NHS
North Lincolnshire
Clinical Commissioning Group

NHS NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE POLICY

December 2019

Authorship:	**NHS NL CCG**
Approved:	**Chief Operating Officer**
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Equality Impact Assessment	**-Screening Completed**
Sustainability Impact Assessment:	**Completed**
Target Audience:	**All CCG employed staff**

Version Number: 1.3

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will Be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
1.1	J Killingbeck	Review to reflect national policy changes	Quality Group	
1.2	Gary Johnson	Updated with Minor amendments in line with EPRR Core Standards 2018 action plan	Alex Seale 01/03/2019	01/03/2019
1.3	Gary Johnson	Updated with Minor Amendments as review schedule	Alex Seale 10/12/19	10/12/2019

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1 INTRODUCTION

1.1 Introduction

The NHS needs to be able to plan for and respond to, a wide range of incidents that could impact on health or patient care. These could be anything from an infectious disease outbreak, severe weather, prolonged periods of severe pressure, or a major transport accident. A significant event or emergency is any event that cannot be managed within routine service arrangements; it requires the implementation of special procedures and involves one or more of the emergency services, the NHS or the local authority (NHS E 2015).

The Health and Social Care Act 2012 laid the foundation for a series of changes to the established emergency preparedness, resilience and response (EPRR) systems and processes with effect from 1st April 2013. The effect of these changes means that Clinical Commissioning Groups (CCGs) are Category 2 responders as defined by the Civil Contingencies Act 2004 (CCA 2004).

The Act requires that all such responders have plans in place to respond to emergencies/disruption to services and have an up-to-date Business Continuity Management Plan (BCMP). These plans are to be regularly reviewed, up-dated and tested. BCMP and EPRR plans ensure that robust systems are in place to provide guidance about what measures need to be taken in the event of normal service provision being disrupted.

This policy provides an overview of key functions, roles and responsibilities of the EPRR system before detailing North Lincolnshire CCG's (NL CCG) arrangements for EPRR response; it should be read in conjunction with NL CCG Business Continuity Plan and NL CCG Major Incident Plan.

1.2 Context - EPRR Underpinning Principles

Underpinning principles for NHS EPRR:

a) Preparedness and Anticipation – the NHS needs to anticipate and manage consequences of incidents and emergencies through identifying the risks and understanding the direct and indirect consequences, where possible. All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. All organisations should be able to demonstrate clear training and exercising schedules that deliver against this principle.

b) Continuity – the response to incidents should be grounded within organisations' existing functions and their familiar ways of working – although inevitably, actions will need to be carried out at greater pace, on a larger scale and in more testing circumstances during response to an incident.

C) Subsidiarity – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an incident of any scale.

D) Communication – good two way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public

e) Cooperation and Integration – positive engagement based on mutual trust and understanding will facilitate information sharing. Effective coordination should be exercised between and within organisations and local, regional and national tiers of a response. Active mutual aid across organisational, within the UK and international boundaries as appropriate

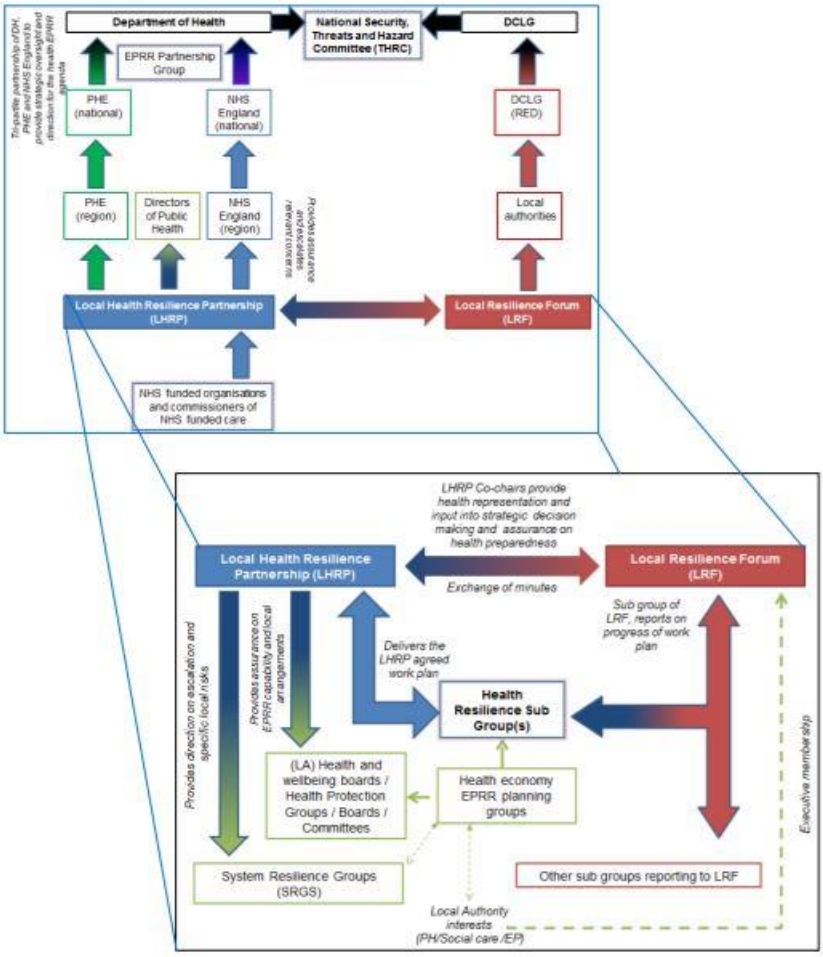
f) Direction – clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident in order to effectively prioritise and focus the response.

g) Lessons learnt - The CCG has an Annual EPRR work programme, informed by lessons learnt from Incidents & Exercises, any Identified Risks and Outcomes from assurance processes

2. Planning structures:

Figure one shows the EPRR planning structure for the NHS in England and its interaction with key partner organisations

Figure One: **EPRR planning structure for the NHS in England**
Source: NHS England, Yorkshire & Humber.



Health resilience sub-groups may exist at LHRP level and also at a local health economy level to undertake strategic and tactical EPRR work.

3. Legislation & Guidance

The following legislation and guidance has been taken into consideration in the development of this policy.

- The Civil Contingencies Act 2004
- The Health and Social Care Act 2012
- NHS England Emergency Preparedness, Resilience and Response Framework (November 2015)
- The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
- NHS England EPRR documents and supporting materials, including NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

4 ENGAGEMENT

This policy has been developed with input from senior managers and NHS NL CCG Quality Group.

5 IMPACT ANALYSES

5.1 Equality

As a result of performing the 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. A completed equality impact assessment is included in Appendix 3

5.2 Sustainability

A completed sustainability impact assessment is included in Appendix 3

6 SCOPE

This policy applies to those members of staff that are directly employed by NL CCG and for whom NL CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of NL CCG or working on NL CCG premises and forms part of their arrangements with NL CCG. As part of good employment practice, agency workers are also required to abide by NL CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NL CCG.

7 POLICY PURPOSE & AIMS

8.1 This policy outlines how North Lincolnshire CCG (NL CCG) will meet the duties set out in legislation and associated statutory guidelines, as well as any other issues identified by way of risk assessments as identified in the national/local risk register.

8.2 The aims of this policy document are to ensure NL CCG acts in accordance with the Civil Contingency Act 2004, the Health & Social Care Act 2012 and any relevant

national policy and guidance as issued by the Department of Health in the role of a Category 2 Responder.

As detailed in the NHS England EPRR Framework (November 2015), the emergency preparedness, resilience and response role of CCGs is to:

The EPRR role and responsibilities of CCGs include:

- 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)

8 ROLES / RESPONSIBILITIES / DUTIES: Accountable Emergency Officer (AEO)

8.1 Overall accountability for ensuring that there are systems and processes to effectively respond to emergency resilience situations lies with the Chief Officer and the Accountable Emergency Officer.

The NHS Act 2006 (as amended) places a duty on relevant service providers to appoint an individual to be responsible for discharging their duties under section 252A. This individual is known as the AEO. NHS England expects all NHS funded organisations to have an AEO with regard to EPRR. 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 organisations 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.

8.2. The Accountable Emergency Officer has responsibility for:

- Ensuring that the organisation is compliant with the Emergency Preparedness Resilience & Response requirements as set out in the Civil Contingencies Act (2004), the NHS planning framework and the NHS standard contract as applicable.
- Ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event
- Ensuring the organisation and any providers it commissions, has robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015) and ISO 22301
- Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community(ies) served
- Ensuring that the organisation complies with any requirements of the NHSE, or agents thereof, in respect of the monitoring of compliance
- Providing NHSE or agents thereof, with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the Local Health Resilience Partnership (LHRP) – which locally is the North Yorkshire and Humberside LHRP.

8.3. The Chief Operating Officer and Contracting leads have responsibility for ensuring emergency preparedness, resilience and response requirements are embedded within provider contracts.

8.4 The Head of Strategic Commissioning has responsibility for effectively managing Surge and Winter Planning on behalf of the CCG.

9 IMPLEMENTATION

The policy will be available on the CCG intranet along with accompanying plans. The Chief Officer/Accountable Director for EPRR or the most senior member of the team available may invoke the Business Continuity/Major Incident Plan in response to any major incident/emergency - as appropriate to the needs of any given situation.

All staff will be familiarised with the policy and procedures, and what can be expected of them in the event of a Major Incident.

Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

10 TRAINING & AWARENESS

Directors On call are trained and competent to perform their role and are in a position of delegated authority on behalf of the Chief executive/CCG Accountable officer. Directors and all other relevant EPRR staff must complete ELearning training commensurate with their duties and responsibilities as detailed in the CCG EPRR training matrix. Staff requiring support should speak to their line manager in the first instance. The policy will be available for all staff to familiarise themselves with on the CCG intranet.

11 MONITORING & AUDIT

Activation of the Business Continuity Plan will be monitored and following the recovery period a full review will take place. Any relevant changes to policy and processes following this review will be incorporated to the policy as soon as in practically possible.

Any major incident/emergency within the area will trigger an automatic review of emergency plans/business continuity plan and follow the process described in the previous paragraph.

12 POLICY REVIEW

This policy will be reviewed every three years. Earlier review may be required in response to exceptional circumstances, following a major incident, organisational change or relevant changes in legislation/guidance.

13 REFERENCES

- The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance
- The Health and Social Care Act 2012
- NHS England Emergency Preparedness, Resilience and Response Framework (November 2015)

14 ASSOCIATED DOCUMENTATION

NHS NL CCG Business Continuity Plan
NHS NL Major Incident Plan

Appendix 1
Definitions: Terms and Levels of incident

- **Emergency Preparedness**: The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies.
- **Resilience:** Ability of the community, services, area or infrastructure to detect, prevent and, if necessary, to withstand, handle and recover from disruptive challenges.
- **Response**: Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders
- **Emergency**: Under Section 1 of the CCA 2004 an "emergency" means "(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom; (b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom; (c) war, or terrorism, which threatens serious damage to the security of the United Kingdom"
- **Incident:** For the NHS, incidents are classed as either:
    - Business Continuity Incident
    - Critical Incident
    - Major Incident

Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

- **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.

Incident levels

Types of incident:

The following list provides commonly used classifications of types of incident. This list is not exhaustive and other classifications may be used as appropriate. The nature and scale of an incident will determine the appropriate Incident Level.

- **Business continuity/internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime
- **Big bang** – a serious transport accident, explosion, or series of smaller incidents
- **Rising tide** – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action
- **Cloud on the horizon** – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action
- **Headline news** – public or media alarm about an impending situation, reputation management issues
- **Chemical, biological, radiological, nuclear and explosives (CBRNE)** – CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent
- **Hazardous materials (HAZMAT)** – accidental incident involving hazardous materials
- **Cyber-attacks** – attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality • Mass casualty – typically events with casualties in the 100s where the normal major incident response must be augmented with extraordinary measures

Levels of incident: Taken from NHS England Emergency preparedness, resilience and response Framework (November 2015).

7. Incident levels

As an event evolves it may be described in terms of its level as shown. For clarity these levels must be used by all organisations across the NHS when referring to incidents.

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

APPENDIX 2

Civil Contingencies Act 2004 – Role of CCGs as Category Two Responders

From 1st April 2014 CCGs will be Category 2 responders. Category 2 responder organisations are "co-operating bodies" that are placed under slightly lesser obligations Under the Civil Contingencies Act (2004) than Category 1 responders. As such they have a role in both 1) planning and prevention and 2) responding to emergencies.

1) Planning and prevention

Generically, their roles will be to co-operate and share relevant information with category 1 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. Further information can be found at:
http://www.cabinetoffice.gov.uk/content/civil-contingencies-act

- Corporately, CCGs will support the NHS E in discharging its EPRR functions and duties locally, ensuring representation on the LHRP.
- As commissioners, CCGs will be required to 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 E EPRR assurance processes

1 http://www.dh.gov.uk/health/2012/07/resilience-partnerships/

- Should providers fail to maintain their performance levels, CCGs need to provide their commissioned providers with a route of escalation on a 24/7 basis.
- Conversely, NHS E will need a conduit in which to mobilse relevant providers during significant and widespread incidents (see Response below).

- They will also be expected to develop, test and update their own business continuity plans to ensure they are able to maintain business resilience during any disruptive event or incident.

2) Response

As Category 2 Responders under the CCA, CCGs must respond to reasonable requests to assist and co-operate. This will include supporting the NHS E EPRR team should any emergency require wider NHS resources to be mobilised. CCGs must have a mechanism in place to support NHS E to effectively mobilise all applicable providers that support primary care services should the need arise. CCGs are responsible for maintaining service delivery across their local health economy to prevent business as usual pressures and minor incidents within individual providers from becoming significant incidents or emergencies.

This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy. CCGs need a process that enables them to escalate significant incidents and emergencies to NHS E as applicable.

Appendix 3

1. Equality Impact Analysis	
Policy / Project / Function:	EMERGENCY PLANNING, RESILIENCE AND RESPONSE
Date of Analysis:	December 2019
This Equality Impact Analysis was completed by: (Name and Department)	Gary Johnson / Emergency Planning Lead NHS NL CCG
What are the aims and intended effects of this policy, project or function?	To ensure that NHS NL CCG can fulfil its duties as set out in the Health and Social Care Act 2012 and the Civil Contingencies Act 2004 to plan for and respond to emergencies/major incidents that have the potential to cause disruption to service delivery.
Please list any other policies that are related to or referred to as part of this analysis?	NHS NL CCG Business Continuity Plan NHS NL CCG Major Incident Plan
Who does the policy, project or function affect? Please Tick ✔	Employees x☐ Service Users x☐ Members of the Public x☐ Other (List Below) ☐

2. **Equality Impact Analysis: Screening**					
	Could this policy have a positive impact on…		Could this policy have a negative impact on…		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	☐	x☐	☐	x☐	
Age	☐	x☐	☐	x☐	
Sexual Orientation	☐	x☐	☐	x☐	
Disabled People	☐	x☐	☐	x☐	
Gender	☐	x☐	☐	x☐	
Transgender People	☐	x☐	☐	x☐	
Pregnancy and Maternity	☐	x☐	☐	x☐	
Marital Status	☐	x☐	☐	x☐	
Religion and Belief	☐	x☐	☐	x☐	
Reasoning					
If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7					

3. **Equality Impact Analysis: Local Profile Data**	
Local Profile/Demography of the Groups affected (population figures)	
General	Total population of North Lincolnshire– 170,000 approximately
Age	
Race	
Sex	
Gender reassignment	
Disability	
Sexual Orientation	
Religion, faith and belief	
Marriage and civil partnership	
Pregnancy and maternity	

4. **Equality Impact Analysis: Equality Data Available**	
Is any Equality Data available relating to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *'Equality Groups'.* Examples of *Equality Data* include: (this list is not definitive) 1. Application success rates *Equality Groups* 2. Complaints by *Equality Groups* 3. Service usage and withdrawal of services by *Equality Groups* *4.* Grievances or decisions upheld and dismissed by *Equality Groups* 5. *Previous EIAs*	Yes ☐ No x☐ Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).
List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function	
Promoting Inclusivity	

How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation	

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists
Gender (Men and Women)	x			
Race (All Racial Groups)	x			
Disability (Mental and Physical)	x			
Religion or Belief	x			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	x			

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists
Pregnancy and Maternity	x			
Transgender	x			
Marital Status	x			
Age	x			

6. Equality Impact Analysis Findings

Analysis Rating:	□ Red	□ Red/Amber	□ Amber	□ **X Green**

Brief Summary/Further comments	This policy ensures that NHS NL CCG can respond to emergencies and disruption to services across North Lincolnshire and strengthens the resilience of the organisation to meet the health needs of the population of North Lincolnshire.

Approved By		
Job Title:	Name:	Date:
Emergency Planning Lead	Gary Johnson	08/09/2019

Appendix 4

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title: NHS NL EPRR Policy				
Theme (Potential impacts of the activity)	**Positive Impact**	**Negative Impact**	**No specific impact**	**What will the impact be? If the impact is negative, how can it be mitigated? (action)**
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.	x			Strengthening EPRR will ensure the sustainability of NHS NL CCG to deliver essential services in the event of disruption.

Financial aspects of sustainable development are considered in line with policy requirements and commitments.			x	Supports the sustainability of the organisation as a whole.