

**REPORT TO MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 28 May 2015

Agenda No: 6.4

Attachment: 09

<p>Title of Document: Emergency Preparedness Response and Resilience (EPRR) Policy v0.1 May 2015</p>	<p>Purpose of Report: For Approval</p>
<p>Report Author: Josh Tarling, Principal Associate – Business Resilience, SECSU</p>	<p>Lead Director: Lynn Street, Director of Quality</p>
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<p>Executive Summary: Merton CCG Governing Body noted the EPRR - Action Plan that went to the March 2015 Governing Body meeting, and that this paper identifies the EPRR response to the Policy document of 1 May 2015.</p> <p>EPRR Policy has been developed in response to the updated requirements of NHS England and supersedes the CCGs previous Business Continuity Policy. The policy covers the organisations response and responsibilities in respect to both internal and external major/critical incidents. The policy has been reviewed and approved by the NHS England South London EPRR Network Manager.</p> <p>The EPRR Policy will be implemented through the development of relevant plans and procedures and the delivery of training and exercises to appropriate staff. The CCG has procured the services of the South East CSU Business Resilience Team to provide the operational delivery of this, acting on behalf of, and with, the Director of Quality.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc:</p> <p>Section 4; CCG EPRR Roles and responsibilities Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements; Support NHS England in discharging their EPRR functions and duties locally; Provide a route of escalation for the Local Health Resilience Partnership should a provider fail to maintain necessary EPRR capacity and capability; Fulfil the responsibilities as a Category two responder under the Civil Contingencies Act including maintaining business continuity plans for their own organisation; Be represented on the Local Health Resilience Partnership (either on their own behalf or through representation by a 'lead' CCG); and Seek assurance provider organisations are delivering their contractual obligation.</p> <p>The CCG will work with the NHS England (London South) EPRR to conduct assessment of provider organisations against the EPRR Core standards on an annual basis. Where issues are identified the CCG will monitor resolution of these, challenging progress as required.</p>	

<p>Recommendation(s): The Governing Body is asked to APPROVE the EPRR Policy</p>
<p>Committees which have previously discussed/agreed the report: Executive Management Team; 13 May 2015</p>
<p>Financial Implications: None</p>
<p>Implications for CCG Governing Body: 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.</p>
<p>How has the Patient voice been considered in development of this paper: N/A</p>
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/Staffing) Links to Risk Register Number 792: If the CCG fails to establish internal and provider business continuity/ emergency planning arrangements for a major incident or breakdown of a service within providers, there may be a risk to continuity of services should there be a major incident; 5x2=10</p>
<p>Equality Assessment: This policy has been viewed to have no impact on protected characteristics and does not require a full EIA to be carried out.</p>
<p>Information Privacy Issues: None</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) The EPRR Policy will be communicated to staff using the staff bulletin, staff meeting and as for all other policies and will be made available through the intranet.</p>

Merton CCG

Emergency Preparedness, Resilience and Response Policy

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DRAFT v0.1 May 2015

1 Document Control

Amendment History			
Version	Date	Amendment History	
0.1	March 2015	Draft for review	
Review History			
This policy has been reviewed by:			
Name	Title	Date	Version
Lynn Street	Director of Quality	16/03/15	0.1
Josh Tarling	Principal Associate, Business Resilience (SECSU)	16/03/15	0.1
Wayne Williams	NHS England EPRR Network Manager (South London)	23/03/15	0.1
Eleanor Brown (Chair)	Merton CCG Executive Management Team	13/05/15	0.1

Approval				
Name	Signature	Title	Date	Version

NB. The version of the policy posted on the intranet must be a PDF copy of the signed approved version.

Document Status
This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

Related policies		
Ref No	Title	Version

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2 Statement of Intent

Merton 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:

- I. nominate an director level accountable emergency officer who will be responsible for EPRR; and
- II. 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:

- I. 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;
- II. exercise these plans through:
 - a communications exercise every six months;
 - a desktop exercise once a year; and
 - a major live exercise every three years;
- III. have appropriately trained, competent staff and suitable facilities available round the clock to effectively manage an emergency and business continuity incident; and
- IV. 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.

Merton 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

3 The Policy

3.1 Introduction

- 3.1.1 NHS England requires the CCG to have prepared and tested arrangements to respond to emergency and business continuity incidents.
- 3.1.2 This policy outlines the requirements to which the CCG must adhere and how these will be delivered.
- 3.1.3 This policy applies to all aspects of CCG operations and services.
- 3.1.4 The process of EPRR is by the whole organisation and is driven by the Governing Body through the CCG Accountable Emergency Officer.
- 3.1.5 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.

3.2 Scope

- 3.2.1 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.
- 3.2.2 The CCG will be responsible for the coordination of Level 1 incidents within its area of operations. The CCG will provide support to NHS England in the response to Level 2, 3 and 4 incidents.

Alert	Activity	Action	NHS CB Incident levels	
Alert	Dynamic Risk Assessment	Declaration of Incident level	1	A health related incident that can be responded to and managed by local health provider organisations that requires co-ordination by the local CCG.
			2	A health related incident that requires the response of a number of health provider organisations across an NHSCB area team boundary and will require an NHSCB Area Team to co-ordinate the NHS local support.
			3	A health related incident, that requires the response of a number of health provider organisations across and NHSCB area teams across an NHS CB region and requires NHS CB Regional co-ordination to meet the demands of the incident
			4	A health related incident, that requires NHSCB National co-ordination to support the NHS and NHS CB response

Figure 1: NHS Incident Response Levels

- 3.2.3 The scope of the arrangements for the response to Business Continuity incidents limited to the activities of the CCG. Any staff directly employed by, or contracted to work for the CCG are covered. 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.
- 3.2.4 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.

3.3 Accountability

- 3.3.1 The person with senior level responsibility for the delivery of the CCG EPRR arrangements is the Accountable Emergency Officer.
- 3.3.2 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.
- 3.3.3 The operational function and delivery of EPRR activities is provided under contract by the South East Commissioning Support Unit Business (SECSU) Resilience Team.
- 3.3.4 Designated leads in each directorate are responsible for delivering the information required for the directorate's EPRR arrangements. Professionally qualified Resilience Associates contracted from SECSU are involved in the process and available to provide specialist support to all parts of the organisation.

3.4 Implementation

- 3.4.1 The CCG will maintain appropriate plans and procedures documenting their response to emergency and business continuity incident.
- 3.4.2 This will include:
- i. This policy
 - ii. Director on Call Pack
 - iii. Business Continuity Plan
 - iv. EPRR Risk Assessment
- 3.4.3 The CCG Director on call Pack will enable the CCG to respond to and coordinate local provider responses to Level 1 Incident. It will also enable the CCG to support NHS England to discharge its EPRR responsibilities for level 2, 3 and 4 incidents. Level 1 incidents will predominantly necessitate the management of pressures within provider organisations.
- 3.4.4 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.

- 3.4.5 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.

4 Roles and Responsibilities

4.1 CCG EPRR Roles and responsibilities

- 4.1.1 Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements;
- 4.1.2 Support NHS England in discharging its EPRR functions and duties locally;
- 4.1.3 Provide a route of escalation for the LHRP should a provider fail to maintain necessary EPRR capacity and capability;
- 4.1.4 Fulfil the responsibilities as a Category two responder under the CCA including maintaining business continuity plans for their own organisation;
- 4.1.5 Be represented on the LHRP (either on their own behalf or through representation by a 'lead' CCG); and
- 4.1.6 Seek assurance provider organisations are delivering their contractual obligation.

Full CCG roles and responsibilities are detailed in appendix 1.

4.2 Governing Body

- 4.2.1 Act to ensure/monitor the overall strategic direction of the EPRR programme across the CCG.
- 4.2.2 Ensure that the EPRR programme is enforced and resourced appropriately.
- 4.2.3 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.

4.3 Accountable Emergency Officer

- 4.3.1 Undertake leadership and sponsorship of the EPRR programme under the direction of the Governing Body.
- 4.3.2 Act as a point of tactical leadership in support of the Programme Managers.

- 4.3.3 Liaise with the SECSU Business Resilience Team to ensure that the delivered EPRR programme meets the needs of the CCG..
- 4.3.4 Manage, monitor and report on the progress of the EPRR programme as required
- 4.3.5 Ensure that where appropriate, sections of EPRR Plans and Policy are published and accessible to the public.
- 4.3.6 Identify individuals within the CCG to assist SECSU in the development and completion of the EPRR programme.

4.4 Department Leads

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

5 Communications and Awareness

- 5.1.1 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.

6 Sharing information

- 6.1.1 Merton CCG will ensure that it shares relevant information with partner organisation in a timely and efficient manner during incidents as per the responsibilities under the Civil Contingencies Act.
- 6.1.2 In line with data protection legislation the information shared will always be the minimum required for the specific purpose of the request.
- 6.1.3 Merton CCG may need to share information both internally within the NHS (to provider organisations or NHS England) and externally to responding organisations at the Borough Resilience Forum level.
- 6.1.4 The sharing of information will follow the principles set out in the HM Government Data Protection and Sharing – Guidance for Emergency Planners and Responders (2007).
 - is it unfair to the individual to disclose their information?
 - what expectations would they have in the emergency at hand?
 - am I acting for their benefit and is it in the public interest to share this information?

7 Maintenance

- 7.1.1 The Accountable Emergency Officer 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.
- 7.1.2 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
- 7.1.3 The Policy, plans and procedures may also be reviewed following the response to a real incident or exercise.
- 7.1.4 Where changes are made these will be communicated with all relevant staff and partner organisation and where necessary, updated documents will be circulated.

8 Testing and Training

- 8.1.1 The Accountable Emergency Officer (AEO) 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.
- 8.1.2 CCG Directors on Call must undertake training that meets the relevant National Occupational Standards and NHS England competencies.
- 8.1.3 SECSU are contracted to provide regular training and for staff on behalf of the AEO.
- 8.1.4 The CCG will maintain a training plan which is based on a training needs analysis to focus the training delivered within the organisation.
- 8.1.5 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.
- 8.1.6 Plans and procedures will be tested on a regular basis, no less than annually or following significant changes to the organisation.
- 8.1.7 Plans and procedures will be exercised in line with the requirements of the NHS England Emergency Preparedness Framework (2013) and will involve
- a communications exercise every six months;
 - a desktop exercise once a year; and

- a major live exercise every three years;

8.1.8 The CCG will maintain an exercise plan based upon these requirements.

8.1.9 The responsibility to exercise plans can be discharged through participation in multi – agency exercises or the response to a real event.

9 Continuous Organisational Development

9.1.1 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.

9.1.2 Where appropriate this may take place as part of a multi-agency process.

9.1.3 The CCG will maintain appropriate procedures for debriefing staff and identifying and acting on lessons.

9.1.4 Lessons identified will be addressed through changes to policy, plan and procedures and or staff training.

9.1.5 The AEO will be responsible for ensuring that this process takes place and that appropriate actions are included in the EPRR work programme.

10 Equality Impact Assessment

10.1.1 The organisation aims to ensure that its policies meet the needs of its staff and customers and ensure they do not disadvantage any groups or individuals.

10.1.2 Equality Impact Assessments (EIA) or Equality Analysis provides a systematic way to ensure legal obligations are met and are a practical way of examining new and existing policies and practices to determine what effect they may have on equality for those affected by the outcomes.

10.1.3 The purpose of EIAs is to identify and address real or potential inequalities resulting from policy and practice development or service change. Through this process an organisation gains a greater understanding of its functions and is more able to be an equitable employer and service provider

10.1.4 This policy has been viewed to have no impact on protected characteristics and does not require a full EIA to be carried out.

11 References and underpinning materials

- The Civil Contingencies Act 2004
- The Health and Social Care Act 2012
- NHS Commissioning Board planning framework (*'Everyone Counts: Planning for Patients'*)
- NHS standard contract
- NHS Commissioning Board EPRR documents and supporting materials

- NHS Commissioning Board Business Continuity Management Framework (service resilience) (2013)
- NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies (2013)
- NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- 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
- The role of accountable emergency officers
- Cabinet Office National Recovery Guidance

Appendix 1 –CCG EPRR Roles and Responsibilities

As detailed in the NHS England Emergency Preparedness Framework 2013

Planning and Prevention

a. co-operate and share relevant information with category one responders but they will be engaged in (LHRP) discussions where they will add value.

They must maintain robust business continuity plans for their own organisations.

b. corporately, CCGs will support the NHS CB in discharging its EPRR functions and duties locally, ensuring representation on the LHRP and engaging in health economy planning groups.

c. include relevant EPRR elements (including business continuity planning) in contracts with provider organisations in order to:

- ensure that resilience is “commissioned-in” as part of standard provider contracts and to reflect local risks identified through wider, multi-agency planning;
- reflect the need for providers to respond to routine operational pressures, e.g. winter, failure of providers to continue to deliver high quality patient care, provider trust internal major incidents;
- enable NHS-funded providers to participate fully in EPRR exercise and testing programmes as part of NHS CB EPRR assurance processes.

d. maintain performance levels, CCGs need to provide their commissioned providers with a route of escalation on a 24/7 basis. Conversely, the NHS CB will need a conduit in which to mobilise relevant support provider arrangements during significant and widespread incidents (see Response below).

e. develop, test and update their own business continuity plans to ensure they are able to maintain business resilience during any disruptive event or incident.

Escalation

f. ensure robust escalation procedures are in place such that if an NHS funded provider has a problem (rather than an immediate emergency or significant incident), the locally-agreed route for escalation (whether out of hours or during normal business hours) is available via the CCGs. This will require CCGs to establish their own 24/7 on-call arrangements, this may include working in collaboration with other local CCGs to provide cost effective robust arrangements.

Response

g. as Category two Responders under the CCA, CCGs must respond to reasonable requests to assist and co-operate.

h. support the NHS CB Area Team should any emergency require wider NHS resources to be mobilised. CCGs must have a mechanism in place to support NHS Area Teams to effectively mobilise and coordinate all applicable providers that support primary care services should the need arise.

i. maintain service delivery across their local health economy to prevent business as usual pressures and minor incidents within individual providers from becoming significant or major incidents. This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy which may include support with surge in emergency pressures. CCGs need a process that enables them to escalate incidents to the NHS CB area team as applicable.

j. some, but not all, CCGs may become more involved in the provision of emergency response, for example:

- where there are specific risks identified in local risk registers, such as hazardous materials nuclear, chemical or biological; and
- where there is a significant issue of geographic remoteness or complexity, which may compromise a NHS CB area team to act alone as a Category one responder. In such circumstances, the area team may request support from CCG members to become part of the initial health response. This will be through agreement between the area team and the relevant CCG staff who will act on behalf of the NHS CB locally during the initial stages of an incident. Under any such agreement, the NHS CB is still responsible for ensuring an effective response is delivered and retains command and control.