



**Somerset
Clinical Commissioning Group**

EMERGENCY PLANNING AND RESILIENCE POLICY

Version: 6- 17 January 2018

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VERSION CONTROL

Number assigned to document:

Document Status:	Final
Version:	5

DOCUMENT CHANGE HISTORY

Version	Date	Comments
Version 3	29 July 2015	Amended to reflect changes in emergency planning responsibilities post 2013
Version 4	9 February 2016	Policy updated to include Version Control and reflect changes to NHS England Emergency Preparedness, Resilience and Response Framework, November 2015
Version 5	19 September 2016	Amended to reflect change of accountable officer to Director of Commissioning Reform and Governance
Version 6	17 January 2018	Updated section 4.3 to include the requirements of Operation Haven, the Police response plan to the increase in the security level from Severe to Critical

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Document Reference:	

EMERGENCY PLANNING AND RESILIENCE POLICY

1. INTRODUCTION

- 1.1 NHS Somerset Clinical Commissioning Group (CCG) has a major role to play in any serious incident such as floods, bad weather, heatwave or chemical incident. Whilst the CCG hopes that incidents like this will not happen, the CCG is required to be prepared to manage and cooperate should they occur.
- 1.2 This procedure outlines how NHS Somerset 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 and identified capabilities.

2. NATIONAL GUIDANCE AND STATUTORY REQUIREMENTS

- 2.1. The responsibilities for emergency planning are set out in the Civil Contingencies Act 2004, Section 46 of the Health and Social Care Act 2012 and the NHS England Emergency Preparedness, Resilience and Response Framework, published in November 2015.
- 2.2 The Civil Contingencies Act 2004 aims to establish a consistent level of civil protection across the United Kingdom. The act provides a framework for organisations and agencies planning for local and/or national emergencies, and explains how these organisations and agencies should work together, providing a framework to formalise joint working.
- 2.3 Under the Civil Contingencies Act (2004), a number of multi-agency organisations were designated as Category One or Two Responders. Category One responders are those organisations at the core of emergency response (e.g. emergency services, local authorities) and must comply with a full set of legal duties under the CCA. The CCG is a Category Two Responder.

3. AIMS

- 3.1 The aims of this document are to ensure NHS Somerset CCG acts in accordance with the Civil Contingency Act, the Health & Social Care Act and the Department of Health national policy and guidance by undertaking the duties listed below:
 - to clearly define Board level responsibilities and lines of accountability throughout the organisation
 - to ensure that incident response plans and service continuity plans have been established and are well communicated
 - to ensure that the plans address the consequences of all situations that might feasibly occur
 - to ensure that plans involve robust arrangements for the operational recovery from all such incidents

- to ensure that all key stakeholders are consulted and collaborated with concerning their role in the plan, and that they understand those responsibilities
- to ensure that the plans are tested and are regularly reviewed
- to ensure that funding and resources are available to respond effectively to major incidents
- to ensure that NHS Somerset CCG has access to up to date guidance relating to emergency planning
- to ensure that staff receive emergency preparedness training that is commensurate with their role and responsibilities
- to ensure that indicators demonstrating emergency preparedness and/or early warning of risk are used within contracts and service specifications
- to ensure that the whole system is monitored and audited regularly

4. CCG LEGAL DUTIES IN RELATION TO EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR)

- 4.1. The Health and Social Care Act 2012 designates Clinical Commissioning Groups as Category Two responders. Category Two are 'co-operating bodies'. Category 2 responders have a smaller set of duties to Category One responders.
- 4.2 The NHS England Emergency Preparedness, Resilience and Response Framework sets out the EPRR role of CCGs as follows:
- ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant emergency preparedness, resilience and response 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)

4.3 Increase in UK Threat Level

Should the UK threat level change from Severe (an attack is highly likely) to Critical (an attack is expected imminently), under Operation Haven, the Police response plan to the increased level, NHS organisations are required to:

- immediately cascade the change in alert level to all staff
- review relevant staffing levels and security arrangements across health facilities, taking account of any additional advice from the local security experts, in conjunction with the local Police
- ensure all staff are aware of the CCG's Incident Response and Business Continuity plans, and on-call notification processes
- ensure appropriate senior representation is available to join any NHS England regional or Directorate of Commissioning Operations team teleconferences that may be called to brief on the situation
- notify our local NHS England EPRR Liaison of any current or scheduled works or operational changes currently affecting service delivery within Somerset CCG
- Review the Home Office advice issued in relation to the threat, and risk assess this against our own organisation, taking steps where possible to mitigate identified risks
- review mutual aid agreements with other health services, including specialist and private providers
- CCGs are specifically required to act in support of accelerated discharge and, where necessary, support Trusts in maintaining their contracted services.

5. **CCG FRAMEWORK FOR FULFILLING DUTIES RELATED TO EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR)**

Planning and Prevention

- 5.1 CCGs are responsible for ensuring that provider contracts contain sufficient depth and detail in regard to EPRR. In addition, CCGs are expected to ensure delivery of these outcomes through contribution to an annual EPRR assurance process facilitated by the NHS England South (South West). The NHS Standard Contract includes the appropriate EPRR provision, and this contractual framework will be used, wherever appropriate, by the CCG when commissioning services. Contract monitoring and review will encompass the

review of EPRR, and there may be occasions where the LHRP uses the CCG as a route of escalation where providers are not meeting expected standards.

- 5.2 CCGs will enable and facilitate local training and exercising programmes, engaging themselves where appropriate and in collaboration with the NHS England South (South West) and LHRP.
- 5.3 NHS Somerset CCG will take part in the Local Health Resilience Partnership and in particular will:
- 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.
 - corporately, CCGs will support NHS England in discharging its EPRR functions and duties locally, ensuring representation on the LHRP and engaging in health economy planning groups.

Escalation

- 5.4 The CCG has a number of specific plans in place which have been developed across the health community in order to respond to emergencies and escalate actions appropriately. These include:
- On-call handbook and rota which establishes the 24/7 on-call arrangements
 - Somerset Health and Social Care Systemwide Escalation Framework
 - Severe Weather Plan
 - Incident Response Plan
 - Business Continuity Plan
- 5.5 These are supported by a number of specific plans including those that manage incidents such as Heatwave, Pandemic Flu, Flooding, Mass Vaccinations, etc.

Response

- 5.6 As Category two Responders under the CCA, CCGs must respond to reasonable requests to assist and co-operate with the NHS England South (South West) should any emergency require wider NHS resources to be mobilised. CCGs must have a mechanism in place to support NHS England South (South West) to effectively mobilise and coordinate all applicable providers that support primary care services should the need arise.
- 5.7 NHS Somerset CCG will maintain service delivery across the 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. The Somerset Health and Social Care

Systemwide Escalation Framework provides a process to manage these pressures and to escalate to the NHS England South (South West) as applicable.

6. RESPONSIBILITIES

The Accountable Officer

- 6.1 The Accountable Officer is responsible for major incident and service/business continuity planning. The day to day implementation of this procedure will be the responsibility of the Director of Commissioning Reform and Governance.

In the event of a major incident the Accountable Officer, or, in his/her absence, an Executive Director or on call or other senior manager, will be responsible for activating the emergency plans within NHS Somerset CCG.

Director of Commissioning and Governance

- 6.2 The Director of Commissioning and Governance is responsible for the strategic implementation of major incident and service/business continuity planning in accordance with the aims as detailed within section 3 of this procedure. The Director will act as the Emergency Planning / Resilience Lead (Accountable Officer – as required under the H&SC Act 2012) and represent the CCG on the Avon and Somerset Local Health Resilience Partnership (LHRP). The Director is responsible for all aspects of operational implementation of the aims contained within section 3 of this policy and will report to the Accountable Officer on progress.

- 6.3 Specific responsibilities include:

- ensuring that the CCG jointly plans with Acute Trusts, Community Providers, Ambulance Services, NHS England South (South West) and Local Authorities (and other category 1&2 responders as required)
- attending the Avon and Somerset Local Health Resilience Partnership (LHRP)
- developing and continuously monitoring the emergency plans
- ensuring that staff are appropriately trained and have the necessary skills to respond to an incident notification
- providing regular updates and annual reports to the CCG Accountable Officer on work undertaken
- lead the resilience elements of the CCG Risk Register
- overseeing the audit and fit for purpose requirements for both emergency planning and business continuity.

6. HAZARD ANALYSIS AND RISK ASSESSMENT

- 6.1 A hazard analysis and risk assessment will be undertaken by the emergency planning / resilience lead and include detailed assessments of all potential incidences that may occur.
- 6.2 The assessments will be monitored through the internal resilience forum and will relate to both internal and external potential threats. Risk assessments will be regularly reviewed, at least annually, or when such an incident dictates the need to do so earlier. Any external risk may be required to be entered onto the Local Resilience Forum Community Risk Register if it is felt to pose a significant risk to the population. This action will be co-ordinated through the Local Health Resilience Partnership.

7. DEVELOPMENT OF PLANS

- 7.1 Emergency plans will be developed to enable NHS Somerset CCG to respond to the identified risks contained within the risk register. Specific plans include:
- Incident Response Plan
 - Business/Service Continuity Plan
 - Other specific local threats
- 7.2 Multi agency plans will be developed through the Local Health Resilience Partnership. NHS Somerset CCG will work in partnership with the Local Health Resilience Partnership to ensure its actions and responsibilities are detailed within multi agency plans and clearly understood.
- 7.3 Plans requested in accordance with contracts, service specifications and threat specific agreements (including provider business/service continuity plans) will be monitored through the internal resilience group which will liaise with the Local Health Resilience Partnership as required.
- 7.4 Assurance in respect of emergency planning will be regularly provided to the CCG Governing Body via the Governance Committee.

8. TRAINING

- 8.1 Systems will be established to ensure that staff are made aware of the Emergency and Business Continuity Plans and are trained as appropriate to the roles that they are anticipated to undertake. This will include:
- induction training for all staff
 - annual awareness training for all staff to cover NHS England core competencies
 - On Call Training
 - Action Card training for specific roles as detailed within incident response / emergency plans

- specialised training as necessary (for example Crisis Leadership and Logistics skills)

8.2 Training needs will be identified through the risk assessment process and co-ordinated by the emergency planning / resilience lead.

9. TESTING/MONITORING OF PLANS

9.1 NHS Somerset CCG major incident and emergency plans will be tested and reviewed annually, led by the internal leads for resilience.

9.2 Exercises will be held on a regular basis. A table top exercise will be held annually as a minimum, and a full-scale live exercise held once every three years.

9.3 A test of the communications system to contact the CCG on call director/manager will be held monthly and a full-scale communications cascade exercise at least every six months conducted by the NHS England South (South West) (although every two weeks during the transition period).

9.4 Live incidents which require the plans to be evoked, have a debrief process and lead to review/improvements of the plans will be considered as the annual test where applicable.

10. REVIEW

10.1 This policy shall be reviewed bi-annual or as and when incidents or national guidance deem it to no longer be 'fit for purpose'.

11. REFERENCES AND UNDERPINNING MATERIALS

The Civil Contingencies Act 2004¹⁴;
The Health and Social Care Act 2012¹⁵;
NHS Commissioning Board planning framework (*'Everyone Counts: Planning for Patients'*¹⁶);
NHS standard contract¹⁷;
NHS Commissioning Board EPRR documents and supporting materials¹⁸
NHS Commissioning Board Business Continuity Management Framework (service resilience) (2013)¹⁹;
NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies (2013)²⁰;
NHS Commissioning Board Model Incident Response Plan (national, regional and area team);
NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR) and subsequent annual NHS England updates ²¹;
National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice²²;
BSI PAS 2015 – Framework for Health Services Resilience²³;
ISO 22301 Societal Security - Business Continuity Management Systems – Requirements²⁴.
The role of accountable emergency officers²⁵
The Business Continuity Institute²⁶
Freedom of Information Act 2000²⁷
Competencies for NHS Commissioning Board co-chairs²⁸ of Local health resilience partnership (LHRPs)
Competencies for Director of Public Health (DPH) co-chairs of LHRPs²⁹
Cabinet Office National Recovery Guidance³⁰
Superseded documents:
*The NHS Emergency Planning Guidance 2005 (the underpinning materials remain valid until the NHS CB published replacement guidance)*³¹
*Arrangements for Health Emergency Preparedness, Resilience and Response from April 2013*³²

¹⁴ <http://www.legislation.gov.uk/ukpga/2004/36/contents>

¹⁵ <http://www.legislation.gov.uk/ukpga/2012/7/enacted>

¹⁶ <http://www.commissioningboard.nhs.uk/everyonecounts/>

¹⁷ <http://www.commissioningboard.nhs.uk/nhs-standard-contract/>

¹⁸ www.commissioningboard.nhs.uk/epr/

¹⁹ <http://www.commissioningboard.nhs.uk/files/2013/01/bus-cont-frame.pdf>

²⁰ <http://www.commissioningboard.nhs.uk/files/2013/01/comm-control-frame.pdf>

²¹ <http://www.england.nhs.uk/ourwork/epr/gf/#core>

²² <http://skillsforjustice.com/NOS>

²³ <http://shop.bsigroup.com/en/ProductDetail/?pid=00000000030201297>

²⁴ http://www.iso.org/iso/catalogue_detail?csnumber=50038

²⁵ <http://www.commissioningboard.nhs.uk/files/2012/12/epr-officer-role.pdf>

²⁶ <http://thebci.org/>

²⁷ <http://www.legislation.gov.uk/ukpga/2000/36/contents>

²⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212890/nhs-lhrp-co-chair-competencies-020812.pdf

²⁹ <http://www.dh.gov.uk/health/2012/07/resilience-partnerships/>

³⁰ <http://www.cabinetoffice.gov.uk/content/national-recovery-guidance>

³¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4121072

³² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133353