Assessment, document authors, are required to complete an Equality Impact Assessment as part of the consultation process.

An Equality Impact Assessment was completed when this document was reviewed on 28th April 2021 and rated “Green”.

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As a result of preforming the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage

The assessment needs to be approved by EQUIA panel before being presented for approval.

The full EIA should be submitted with the policy at the approval stage and made available as a separate document to be placed alongside the policy once approved*.*

4.2 Bribery Act 2010

The relevance of the Bribery Act 2010 must be considered in respect of every policy.

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and the Conflicts of Interest Policy and has robust controls in place to prevent fraud, bribery and corruption. Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist.

<http://www.northeastlincolnshireccg.nhs.uk/countering-fraud-in-the-nhs>

# **5.0 NHS CONSTITUTION**

The CCG is committed to upholding the NHS constitution which establishes the principles and values of the NHS in England. This policy supports the NHS Constitution by ensuring that the CCG plans for major and critical incidents and disasters to enable the NHS to continue running to the best of its ability throughout emergencies. This helps to ensure “excellence and professionalism”, a “comprehensive” service that continues to be available to all. The EPRR Policy is also central to the NHS Constitution Commitment to Quality of Care as emergencies and incidents can hinder the safety of patient care when not prepared for properly.

# **6.0 ROLE AND RESPONSIBILITIES OF THE CCG**

This section contains extracts from the NHS EPRR Framework which explain and clarify the statutory role of CCGs and expectations in emergency planning.

6.1 Statutory Requirements under the CCA 2004

Category 1 responders for health are:

* Department of Health (DH) on behalf of Secretary of State for Health
* NHS England
* Acute service providers
* Ambulance service providers
* Public Health England (PHE)
* Local authorities (Inc. Directors of Public Health (DsPH))

Category 2 responders for health are:

* CCGs

CCGs are expected to provide support to NHS England in relation to the coordination of their local health economy.

Category 2 responders are critical players in EPRR who are expected to work closely with partners. They are required to cooperate with and support other Category 1 and Category 2 responders. They are less likely to be involved in the heart of planning work but will be heavily involved in incidents that affect their own sector. Category 2 responders have a lesser set of duties - co-operating and sharing relevant information with other Category 1 and 2 responders.

Primary care, including out of hours providers, community providers, mental health service providers, specialist providers, NHS Property Services and other NHS organisations (for example NHS Blood &Transplant, NHS Supply Chain and NHS 111) are not listed in the CCA 2004. However, DH and NHS England guidance expects them to plan for and respond to emergencies and incidents in a manner which is relevant, necessary, and proportionate to the scale and services provided.

NHS England will represent the NHS at the Local Resilience Forum (LRF); NHS ambulance service providers will also be present as an emergency service.

6.2 Statutory requirements applicable within the NHS Act 2006

The NHS Act 2006 (as amended) requires NHS England to ensure that the NHS is properly prepared to deal with an emergency. CCGs, as local system leaders, should assure themselves that their commissioned providers are compliant with relevant guidance and standards and they are ready to assist NHS England in coordinating the NHS response.

The key elements are contained in Section 252A of the NHS act 2006 (as amended) and are:

* NHS England and each CCG must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency.
* NHS England must take steps as it considers appropriate for securing that each CCG and each relevant service provider is properly prepared for dealing with a relevant emergency.
* The steps taken by NHS England must include monitoring compliance by each CCG and service provider; and
* NHS England must take such steps as it considers appropriate for facilitating a coordinated response to an emergency by the CCGs and relevant service providers for which it is a relevant emergency.

These elements clearly establish the relationship between NHS England and CCGs. In essence NHS England would seek to work with and through the local CCGs to ensure the NHS response can be effectively managed at strategic and tactical levels delivering the service-wide aim and objectives.

The NHS in England will also have in place strategic forums for joint planning for health incidents: Local Health Resilience Partnerships (LHRP). These partnerships will support the health sector’s contribution to multi-agency planning through the LRF

6.3 Contractual Obligations

The NHS Standard Contract Service Conditions require providers to comply with EPRR Guidance. Therefore commissioners must ensure providers are compliant with the requirements of the Core Standards as part of the annual national assurance process (see section 9). NHS England will ensure that commissioners are compliant with the requirements of the Core Standards as part of the annual CCG assurance framework.

6.4 CCG Specific Roles and Responsibilities (as per NHS EPRR Framework)

**Accountable Emergency Officers (AEOs)**

Chief executives of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisation’s governance and its operational delivery programmes. Chief executives will be able to delegate this responsibility to a named director, the AEO. The AEO will be a Board level director responsible for EPRR. They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident.

AEOs will be aware of their legal duties to ensure preparedness to respond to an incident within their health community to maintain the public’s protection and maximise the NHS response.

The AEO will be supported by a non-executive director or other appropriate Board member to endorse assurance to the Board that the organisation is meeting its obligations with respect to EPRR and relevant statutory duties under the CCA 2004 and the NHS Act 2006 (as amended). This will include assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements.

Specifically 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.

**CCGs**

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 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

**On-call Directors**

There are 3 on-call directors employed by North East Lincolnshire CCG, one of which is the AEO. The 3 NELCCG on-call directors are part of a Humber-wide on-call contingent with North Lincolnshire CCG, East Riding of Yorkshire CCG, and Hull CCG.

The full details of the roles and responsibilities of the on-call directors are outlined in the Humber On-call Policy; however generally speaking the on-call director fulfils the CCG’s requirement to be available 24 hours 7 days a week in the event of an emergency.

On-call Directors will maintain a continuous portfolio of EPRR exercise and training attendance.

**Assistant Director for Strategic Planning**

The Assistant Director for Strategic Planning will, together with the Emergency Planning and Resilience Manager, plan and strategize for EPRR and Business Continuity Incidents.

**Emergency Planning and Resilience Manager**

The Emergency Planning and Resilience Manager is responsible for completing the administration of the EPRR Assurance Process, chairing the local EPRR group (EPARG) and leading on exercising and training planning for NEL CCG. They are also responsible for the writing and maintenance of all NELCCG EPRR policies and procedures including the CCG Business Continuity Plan.

They will lead on specific workstreams and projects associated with improving the resilience of the CCG and its commissioned providers.

**Unplanned Care Team**

The Service Lead for Unplanned Care and Project Officer for Unplanned Care also undergo relevant exercises and emergency planning training for resilience purposes, and the Emergency Planning and Resilience Manager will work with the Unplanned Care Team to connect up overlapping discussions on resilience, emergency planning and winter planning where appropriate.

**Loggists**

The CCG has a group of trained loggists who are able to log for the Incident Commander during a protracted incident where a formal loggist is required.

# **7.0 DEFINITIONS**

* EPRR: Emergency Planning, Resilience and Response
* LHRP: Local Health Resilience Partnership
* LRF: Local Resilience Forum
* BCP: Business Continuity Plan
* AEO: Accountable Emergency Officer
* CCA 2004: Civil Contingencies Act 2004

# **8.0 ORGANISATIONAL CHART - CCG STAFF**

Deputy Chief Executive – Accountable Emergency Officer (AEO) and Gold Commander

Chief Finance Officer – On-call Director and Gold Commander

Director of Quality & Nursing – On-call Director and Gold Commander

Assistant Director for Service Delivery and Redesign – Silver Commander

Assistant Director for Strategic Planning – Silver Commander

Unplanned Care Service Manager (Bronze Command)

Emergency Planning and Resilience Manager (Bronze Command)

Project Officer for Unplanned Care (Support)

# **9.0 NHS EPRR ASSURANCE**

The annual NHS EPRR Assurance Process is based on the NHS EPRR Framework which is updated annually. An annual review of the CCG compliance with NHS Core standards for EPRR is required in accordance with the national timetable; this is collated by the Emergency Planning and Resilience Manager and reviewed and approved by the AEO.

The assurance process consists of:

* An organisational self-assessment against the EPRR core standards which is structured under the headings:
	+ Governance
	+ Duty to risk assess
	+ Duty to maintain plans
	+ Command and control
	+ Training and exercising
	+ Response
	+ Warning and informing
	+ Cooperation
	+ Business Continuity
* The development and submission of an action plan (which forms the annual EPRR work plan for the CCG) for improvements indicated by the self-assessment and
* The submission of a statement of compliance ratified by the governing body/board.

The CCG will refer to the Guidance on the Core Standards for Emergency Preparedness Resilience and Response; and the EPRR Annual Assurance Guidance distributed at the start of the assurance process by NHS England.

# **10.0 CCG POLICY AND PLANS**

10.1 Primary Care

NHSE EPPR Policy considers planning for emergencies in the NHS but does not include Primary Care (albeit there are requirements on emergency preparedness within the NHS Standard Contract as above). Whilst this means Primary Care is not subject to the EPRR Assurance requirements there is clear expectation that CCGs will need to plan and interact with Primary Care. Representatives from Primary Care are invited to attend the NEL EPARG defined below in section 10.3.

10.2 LRF and LHRP Planning

The LRF multi-agency forum is attended by all CCA Category 1 responders but not CCGs, however it is essential that the CCG is aware of the LRF agenda and output in order to fulfil its obligations as a coordinator of local responses and conduit to NHSE.

The CCG will attend LHRP as per the AEO responsibilities outlined above and participate in the planning of the regional health response.

10.3 North East Lincolnshire Emergency Planning and Response Group (EPARG)

The roles and responsibilities of CCGs are clear, and a rolling programme of work is required to ensure that the CCGs can meet these obligations, both in terms of coordination and support to NHSE and the local health and care economy but also to ensure the preparedness of local partners.

In order to enact preparedness for incidents/emergencies that might impact on commissioned health and care services, the CCG shall establish, lead and develop a working group of relevant bodies. This Emergency Planning and Response Group (EPARG) will consider the following:

* Incident Coordination
* Review of Risks
* Review and development of specific local plans
* Exercises and training sessions that test coordination and plans
* Review of actual incidents/lessons learned

The group will set objectives every year on what the local health economy wishes to achieve in terms of emergency planning.

As per the above purposes, each EPARG meeting will have a purpose to promote a continuous cycle of EPRR work throughout the year which ought to facilitate the meeting of the EPRR Core Standards/NHS Standard Contract. Please note, the main purpose for each group will feature as part of the wider agenda which will be developed as the year progresses and each group will see presentations/discussions outside of the main purpose.

|  |  |  |
| --- | --- | --- |
| EPARG  | To be held | Main Purpose |
| Quarter 1 | June/July | To review the local risk registerTo set objectives for the year Any other relevant presentations/discussionsTo review the ToR if needed (June bi-annually). Next review due 30th June 2019 |
| Quarter 2 | September/October | To complete a training needs assessment across EPARG for the financial year (training needs assessment to be circulated prior to the meeting and finalised at the meeting)To discuss any mutual assistance that can be provided in meeting the EPRR Core Standards for the year.  |
| Quarter 3  | December/January | Exercise or training session |
| Quarter 4 | March/April | Exercise or training sessionFinal review of objectives and whether these have been met. To assess efficiency of the group against the group’s Terms of Reference |

Actions from EPARG meetings will be captured in a database kept by the CCG, and updates requested monthly by the CCG to ensure that all actions are completed in a timely fashion.

10.4 Annual Work Programme

The EPARG work programme and actions process outlined in section 10.3 above, along with the actions arising out of the annual EPRR Assurance process in section 9 will form the CCG’s annual EPRR Work Programme.

10.5 NEL CCG Business Continuity Plan

This is to be reviewed annually and on the CCG website for ease of access. All staff are directed to read it during induction (communicated by CCG staff newsletter) and Managers are required to ensure they have full, accurate and up to date contact information for all members of their team.

There is a plan for a test of the communication cascade twice yearly in March and September.

10.6 Humber CCG’s On-call Director’s Handbook (Dealing with Critical and Major Incidents under the EPRR Framework, Business Continuity Incident and Surge in Activity)

This informal policy is directed at On-call Directors as the CCG’s Incident Commanders. It effectively forms NELCCG’s Incident Response plan and informs on-call staff/incident commanders on how they can deal with:

* Major Incidents as defined in the NHS E EPRR Framework
* Critical Incidents as defined in the NHS E EPRR Framework
* Surge in activity
* LRF Exercises
* Links to relevant policies and plans e.g. national cold weather and heatwave plans, national procedures on requests for military assistance etc.
* It also fully details the role of on-call Directors at NEL CCG and the on-call arrangements for the organisation within the Humber Arrangement.

10.7 Debriefing process

Following any incident involving initiation of the CCG business continuity plan or Major/Critical Incident plan detailed in the On-call Handbook; a formal debriefing process will take place. This will take the form of a review and if necessary root cause analysis to determine if lessons can be learned for incorporation in future planning. The views of those engaged in the incident will be considered. Any risks will be recorded within the CCG risk register.

In addition to the above, as per the NEL CCG On-call Director’s Handbook, the Incident Commander dealing with any incident will consider the plans for recovery from an incident alongside the health economy and Local Authority.

10.8 Training

NHS England stipulates the following training requirements requiring completion:

* 6 monthly tests of communications
* Annual tabletop exercise
* 3 yearly live exercise
* 3 yearly command and post exercise

NELCCG commits to meeting these requirements and this is facilitated by an annual training analysis and corresponding plan is produced for and by EPARG, led by the CCG.

# **11.0 CCG RESOURCES FOR EPRR**

11.1 Resourcing Commitments

* Having the appropriate EPRR staff as per section 6.4 above to discharge the CCG’s responsibilities under the Civil Contingencies Act 2004.
* Having a 24/7 on-call Director available for contact by CCG staff and providers.
* Attendance at the LHRP by a Director or appropriate nominated individual (e.g. the EPRR Emergency Officer)
* Completing an annual training needs analysis for themselves and providers to successfully organise exercising and training opportunities
* Organising and chairing the local EPARG.
* Meeting the training and exercising requirements under EPRR
* Fulfilling the CCG’s role in co-ordinating the local health response and deploying resources in accordance with the NELCCG On-Call Handbook to deal with Major/Critical/Business Continuity Incidents for the CCG and its providers.
* Work with provider to improve their Business Continuity planning through EPARG.
* The CCG commits to publishing its compliance with EPRR Core Standards on an annual basis and providing annual reports to the Governing Body on progress on EPRR, current compliance and corresponding action plan.

11.2 Incident Co-ordination Centre

In the event of an emergency the CCG will locate commanding staff to the Fred Smith Room in the Fishing Heritage Centre, Alexandra Dock, Grimsby, DN31 1UZ. This ICC is run, equipped and regularly tested by North East Lincolnshire Council.

In the event of the Fishing Heritage Centre being unusable, the CCG will locate commanding staff to the backup ICC based in the Municipal Offices, Town Hall Square, Grimsby, North East Lincolnshire, DN31 1HU, which is also incidentally where the CCG is based.

The LRF Command in Clough Road, Hull, will send regular SITREPs back to the ICC in Grimsby including updates from NHS England. The Gold Commander of the incident may wish to locate to Clough Road personally if they require a faster cascade of communication, with another staff member (Silver or Bronze Command) locating to the Grimsby ICC.

The CCG participates in the testing exercises for both ICCs.

11.3 Finances

The CCG recognizes its obligations with regards to emergency planning, resilience, responding to major, critical and business continuity incidents. Funds, if necessary, will be made available in the event of these incidents to ensure the CCG meets its obligations with respect to these.

Any decisions to deploy funds in the event of a Major Incident should be recorded appropriately, and the cost should be traceable to those records.

# **12.0 CONCLUSION**

The CCG is required to respond to all NHS England directives in relation to emergency planning and there are processes in place for this to happen.

No one document can address every eventuality however the CCG is committed to working with partners in planning, testing and initiating procedures should the need arise.

# **13.0 IMPLEMENTATION**

This policy will be agreed by the Director for Strategic Planning before being sent to Governing Body for ratification. The policy will be reviewed every two years.

# **14.0 DISSEMINATION, ACCESS & TRAINING**

This policy will be published on the CCG’s intranet and or internet and disseminated to all CCG staff via the global newsletter.

Training requirements associated with this policy are communicated directly to the staff that require EPRR specific training, and on-call directors will be invited to attend exercises and training sessions as they are planned.

# **15.0 REVIEW, MONITORING AND COMPLIANCE**

14.1 The effectiveness of this policy will be monitored by the Corporate Assurance Officer and reported to the Chief Finance Officer.

14.2 This policy may be reviewed at any time at the request of either staff side or management but will automatically be reviewed after the first twelve months and thereafter every two years from the date of approval or as and when statutory changes are required.

#  **REFERENCES AND LINKS TO OTHER DOCUMENTS (for this policy)**

* NELCCG Business Continuity Policy
* [NHS England Emergency Preparedness, Resilience and Response Framework 2015](https://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf)
* NHS Act 2006: <https://www.legislation.gov.uk/ukpga/2006/41/contents>
* Civil Contingencies Act 2004: <https://www.legislation.gov.uk/ukpga/2004/36/contents>
* Humber On-call Policy
* Humber On-call Pack (Grab Pack and Induction Pack)