

Report to the NHS Somerset Clinical Commissioning Group on 25 November 2021

Title: Emergency Planning, Resilience and Recovery (EPRR) Self Assessment Assurance Update Report 2021	Enclosure G
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Version Number / Status:	1.0
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Summary and Purpose of Paper

The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet. Every year commissioners and providers have to complete a self-assessment.

Whilst the 2021 EPRR assurance process aimed to return to some of the previous mechanisms to the process, a small number of standards were again removed to reflect activity during the response to Covid19, and restrictions imposed by Covid19, particularly in relation to training and exercising. The “deep dive” for 2021 was applicable to all providers of NHS funded care that utilise internal piped oxygen systems.

The attached report provides a summary of assurance for Somerset Clinical Commissioning Group, Yeovil District Hospital NHS FT and Somerset NHS FT. A statement of compliance for 2021 is attached to the report as Appendix 1

An updated version of the CCG Emergency Planning and Resilience Policy is also attached for approval by the Governing Body. The Policy is reviewed annually to ensure it remains up to date with current guidance and no substantial changes have been required. Once approved an updated version will be published on the CCG website.

Recommendations

The Governing Body is asked to:

- note the results of the assurance process for 2021 and the position of the CCG and its partners
- approve the CCG’s Statement of Compliance for 2021 (Appendix 1)
- approve the CCG Emergency Planning and Resilience Policy (Appendix 2)

Impact Assessments – key issues identified				
Equality	Equality and Diversity is considered in focusing planning on vulnerable groups who may be at risk in the event of an adverse incident. During any incident the vulnerabilities of people affected are considered as part of the response. For example, during the pandemic response, people with vulnerabilities to the virus were identified on the shielded patient list and provided with additional support.			
Quality	A key principle of EPPR planning is to ensure that controls and assurances are in place to manage the identified community risks and to minimise disruption and maintain the quality of services as far as possible.			
Privacy	All partner agencies in Somerset are signatories to the Somerset Information Sharing Protocol.			
Engagement	The Emergency Planning and Resilience Policy is published on the NHS Somerset CCG website. The LHRP provides the forum for consultation on the development of plans.			
Financial / Resource	Resources have been identified within the CCG budget for emergency planning and business continuity.			
Governance or Legal	The CCG's Legal duties in relation to Emergency Preparedness Resilience and Response (EPRR) are set out in section 4 of the Emergency Planning and Resilience Policy.			
Risk Description	There are no significant risks to identify in relation to the compliance position. Risks have been identified in relation to each local plan and linked to the Local Resilience Forum Community Risk Register where appropriate.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	n/a	n/a	n/a	n/a

**EMERGENCY PLANNING RESILIENCE AND RESPONSE
SELF ASSESSMENT ASSURANCE AND
STATEMENT OF COMPLIANCE 2021/22**

1	INTRODUCTION
1.1	The NHS England and NHS Improvement (NHSEI) Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet. Every year commissioners and providers are required to complete a self-assessment.
1.2	As all NHS organisations continue to respond to Covid19, a number of standards were again removed to reflect activity during the response to Covid19 and restrictions imposed by the pandemic, particularly in relation to training and exercising. The deep dive for 2021 was applicable to all providers of NHS funded care that utilise internal piped oxygen systems.
1.3	The below provides a summary of assurance for Somerset Clinical Commissioning Group, Yeovil District Hospital NHS FT and Somerset NHS FT against these three areas. Attached, at Appendix 1, is the annual Statement of Compliance, which is presented to the Governing Body for approval.
2	ANNUAL ASSESSEMENT OF SYSTEM PARTNERS
2.1	Somerset Clinical Commissioning Group
2.1.1	<p>Somerset CCG was awarded Substantial Compliance for the 2020/21 process which had reduced compliance from 'Fully Compliant' in the previous year. for the following reasons:</p> <ul style="list-style-type: none"> • At the time of reporting, the EPRR Policy published on the website was out of date/ awaiting approval by the Governing Body as an attachment to this paper • The CCG rated itself partially compliant against the standard to respond to severe weather as we are planning to run an exercise on our transport cell but this will not be completed until December 2021. NHSEI acknowledged that we were being severe in our self assessment as we have an operational plan in place however the last test and live event had been in 2019 so it is important that this has been refreshed. • The CCG has not been subject of a Business Continuity Audit in the last three years. It would have been difficult to undertake this work with internal audit during the pandemic response but this will be incorporated into the Internal Audit work programme in readiness for the next EPRR Core Standards process. It should be noted, however, that business continuity plans have continued to be reviewed and updated annually.

	<p>Upon completion of these areas, NHSEI indicated that the CCG would be assessed as Fully Compliant.</p>
2.1.2	<p>Notable achievements/ improvements in the last 12 months include:</p> <ul style="list-style-type: none"> • Continued executive level leadership to respond to the pandemic • Continual review of the on call capacity and capability scheduling to assure a more robust system • In partnership with Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust, delivered Strategic Leadership in Crisis and Emergency training to senior leaders within all three organisations • The EPRR Manager has delivered “bite size” awareness sessions to members of the Director on Call function, for example defensible decision making, business continuity awareness • The CCG had already developed a protocol to run a virtual ICC, which has now been tested and embedded. Specific roles have been established to continue to run the ICC, as the organisation returns to business as usual • The strong partnerships already developed through the Somerset Health and Social Care Emergency Planning Group continues to stimulate excellent collaboration and information sharing in the system response to Covid19, and act as a conduit to collect evidence and narrative in support of our submission to learning events both internally and externally • The establishment of a Covid19 response page on NHS Futures Platform to record and share information • Development of remote and agile working practices that have supported and enhanced our business continuity plans. • A strong incident coordination team has been enhanced and developed supported by a cell structure which has strengthened the CCG’s resilience for managing wave 2, along with Winter, EU Exit and any other incident that may arise • Restoration has become a dynamic process which has run in tandem with the incident response with the recovery of services being closely linked to learning from the response and new ways of working adopted during the pandemic • We have adopted an approach to learning based on continual improvement. We continue to use fixed events such as workshops, surveys and debrief events to build our learning and develop our incident response, as well as using regular forums, such as the system tactical calls, to identify issues and respond quickly to find and adopt solutions. The key has been to delegate decision making to the appropriate forum or executive level and then record these decisions and actions accordingly. • Processes and procedures are continually updated to reflect good practice identified during the response to Covid19 and other incidents experienced across Somerset.
2.2	<p>Somerset NHS Foundation Trust / Yeovil District Hospital NHS Foundation Trust</p>

2.2.1	The CCG undertook a joint review with both Trusts, in response to a request from them, in view of the impending merger.
2.2.2	Having reviewed the self assessment returns, and supporting evidence, both Trusts were awarded Substantial Compliance. The 2 partial standards related to exercising and training, specifically in relation to CBRN training, which was impeded by Covid19 restrictions.
2.2.3	The focus of the deep dive was into the resilience of internal piped oxygen systems, which was directly identified as an area of concern. For both Trusts, prior to Covid19 this was an area not previously scrutinised through the EPRR assessments. However, Covid19 has raised the profile, and has developed a better understanding of the implications of the maintenance of this system which would be addressed through the capital investment programme. The works links very closely to the estates strategy and the substantial capital investment in estates redevelopment work will contribute to develop a more robust infrastructure.
2.2.4	<p>Notable achievements/ improvements for both Trusts in the last 12 months include:</p> <ul style="list-style-type: none"> • Enhanced collaborative working, particularly in respect of training and exercising, for example, identifying a solution regarding the restrictions imposed by Covid19 on CBRN training • Enhancement of 4x4 driver training to ensure a more robust approach to securing sufficient staffing on site as winter approaches, to the benefit of both Trusts • The commitment of both Trusts to the systemwide EPRR group and the work programme, despite the ongoing pressures in the system, and response to Covid19, which has been fundamental to a coordinated response to the pandemic, and strong foundation for the transition into an integrated care system.
2.2.5	From attendance at Trust EPRR meetings, discussions and on reviewing the Trust's evidence, Somerset CCG is confident that both Trusts meet the core standard requirements.
3	SYSTEM EPRR ASSURANCE
3.1	In addition to the annual assurance process, the EPRR leads for the CCG, Trusts, Somerset County Council and Public Health work very closely team throughout the year to ensure that our work programmes are aligned and that we have ongoing assurance of the system plans and readiness.
3.2.	<p>There is a framework of formal groups which provide assurance that plans and procedures are being actively monitored and maintained. In particular:</p> <ul style="list-style-type: none"> • Somerset Health and Social Care Emergency Planning Group (chaired by the CCG EPRR Accountable Officer) which provides a regular forum for all partners in Somerset to come together and collectively we agree priorities through our work programme, risk register and training and exercise schedule. • Somerset Health Protection Forum (chaired by SCC public Health) which brings together system partners to manage the priorities

	<p>associated with health protection and the communicable disease agenda</p> <ul style="list-style-type: none"> • Avon and Somerset Local Health Resilience Partnership (chaired by NHSEI) which all NHS organisations and public health leads are members • Avon and Somerset Local Resilience Forum and associated working groups which coordinates all responders in emergency planning for the region and which the CCG and Local Authority actively participate in.
3.3.	In addition, the CCG and Trusts works closely with the NHSEI EPRR teams through their working groups to collectively develop plans and to share and adopt best practice wherever possible.
3.4	There is an ongoing work programme associated with managing the transition to the Integrated Care System and how EPRR systems will be developed. The Governing Body will be updated on the progress of that work and the plans for EPRR early in the New Year.
4	INCORPORATING PROGRESS AND LEARNING INTO EPRR PLANNING
4.1	All organisations in the system have run an ongoing programme of events to debrief and learn from the ongoing pandemic. The learning and action plans have continued to be incorporated into the plans and procedures and the enhanced command and control has been built into our winter plans.
4.2	The Urgent and Emergency Care team have formed a Surge Planning Group, that will continue to review winter plans as per normal business as usual (BAU) arrangements but linking as necessary to any covid surges. Assurance on the readiness of the system has been provided though key lines of enquiry to NHSEI. NHSEI have formed a Winter Room which will operate a 7 days a week to monitor the system position. The Urgent and Emergency Care Team will support this Monday to Friday, with the CCG on-call Director supporting on weekends and bank holidays.
4.3	The ICC and Urgent Care teams support the CCG On Call Director system and the ICC is operational at the weekends with resources increased until April 2022 to support the On Call Director and system escalation and also respond to the NHSEI Regional Operation Centre.
4.4	To support winter working the ICC continues to be successfully run remotely and has built on the learning from responding to the pandemic. The CCG continues to build on the digital opportunities to support remote and agile working for staff. A number of tools have been developed to support the virtual ICC, such as the use of the NHS Futures platform, to share information across system partners, and a care homes' tracker which provides partners with an up to date status of outbreaks.
5	SUMMARY
5.1	The Somerset system continues to respond well in response to Covid19, having adapted and developed processes and procedures to work remotely across the system.

5.2	<p>We have worked very closely with all our providers during the pandemic and are fully assured that, as a system, we are in a strong position and well prepared for any further wave of Covid19, and that the core EPRR standards have been maintained throughout. The previously strong position which existed prior to the pandemic between our organisations has considerably strengthened our ability to respond effectively.</p>
5.3	<p>The CCG has informally sought emergency planning assurance from the other key providers in addition to the formal assurance process carried out as follows:</p> <ul style="list-style-type: none"> • Dorset CCG led on the EPRR assurance review for the South Western Ambulance Service NHS Trust, and have confirmed they were assessed as Fully Compliant against the EPRR Core Standards, and Partially Compliant (99%) against the Interoperability Standards • Devon CCG led the EPRR assurance review for NHS 111 and out of hours service provided by Devon Doctors and have confirmed they were assessed as Substantially Compliant against the EPRR Core Standards. They had one standard, Business Continuity Planning, assessed as partially compliant because, although there is an audit process in place, there has been no report to their Board which will follow later in the year. • Gloucestershire CCG conducted the assurance review with E-Zec, which provides patient transport services in Somerset, and have confirmed they are Fully Compliant. <p>Somerset CCG is confident that each of these key providers has robust processes in place and no significant risks have been identified.</p>
6	RECOMMENDATIONS
6.1	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • note the results of the assurance process for 2021 and the position of the CCG and its partners • approve the CCG's Statement of Compliance for 2021 • approve the CCG's Emergency Planning and Resilience Policy as an appendix to the assurance statement

EMERGENCY PLANNING AND RESILIENCE POLICY

Version:	11
Ratified by:	Clinical Executive Committee
Date Ratified:	3 October 2018
Name of Originator/ Author:	Peter Osborne, Head of Governance
Name of Responsible Committee/ Individual:	Accountable Emergency Officer
Date Issued:	August 2021
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Target audience	Somerset Clinical Commissioning Group Staff

EMERGENCY PLANNING AND RESILIENCE POLICY

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EMERGENCY PLANNING AND RESILIENCE POLICY

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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
Version 7	24 August 2018	Updated to reflect change of sponsoring Director, revisions to the governance structures of the CCG and the business continuity management system that is in place.
Version 8	3 January 2019	Correction to sponsoring Directors job title
Version 9	15 August 2019	Annual review for accuracy and reflect the changes to the NHS England structure
Version 10	14 August 2020	Annual Review for accuracy
Version 11	2 August 2021	Annual Review for accuracy

Sponsoring Director:	Accountable Emergency Officer
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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 and Social Care 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 a Business Continuity Management System (BCMS) is in place
 - 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 and critical 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 responders are 'co-operating bodies', and 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 Local Health Resilience Partnership (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 and NHS Improvement - South West 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)

Business Continuity Management

- 4.3 The business continuity management process links closely to the broader Emergency Planning Resilience and Response framework. The plans address different needs, i.e. the scale of an incident and whether the response demands support from outside of the organisation, such as for a major incident rather than a disruption to the normal business of the organisation, however there will be shared skills, roles and responsibilities that will ensure they complement each other in the development and implementation of plans.
- 4.4 Business Continuity planning is a legal requirement for Category 1 responders under the Civil Contingencies Act 2004 and the Act defines Business Continuity Management (BCM) as a ‘flexible framework designed to help organisations to continue operating in the face of a wide range of different types of disruptions right the way along the spectrum of severity. BCM does not however embrace all dimensions of an organisation’s resilience, and one important distinction is between BCM and crisis management. The Publicly Available Specification on Crisis Management (PAS200) identified crisis management as wider ranging and inherently strategic in nature. BCM in turn is a more operationally focussed activity to ensure that service disruptions are managed, potentially cascading impacts are mitigated and services are maintained.’ The Act requires organisations to maintain both their civil protection functions and their critical day to day services.
- 4.5 The other key pieces of legislation that determine the necessity to put a Business Continuity Management (BCM) in place is the Health and Social Care Act 2012 and the Health and Safety at Work Act 1974.
- 4.6 In addition, the NHS has applied its own set of requirements which are set out under the EPRR core standards and supplemented by specific guidance and toolkits which have been published by NHS England. The guidance is set out within the ‘NHS England Business Continuity Management Framework (Service Resilience) (2013). NHS plans are also aligned to ISO 22301 to ensure that good practice from outside the NHS is also applied to its planning. Category 2 responders, such as Clinical Commissioning Groups, equally need to have arrangements in place so they can act as if they were a Category 1 responder.

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 NHS England and NHS Improvement 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 and NHS Improvement – 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 and NHS Improvement South West 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, Business Continuity and Service Recovery 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 and NHS Improvement South West should any emergency require wider NHS resources to be mobilised. CCGs must have a mechanism in place to support NHS England and NHS Improvement 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 and NHS Improvement South West as applicable.

Increase in UK Threat Level

- 5.8 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, Business Continuity and Service Recovery plan, and on-call notification processes
 - ensure appropriate senior representation is available to join any NHS England and NHS Improvement South West regional or Directorate of Operations team teleconferences that may be called to brief on the situation
 - notify our local NHS England and NHS Improvement South West 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.

6. RESPONSIBILITIES

The Accountable Emergency Officer

- 6.1 The Accountable Emergency Officer is responsible for major incident and service/ business continuity planning.

In the event of a major incident the Accountable Emergency 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.

- 6.2 The Accountable Emergency Officer 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 Accountable Emergency Officer will act as the Emergency Planning / Resilience Lead as required under the H&SC Act 2012, and represent the CCG on the Avon and Somerset Local Health Resilience Partnership (LHRP), and is responsible for all aspects of operational implementation of the aims contained within section 3 of this policy.

- 6.3 Specific responsibilities include:

- ensuring that the CCG jointly plans with Trusts, Community Providers, Ambulance Services, NHS England and NHS Improvement 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 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.

Non Executive Leadership

- 6.4 Dr Ed Ford, the CCG Chair acts as the Governing Body non executive and clinical lead for the CCG in overseeing the delivery of the EPRR agenda.

On Call Arrangements

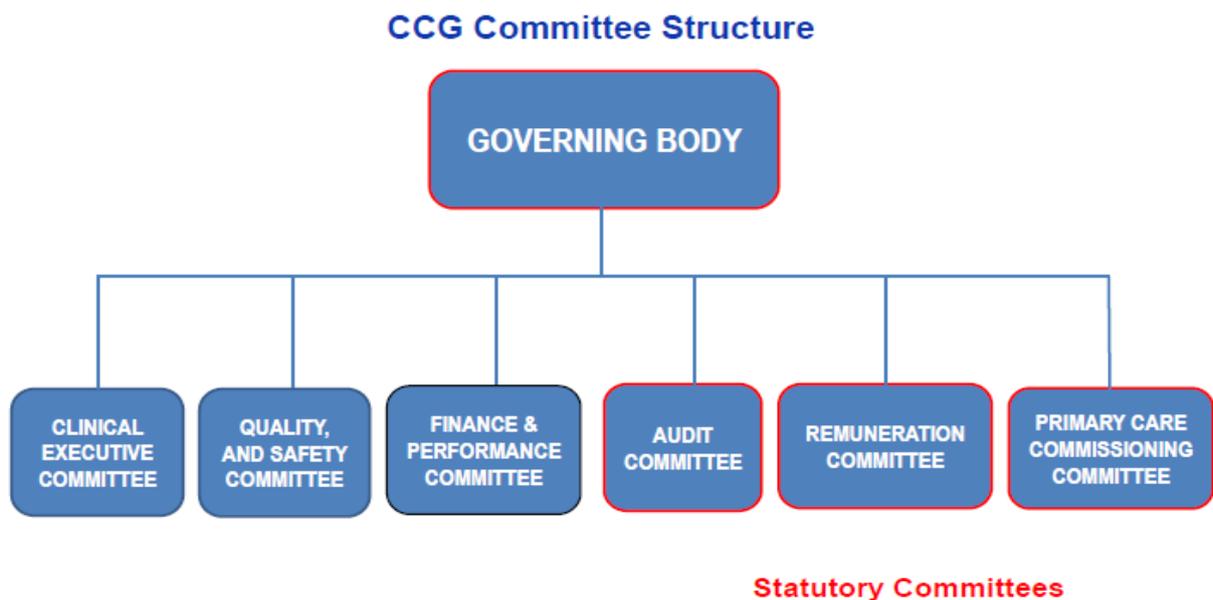
- 6.5 All Directors and Senior Managers who are identified as being on the on-call rota are required to undertake appropriate training to support them in effectively discharging their duties.

Resources to support EPRR

- 6.6 Responsibility for delivering the EPRR programme for the CCG is delegated to the Corporate Business team, which includes the Head of Governance and Emergency Planning Officer. Both postholders have completed the appropriate national training in order to effectively discharge the function.
- 6.7 Specific responsibilities include:
- develop and design training and exercise programme
 - keep up to date plans and procedures
 - undertake annual self-assessment and provide assurance to the Governing Body of compliance
 - attend the Tactical Planning Group, LHRP and other working groups and meetings as appropriate
 - lead the Somerset Health and Social Care Emergency Planning Group
- 6.8 The CCG will allocate specific resources as appropriate to deliver the work programme and has a dedicated finance code to respond to any incidents or emergencies that arise.

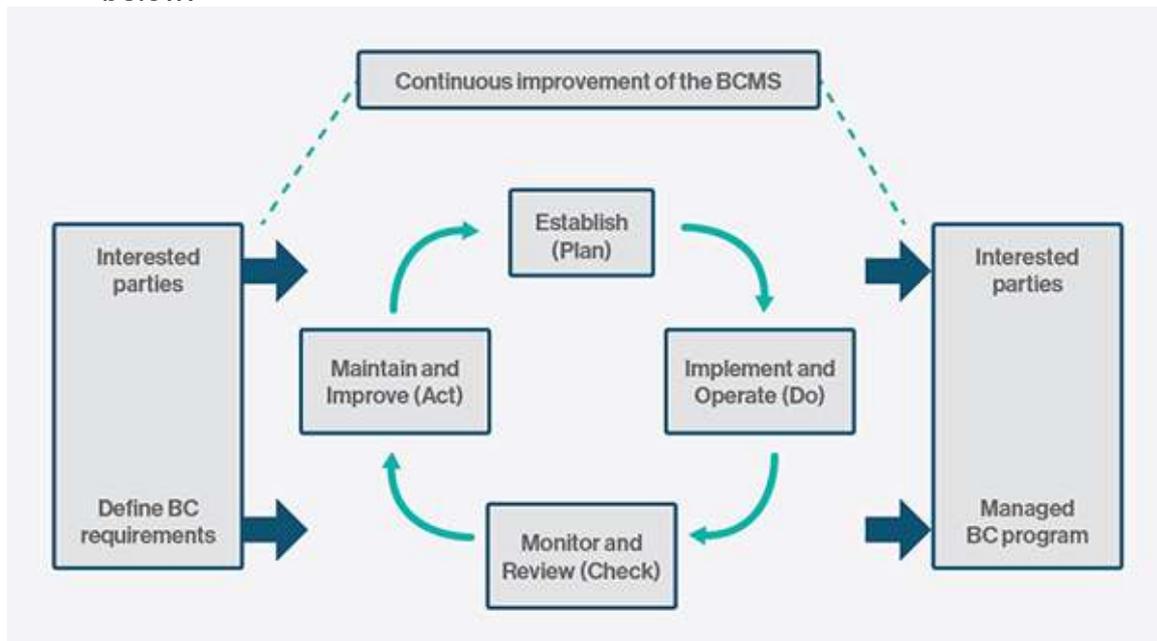
Governance Structures

- 6.9 The Governing Body will review CCG compliance on an annual basis through the assurance report. Responsibility to oversee the work programme and ongoing monitoring is delegated to the Clinical Executive Committee. The chart below shows the governance structure and reporting lines.



Business Continuity Management Framework

6.10 The design of the CCG's Business Continuity Management System (BCMS) is based upon the Plan Do Check Act (PDCA) cycle as set out in the diagram below:



6.11 The stages of this cycle encompass the:

- **planning phase** - during which the business assesses its critical activities, associated risks and the strategy and plans that will deliver those objectives
- **implementation** - when the policy, plans, controls and processes are put in place and embedded throughout the organisation
- **monitoring and review** - which ensures that the plans and processes are effective and well tested and exercised
- **maintenance and improvement of the BCMS** – which will be achieved through the learning from your evaluation and the continuous programme of developing the programme

7. HAZARD ANALYSIS AND RISK ASSESSMENT

7.1 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.

7.2 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.

8. DEVELOPMENT OF PLANS

8.1 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, Business Continuity and Service Recovery Plan
- Other specific local threats

8.2 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.

8.3 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.

8.4 Assurance in respect of emergency planning and business continuity will be regularly provided to the CCG Governing Body via the Clinical Executive Committee.

9. TRAINING

9.1 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 Loggist skills)

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

10. TESTING/MONITORING OF PLANS

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

- 10.2 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. This will include taking part in any exercises being run internally, locally, regionally or nationally (such as run by the LRF or LHRP) or participating in events being run by partners or providers. Exercises can take the form of discussion based, table top, command post, live or test events.
- 10.3 A test of the communications system to contact the CCG on call director/ manager will be held at least every six months conducted by the NHS England and NHS Improvement South West.
- 10.4 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.
- 10.5 Any learning from incidents and exercises will be assessed and incorporated into relevant action plans and revision of the appropriate plans and procedures. There is a debrief tool which is used to capture individual feedback, which is included in the Incident Response Plan.
- 10.6 The CCG will undertake annual self-assessment assurance against national core standards that is verified by NHS England and NHS Improvement South West and the Local Health Resilience Partnership (LHRP).

11. REVIEW

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

12. REFERENCES AND UNDERPINNING MATERIALS

The Civil Contingencies Act 2004¹⁴;
The Health and Social Care Act 2012¹⁵;
NHS England planning framework (*'Everyone Counts: Planning for Patients'*¹⁶);
NHS standard contract¹⁷;
NHS England EPRR documents and supporting materials¹⁸
NHS England Business Continuity Management Framework (service resilience) (2013)¹⁹;
NHS Command and Control Framework for the NHS during significant incidents and emergencies (2013)²⁰;
NHS England Model Incident Response Plan (national, regional and area team);
NHS England 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 co-chairs²⁸ of Local health resilience partnership (LHRPs)
Competencies for Director of Public Health (DPH) co-chairs of LHRPs²⁹
Cabinet Office National Recovery Guidance³⁰

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

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

¹⁶ <https://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

¹⁷ <https://www.england.nhs.uk/nhs-standard-contract/>

¹⁸ <https://www.england.nhs.uk/ourwork/epr/>

¹⁹ <https://www.england.nhs.uk/ourwork/epr/bc/>

²⁰ <https://www.england.nhs.uk/ourwork/epr/gf/>

<https://www.england.nhs.uk/publication/nhs-england-incident-response-plan-national/>

²¹ <https://www.england.nhs.uk/publication/nhs-england-core-standards-for-epr/>

²² <https://skillsforjustice-cp.com/nos/>

²³

<https://shop.bsigroup.com/en/ProductDetail/?pid=00000000030201297#:~:text=PAS%202015%20is%20the%20framework%20for%20health%20services,23rd%20May%20between%2008%3A00%20and%2015%3A00%20UK%20time.>

²⁴ <https://www.iso.org/standard/50038.html>

²⁵ <https://www.england.nhs.uk/wp-content/uploads/2016/09/ccg-members-roles.pdf>

²⁶ <https://www.thebci.org/>

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

²⁸ <https://www.gov.uk/government/publications/resource-pack-for-local-health-resilience-partnerships>

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

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