



Enfield

Clinical Commissioning Group

**NCL CCG's
(Barnet, Camden, Enfield, Haringey
and Islington)**

**Joint Emergency Preparedness,
Resilience and Response (EPRR)
Policy**

V 0.1

Document Control

Review and Amendment History		
Version	Date	Amendment History
0.1		Combined CCG's EPRR Policy for all 5 NCL CCG's

Approval				
Name	Signature	Title	Date	Version
Deborah McBeal		Deputy COO/Director of Primary Care	09.10.18	1

Related Documents and Policies		
Date Published	Title	Version
2015 11 10	NHSE EPRR Framework	2
	NCL CCG's Pandemic Flu Plans	2
	NCL business continuity Plans (various)	3

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Statement of Intent

North Central London (NCL) CCG's are required to fulfil their obligations under the Health and Social Care Act (2012), Civil Contingencies Act (2004) and the NHS England (NHSE) Emergency Preparedness Response and Resilience Framework (EPRR) (2015) in respect to the response to Critical, Major and business continuity incidents and disruptions.

The Clinical Commissioning Groups (CCG's) must be able to maintain their own services in the event of a disruption to their 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 a director level Accountable Emergency Officer (AEO) 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:

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

All business continuity response planning is aligned to the current nationally recognised ISO 22301 business continuity standards.

NCL CCG's recognises the importance of having the appropriate arrangements in place to enable it to discharge the duties listed above.

This EPRR Policy covers the following five CCG organisations;

- Barnet CCG
- Camden CCG
- Enfield CCG
- Haringey CCG
- Islington CCG

For the benefits of this EPRR Policy, they will be referred to collectively as the CCG's.]



John Wardell, Accountable Emergency Officer (AEO) and Chief Operating Officer

1. Introduction

NHSE requires CCGs to have prepared and tested arrangements to respond to emergency and business continuity incidents. This policy outlines the requirements to which the NCL CCG's must adhere and how these will be delivered.

This policy applies to all aspects of the NCL CCG's operations and services.

All five NCL CCG's share some services, staff and premises. However, as per the EPRR framework (2015) it is required to retain individual EPRR Policies, Plans and Procedures. Where appropriate these documents will align across both organisations to ensure a consistent approach to EPRR.

The process of EPRR is by the whole organisation and is driven by the Governing Body through the CCG's Accountable Emergency Officer (AEO).

The CCG has identified a non-executive board member to support the AEO in discharging their EPRR role. Enfield CCG has identified John Wardell, Chief Operating Officer to undertake this role

The goal of the EPRR policy is to ensure that NCL CCG's can support the local health The economy in the response to an emergency incident whilst maintaining high levels of service for the local population.

This Policy will be reviewed annually or in line with any changes to organisational structure, scope and/or responsibilities of either the combined or individual CCG(s)

This Policy will be signed off in line with the CCG's internal governance requirements. The AEO will ensure that the document is shared with appropriate internal staff and governance groups.

2. Scope

The scope of the arrangements for the response to emergency incidents covers NCL CCG's response to all levels of incident as described by NHS England – See figure 1.

The CCG's will be responsible for the coordination of Level 1 and 2 incidents within its area of operations. The CCG's will provide support to NHS England in its response to Level 3 and 4 incidents via the NCL Director on Call system

3. Types of Incident

The NHSE EPRR Framework defines three types of incidents.

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.

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.

A business continuity Incident (could happen at all incident levels) has a significant impact and duration, disrupts the delivery of an organisations key services and functions, and could have a substantial negative impact on the organisation.

A business continuity Incident should be declared when there is confirmed or potential disruption to an identified critical business activity or a CCG core function or service beyond its established maximum period of tolerable disruption as identified by the CCGs as part of a corporate business impact analysis

Incident Levels as defined by NHSE EPRR Framework

Incident Levels	
Level 1 (Business Continuity Incident)	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 (Business Continuity Incident or Critical incident)	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 (Critical incident or Major Incident)	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 (Major Incident)	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.

Incident Responsibilities by Level

Incident Level 1 - The CCG's - Green

The response will be managed by:

- In hours: AEO or nominated deputy
- Out of hours: The NCL DoC on call out of hours

If required the incident director responding to the incident may convene an Incident Management Team (IMT) with relevant expertise from within the CCG and externally (as necessary) to respond to the incident.

Incident Level 2/3 – NHSE (London) – Yellow / Amber

The NHSE (London) on-call director may convene an incident management team with relevant expertise from within and external to the NHSE (London) to direct and coordinate the management of the major incident.

The Team will take executive decisions in the light of best available information and obtain input from all relevant sources of expertise and agencies and convene quickly.

An NHSE (London) Incident Co-coordinating Centre (LICC) may be set up at The LICC Standard Operating Procedure (LICC-SOP) covers both locations and contains appropriate Action Cards for all members of the IRT and other Senior NHS England (London) personnel who will play a role in the response.

The primary functions of the LICC are to:

- Ensure NHS Gold's strategy is communicated to all partners
- Coordinate the response of the NHS in London
- Act as the focal point for all NHS communications
- Manage the flow of information
- Create and verify intelligence to assist the strategic decision making

Incident Level 4 – NHSE (National) - Red

The NHS England (National) Office will maintain an overview of any large-scale major incident(s) and if necessary take command of the NHS in England. Their primary role is to set the national strategy for the response and provide the link to the Department of Health and hence to the Cabinet Office Briefing Room (COBR). They will also maintain links with the national office of Public Health England and other NHS England Regions as required.

Unlike the rest of the country NHS England (London) operates on a Regional basis and therefore will provide the national team with pan-London situation reports (SitReps) and the region wide Commonly Recognised Information Picture (CRIP). It will also enact at the regional level the national strategy and policy pertaining to the management of the incident. Additionally NHS England (London) will refer to the national tier any decisions in respect of strategic issues such as the request for support from the Military or release of additional funds, which cannot be resolved at the regional level.

4. Business Continuity Incidents

The scope of the arrangements for the response to business continuity incidents is limited to the activities of NCL CCG's. Any staff directly employed by, or contracted to work for the CCG's are covered by the CCG's business continuity plans.

These plans do 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's.

The CCG's are 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's or where the CCG's is the lead commissioner of a service provider.

5. Accountability

The person with senior level responsibility for the delivery of CCG's EPRR arrangements is the Accountable Emergency Officer (AEO).

The AEO for Enfield CCG is John Wardell

The AEO will report no less than annually to the CCG's Governing Body on the progress against EPRR assurance framework and the response to incidents and disruptions when they occur.

NCL CCG's uses the NEL Operational Resilience and Surge Management service to deliver, maintain and facilitate its surge management and Director on call system. The NEL Operational Resilience and Surge Management service maintain the NCL London Director on Call (DoC) system. The DoC directly support NHS England in response to Level 3 and 4 incidents

The AEO, Emergency Planning Liaison Officers (EPLO) and designated service and business leads in each CCG directorate are responsible for delivering the information required for the directorate's EPRR arrangements.

6. Implementation

The CCG's will maintain appropriate plans and procedures documenting their response to emergency and business continuity incidents.

This includes:

- NCL Joint EPRR policy
- NCL Director on Call (DoC) Pack
- NCL CCG business continuity Plan
- business continuity and EPRR risk register
- Pandemic Flu Plan

The NCL CCG's DoC Pack will enable the CCG to respond to and coordinate local provider response to Critical, business continuity and Major Incidents at all EPRR Incident Levels.

It will also enable the CCG to support NHS England to discharge its EPRR responsibilities for Level 3 and 4 major incidents.

Level 1 incidents will predominantly necessitate the management of pressures within provider organisations.

The CCGs maintain a corporate business continuity plan to enable them to respond to business disruptions. These plans are scalable, enabling an individual directorate to manage low-level disruptions whilst also providing a framework for the CCG to manage disruptions that affect the whole organisation.

Business continuity Plans are developed with regard to best practice both within the NHS and from industry standards. This will include ISO 22301 Business Continuity Management standard.

All CCG EPRR Policies, Plans and Procedures are reviewed annually in line with national EPRR guidance, or upon invocation, or when significant changes occur which effect the organisation and its delivery or services.

7. EPRR Roles and Responsibilities

The CCG's should ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity and where applicable cyber security and Disaster Recovery) and response elements. This assurance should be undertaken during the procurement of services.

The CCG's will Support NHSE in discharging its EPRR functions and duties locally and provide a route of escalation for the LHRP should a provider fail to maintain necessary EPRR capacity and capability.

The Civil Contingencies Act divides response agencies into 2 categories;

- Cat 1 Category One responders are known as core responders and they include the usual "blue-light" emergency services in addition to other services such as local authorities and acute trusts
- Cat Two responders Category Two responders are key co-operating responders that act in support of the Category One responders

CCG's are identified as Cat two responders and as such must fulfil the responsibilities as a Category two responder under the CCA including;

- Maintaining business continuity plans for their own organisation;

- Be represented by the AEO with their Emergency Planning Liaison Officer (EPLO) at the LHRP
- Seek assurance provider organisations are delivering their contractual obligation.

A full list of the roles and responsibilities of a CCG as listed in the NHSE EPRR Framework can be found in appendix 1.

Governing Body

The Governing Body will act to monitor the overall strategic direction of the EPRR programme across the CCG's and ensure that the EPRR programme is enforced and resourced appropriately.

Accountable Emergency Officer (AEO)

In the event of a serious or widespread disruption to the activities of the CCG's, it may be necessary to invoke the business continuity Plan. In this case, the AEO or named deputy will need to lead the response or delegate incident management coordination to named officers.

The AEOs will also;

- Undertake leadership and sponsorship of the EPRR programme with the support of the Governing Body.
- Act as a point of tactical leadership in support of the Emergency Planning Liaison Officers (EPLOs).
- Manage, monitor and report on the progress of the EPRR programme as required.
- Ensure that where appropriate, sections of EPRR Plans and Policy are published and accessible to the public.

More detailed responsibilities are set out in Appendix 2

Emergency Planning Liaison Officer (EPLO)

The EPLO will support the AEO to ensure that the CCG meets its statutory obligations under the CCA and complies with all relevant EPRR guidance for the NHS.

The EPLO will develop and deliver the CCG's emergency preparedness and resilience function and lead locally on the development and implementation of EPRR and business continuity Plans.

The EPLO will ensure there is appropriate CCG representation at local health resilience partnerships (LHRPs) and the local Islington Borough Resilience Forum (BRF) and where required will co-ordinate local EPRR training exercises for the organisation and with resilience partners.

More detailed responsibilities are set out in Appendix 3

Service and Department Leads

Service and department leads will ensure that where necessary, relevant department level plans, business impact analyses and training requirements are completed and maintained

They will Support the management team in the response to emergency and business continuity incidents and ensure where required that staff attend training and complete follow up actions relevant to their role.

8. Communications and Awareness of EPRR

The EPRR Policy, supporting plans and other associated documents will be placed in an appropriate place on the Enfield CCG's intranet site and will actively be promoted to both new starters as part of the induction process and existing staff.

9. Sharing information

The CCG's will ensure that they share relevant information with partner organisation in a timely and efficient manner during incidents as per the responsibilities under the Civil Contingencies Act (2004).

In line with data protection legislation the information shared will always be the minimum required for the specific purpose of the request.

The CCG's 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.

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) and the Caldicott Principles.

- 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?

10. Maintenance

The AEO has responsibility for ensuring that this EPRR Policy and associated plans and procedures are maintained in line with the standard NCL CCG's process for document control and version management.

The EPRR Policy and associated plans will be reviewed at least annually or in the event of any changes to:

- Their invocation and subsequent debriefing following an incident
- Business objectives, processes and organisational function
- Organisational structures and staff
- Key suppliers or contractual arrangements
- If an updated risk assessment highlights a new or changed vulnerability

The Policy, plans and procedures will also be reviewed following the response to a real incident or exercise. Where changes are made these will be communicated with all relevant staff and partner organisations and where necessary, updated documents will be circulated.

11. Testing and Training

The 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.

The minimum training and exercising needs required to support the EPRR programme are listed in Appendix 4

The CCG DoC's must undertake training that meets the relevant NHS England competencies. The CCG's will maintain a training plan that is based on a training needs analysis to focus the training delivered within the organisation.

The AEO will ensure that staff attend required training and that training records are maintained by the CCG's. DoC's will maintain individual training portfolios that demonstrate their competencies.

The CCG Plans and procedures will be tested on a regular basis, no less than annually or following significant changes to the organisation. Plans and procedures will be exercised in line with the requirements of the NHS England Emergency Preparedness Framework (2015) and will involve:

- A communications exercise every six months;
- A desktop exercise once a year
- A major live exercise every three years

The responsibility to exercise plans can be discharged through participation in multi – agency exercises. If a CCG activates its business continuity plan in response to a live incident this replaces the need to run an exercise, providing lessons are identified and logged and an action plan developed.

Following an incident, the CCGs must ensure that all lessons identified and actions taken are reflected in a review of appropriate business continuity and EPRR response plans and procedures.

A full CCG training needs analysis can be found in Appendix 4

12. Continuous Organisational Development

As part of its commitment to continual development, the CCG's will undertake reviews of their response and procedures following major exercises or real incident response. Where appropriate this may take place as part of a multi-agency process.

The CCG's will maintain appropriate procedures for debriefing staff and identifying and acting on lessons, any lessons identified will be addressed through changes to EPRR policy, business continuity plan and procedures and or staff training.

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

13. Equality Impact Assessment

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.

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.

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

14. References

- ISO 22301 Societal Security
- The Civil Contingencies Act 2004 (as amended)
- The Health and Social Care Act 2012
- NHSE Emergency Preparedness Framework (2015)
- NHS England Command and Control Framework for the NHS during significant incidents and emergencies (2013)
- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- BSI PAS 2015 - Framework for Health Services Resilience

Appendix 1 CCG EPRR Roles and Responsibilities

As detailed in the NHS England Emergency Preparedness Framework 2015

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, CCG's will support the NHSE 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 NHSE EPRR assurance processes.

d. Maintain performance levels, CCG's need to provide their commissioned providers with a route of escalation on a 24/7 basis. Conversely, the NHSE 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 CCG's. This will require CCG's to establish their own 24/7 on-call arrangements, this may include working in collaboration with other local CCG's to provide cost effective robust arrangements.

Response

g. As category two responders under the CCA, CCG's must respond to reasonable requests to assist and co-operate.

h. Support the NHSE Area Team should any emergency require wider NHS resources to be mobilised. CCG's 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. CCG's need a process that enables them to escalate incidents to the NHSE area team as applicable.

j. Some, but not all, CCG's may become more involved in the provision of emergency response through their respective DoC surge systems

Appendix 2 The Accountable Emergency Officer

Responsibilities as defined by NHS England

- Ensuring contracts with providers incorporate requirements to have emergency preparedness, response and business continuity arrangements in place.
- Attending meetings of the local Borough Resilience Forum to share plans and ensure health response is integrated into multi-agency plans in its role as a commissioner.
- Ensuring business continuity plans are in place to manage the impact of any incident on its own services.
- Ensuring that the providers it commissions have a robust point of escalation (24/7/365) in the event of any failure or potential failure of a service.
- Have in place a system to manage surge capacity issues as they arise and which will integrate with London wide surge capacity systems.
- Ensuring that the system above is well communicated to providers, NHS England (London) and other significant agencies.
- Ensuring the CCG participates in training and exercises to ensure plans are robust and integrated.

Appendix 3 The Emergency Planning Liaison Officer (EPLO)

Responsibilities defined by NHS England

- Ensure that the organisation meets its statutory obligations under the CCA and complies with all relevant EPRR guidance for the NHS, including non-statutory guidance that accompanies the CCA and for business continuity and resilience preparedness
- Develop and deliver the organisation's emergency preparedness and resilience function, improve standards of such preparedness across the organisation and provide leadership on specialist emergency preparedness and resilience issues
- Ensure that EPRR corporate responsibilities are met and provide assurance to the organisation's Senior Management Team and the Governing Body that it complies with relevant legislation and guidance (as summarised by the NHS England core standards for EPRR)
- Developing and contributing to professional relationships within the organisation, with other commissioners and NHS funded organisations and multi-agency partners that facilitate the continual development of EPRR arrangements
- Lead the development and implementation of EPRR delivery plans
- Ensure appropriate representation at local health resilience partnerships (LHRPs), the local Islington Borough Resilience Forum (BRF) and any associated sub-groups and work streams
- Coordinate emergency preparedness and training exercises for the organisation and with resilience partners
- Work with communications staff to ensure an appropriate communications and media response by the NHS to significant events and emergencies.

Appendix 4 NCL CCG's Training Needs Analysis

Required by who?	Training Requirement	How provided
<p>Members of NCL CCG's Senior Management Team</p>	<ul style="list-style-type: none"> • BCM awareness – policy and plans in place • BCM awareness – roles and responsibilities • Awareness of the impact that a BC, Critical and/or major incident would have upon the daily business of the CCG's • Activation of the BCM plan • Role of the Incident Director • Role of the business continuity Incident Response Team • Interaction with NHS England via NHS01 • Recovery planning and processes • Logging • Debriefing 	<ul style="list-style-type: none"> • EPRR Policy • business continuity Plan • Annual Strategic BC training session • Annual strategic BC Exercise • CCG Call Cascade Exercise • NCL DoC Pack • Frequency: Annual
<p>business continuity Liaison Officers and the business continuity Incident Support Team (Support Role)</p>	<ul style="list-style-type: none"> • BCM awareness – policy and plans in place • BCM awareness – roles and responsibilities • Awareness of the impact that a BC, Critical and/or major incident would have upon the daily business of the CCG's • Activation of the BCM plan • Role of the business continuity Incident Response Team • Logging • Minute taking • Debriefing 	<ul style="list-style-type: none"> • business continuity Policy • business continuity Plan • Annual Strategic BC training session • Annual strategic BC Exercise • CCG Call Cascade Exercise • Frequency: Annual
<p>All staff</p>	<ul style="list-style-type: none"> • BCM awareness – policy and plans in place • Awareness of the impact that a BC, Critical and/or major incident could have upon the daily business of the CSU • Activation of the BCM plan and their role within it 	<ul style="list-style-type: none"> • Policy and plans on internal intranet • BC Staff Awareness Session • Frequency: Annual

Appendix 5 NCL CCG's Annual Exercise Programme

Exercise/ Type	Date	Objectives
Annual Strategic BC training session Annual strategic BC Exercise	Annually	<ul style="list-style-type: none"> • Test incident identification, plan activation and command and control arrangements • Identify if critical activities are up to date and appropriate • Identify accuracy of recovery plan details • Identify update needs • Raise awareness for staff • Provide simulation opportunity for EPLO's
Annual strategic BC Exercise – with a live element	Every 3 years	<ul style="list-style-type: none"> • Test effectiveness of identified recovery options • Enable staff to practice recovery options • Identify issues or update needs • Raise awareness of BCM
Call Cascade Exercise	Annually (recommended)	<ul style="list-style-type: none"> • Test of the CCG's incident communications cascade • Will be undertaken with relevant partners (as required)