

Emergency Preparedness, Resilience and Response (EPRR) Policy Statement

Policy Reference Information	
Author / Lead Manager	Rachel Wakefield & Anshu Varma
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Reviewed	
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Status	Applicable to all CCG affairs

Related Policies and Strategies	
	Incident Response Plan On-Call Director/Senior Manager Policy

Version History and Control			
Date	Version	Author	Summary of Changes
17/09/18	1.0	Rachel Wakefield & Anshu Varma	

Agreement by committee / meeting group	date
Emergency Preparedness, Resilience and Response (EPRR) Operational Group	10/09/18

Checklist for the Review and Approval of Procedural Document

To be completed and attached to any policy document when submitted to the CCG Management Board for consideration and approval.

	Title of document being reviewed:	Yes/No	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	This Scope and Policy outlines the strategy for the implementation of EPRR arrangements by which East Berkshire Clinical Commissioning Group (EBCCG) will ensure suitable and effective arrangements are in place to respond to, and recover from significant/major incidents and periods of increased demand or surge/capacity pressure.
3.	Development Process		
	Is it clear that the relevant people/groups have been involved in the development of the document?	Yes	EPRR lead, Associate Directors, Head of Services including Corporate Affairs
	Are people involved in the development?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	Sent to identified AD on call on XXX
4.	Content		
	Is the objective of the document clear?	Yes	
5.	Evidence Base		
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it prior to ratification by CCG Board?	Yes	Sent to Executive Team to provide assurance to the Governing Body to approve on 10 th October 2018
7.	Document Control		

	Title of document being reviewed:	Yes/No	Comments
	Is there a plan to review or audit compliance with the document?	No	
8.	Review Date		
	Is the review date identified?	Yes	To be reviewed September 2019 or directed by NHS England
	Is the frequency of review identified? If so is it acceptable?	Yes	
9.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	AD for EPPR & Head of Corporate Affairs

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	NO	
	Race		
	Ethnic origins (including gypsies and travellers)		
	Nationality		
	Gender		
	Culture		
	Religion or belief		
	Sexual orientation including lesbian, gay and bisexual people		
	Age		
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems		
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	

		Yes/No	Comments
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	This policy comes into action for any emergency response to ensure the safety of public and staff in East Berkshire CCG.
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Head of Corporate Affairs, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Head of Corporate Affairs.

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1.0 Introduction

NHS East Berkshire Clinical Commissioning Group (EBCCG) is committed to implementing integrated and robust Emergency Preparedness, Resilience and Response (EPRR) arrangements to ensure effective and suitable response to and recovery from significant/major incidents and periods of increased demand, whilst meeting a number of statutory duties in relation to Emergency and Business Continuity Planning as detailed within;

- The Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005; and
- The Health and Social Care Act 2012

EBCCG is defined as a Category 2 responder under the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, and as such have statutory duties to;

- Co-operate with Category 1 and other Category 2 responders; and
- Share relevant information

In addition to meeting legislative duties, EBCCG is required to comply with guidance and framework documents, including but not limited to;

- NHS England Emergency Planning Framework 2015;
- NHS England Core Standards for Emergency Preparedness, Resilience and Response 2013;
- NHS England (Operating Framework) Everyone Counts Planning for Patients 2013/14;

This is achieved through the publication, testing and exercising of plans for key services.

This document provides the scope and policy for Emergency Preparedness, Resilience and Response (EPRR).

This document does not specifically cover system resilience which is part of day to day management of the local health economy

1.1 Legal Frameworks

The Civil Contingencies Act, 2004 (CCA) establishes a statutory framework of roles and responsibilities for local responders. The CCA is supported by regulations (Contingency Planning Regulations) and statutory guidance (Emergency Preparedness). Responsibilities of service providers are set out in Section 46 of the Health and Social Care Act, and in the NHS England Core Standards for EPRR.

The Health and Social Care Act, defines NHS England, Public Health England, Ambulance Services and Acute Hospitals as category One Responders under the CCA, whilst Clinical Commissioning Groups are defined as Category 2 Responders.

2.0 Policy Statement

It is the policy of EBCCG to ensure, so far as reasonably practicable, that the East Berkshire Health Economy has in place suitable and effective plans to protect the delivery of healthcare services during disruptions to business as usual.

2.1 Due Regard

This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination, harassment, victimisation; to advance equality of opportunity; and foster good relations.

2.2 Equality Statement

NHS East Berkshire CCG aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

In carrying out its functions, NHS East Berkshire CCG must have due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which NHS East Berkshire CCG is responsible, including policy development, review and implementation.

3.0 Information

3.1 Definitions

For the purpose of this EBCCG EPRR Scope and Policy, the following definitions have been aligned to those used by NHS England to mean;

3.1.1 Significant Incident / Major Incident

A significant or major incident is an event which cannot be managed through business as usual arrangements, and requires the activation of specialist arrangements. Incidents may be caused by a number of factors including but not limited to;

Accidents or acts of terrorism causing mass casualties, contaminated casualties or mass fatalities.

Full explanation of incident definition and types is provided in the EBCCG Incident Management Policy, Appendix 1

4.0 Scope

The scope provides the parameters within which this policy operates;

4.1 In Scope

The implementation of EPRR arrangements delivered by NHS East Berkshire Clinical Commissioning Group, King Edward VII Hospital, Windsor, Berkshire SL4 3DP in

responding to and recovering from major incidents impacting on the East Berkshire health economy.

4.2 Out of Scope

East Berkshire Clinical Commissioning Group is not responsible for the delivery and implementation of EPRR arrangements within NHS Provider Trusts or contracted services

5.0 Purpose

EBCCG's EPRR Scope and Policy provides a structure through which EBCCG:

- Meets its statutory duties under the Civil Contingency Act 2004 and Health and Social Care Act 2012;
- Implements Integrated Emergency Management procedures (including Command and Control) in conjunction with health and non-health blue light partners and stakeholders;
- Undertakes a documented risk based approach to resilience planning, where by risks are identified, assessed, mitigated and escalated;
- Provides all staff with EPRR training commensurate with their role and responsibilities;
- Ensures funding and resources are available to respond effectively to incidents;
- Ensures that suitable and effective plans have been established, validated and tested and are well communicated to key stakeholders;
- Ensures the continued delivery of Healthcare Services during and following incidents
- Implements a suitable and effective system for system wide response 24 hours a day, 7 days a week, 365 days a year.

6.0 CCG Roles and Responsibilities

The Roles and responsibilities outlined in this Policy are with regard to the wider EPRR duties of EBCCG. Specific roles and responsibilities during the response to and recovery from an incident are provided in the EBCCG Incident response Plan.

6.1 CCG Governing Body

The CCG Governing Body are accountable to the public and NHS England for ensuring that EPRR arrangements are in place to enable response to and recovery from significant/major incidents.

6.2 Chief Clinical Officer

The Chief Clinical Officer retains ultimate and overall responsibility for the CCG and for business delivery in all situations. The Chief Clinical Officer is responsible for ensuring the Chair of the CCG Governing Body and Member GPs remain apprised of EPRR arrangements as required. The Chief Clinical Officer is also responsible for ensuring that Directors/Senior Managers hold the required competencies through annual appraisal and personal development planning.

6.3 Accountable Emergency Officer

The Associate Director of Urgent and Emergency Care and Specialist Services is the appointed Emergency Accountable Officer and holds responsibility for ensuring the CCG meets its statutory duties, is compliant with NHS England Frameworks and

Core Standards through the implementation of suitable and effective Business Continuity and EPRR arrangements.

6.4 On Call Director/Senior Manager

The On Call Director/Senior Manager is the first point of contact for any incident notification and holds the executive level responsibility for responding to incidents occurring outside of office hours.

6.5 Directorate of Strategy and Operations - Urgent and Emergency Care Team

During Office Hours (Monday to Friday 0900-1700) the Urgent and Emergency Care team may be requested to support the On-Call Director/Senior Manager in managing the response to a significant/Major Incident. The Urgent and Emergency Care team also provide support to the Accountable Emergency Officer in the delivery of EPRR assurance and response.

6.6 All Employees

All employees are required to;

- Support the response to an incident as requested, in line with their expertise, role or training;
- Participate with post incident debriefing to ensure improvements and best practice are identified; and
- Ensure the completion of all relevant EPRR Training.

6.7 Local Health Resilience Partnership

A Local Health Resilience Partnership (LHRP) is required under the Health and Social Care Act and provides the strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies and is jointly chaired by NHS England and Public Health England.

The Accountable Emergency Officer is responsible for attending the NHS England Thames Valley Area Team LHRP; EBCCG discharges its responsibilities through the attendance of a lead (Oxford) CCG to these meetings. The work of the LHRP is carried out via the LHRP Business Management Groups. The Associate Director of Urgent and Emergency Care and Specialist Services is a standing member of the Thames Valley LHRP Business Group

The Accountable Emergency Officer is responsible for attending the Thames Valley LHRP CCG Group chaired by AEOs from the Thames Valley CCGs.

6.8 Local Resilience Fora (LRF)

EBCCG falls within the Thames Valley LRF area. As such the NHS England, Head of EPRR South East, who has the responsibility to represent the NHS at the multi-agency Thames Valley LRF; however CCGs may be requested to attend should specialist CCG input be required for an agenda item.

6.9 Berkshire Local Resilience Group

The Berkshire Resilience Group is jointly chaired by Thames Valley Police and West Berkshire Council and has been established to enable effective multi-agency working and arrangements across the geographical East Berkshire economy.

The System Resilience Manager is responsible for attending the Thames Valley Local Resilience Group.

6.9.1 Berkshire Health Emergency Planning Group

The Berkshire Health Emergency Planning Group is chaired by the Consultant in Public Health, and has been established to enable effective working arrangements across Berkshire's health economy, particularly with regard to Public Health arrangements.

The Consultant in Public Health is responsible for chairing and acting as secretariat for the group, and ensuring that formal update reports are uploaded to Resilience Direct.

6.10 East Berkshire Health Cell

The East Berkshire Health Cell is our local operational partnership group which is chaired by EB CCG, AD of Urgent and Emergency Care. It has been established to enable an effect operational response to local event planning and daily system resilience including local command control and reporting arrangements.

7.0 Command and Control (Including On Call Arrangements)

EBCCG will operate integrated Command and Control arrangements which align to the NHS England Command and Control Framework 2013.

NHS England South East will lead the response to Major Incidents occurring within or impacting upon the geographical Berkshire East Area, e.g. a Major Incident declared by the Ambulance Service in response to a train crash.

Full Command and Control arrangements are provided in the Incident Response Plan and on call pack

7.1 EBCCG On-Call Arrangements **On-Call Directors/Senior Managers**

EBCCG operates a formal rota made up of CCG Associate Directors and Senior Managers to ensure suitable and effective on-call arrangements are implemented 24 hours a day, 7 days a week, 365 days a year.

On-call arrangements run from Monday to Monday with hand over taking place at 09:00am. (Seasonal variation may be implemented over busy periods).

Should, for any reason, the On-Call Associate Director/Senior Manager be unable to fulfil their duties during their on-call period, (e.g. Illness or Family Emergency) it is their responsibility to ensure they hand over their duties to another member of the rota.

For the duration of the on-call period the Associate Director/Senior Manager On-Call will always be the first point of contact for notification/escalation and will be responsible for managing any response required.

During Office Hours (Monday to Friday 0900-1700) Urgent Care Team, will support the response to major incidents occurring within an East Berkshire NHS Trust. During this time the Associate Director/Senior Manager On-Call should ensure they remain appraised of the situation and receive a formal handover at 1700.

Incident Loggists

Loggists are a voluntary role and as such EBCCG does not operate a formal Loggist rota. Should the type and scope of an incident require an Incident Loggist the On-Call Director/Senior Manager/ will contact the pool of trained Loggists to ascertain availability.

7.1.1 On-Call Administration

The Corporate Services Manager is responsible for managing the EBCCG On-call Rota. Rotas will be scheduled for a period of one year January to December and will be published in advance. Scheduling of the rota will consider any personal and religious factors where practicable.

Any changes required to the rota once published will need to be arranged by the individual requiring the change. The Corporate Services Manager must be informed of all changes to enable an amended version of the rota to be published.

It is the responsibility of the Corporate Services Manager to ensure accurate and up to date records are held with regard to Mobile Telephone Privilege Access Scheme (MTPAS) registrations, providing details as required for statutory submission to the Cabinet Office.

7.1.2 Scheme of Delegation

The CCG's Audit Committee have agreed a financial Scheme of Delegation which sets out the financial authority for On-call Associate Directors/Managers as per the On-call Policy.

7.1.3 Competency and Training

On-Call Associate Directors/Senior Managers

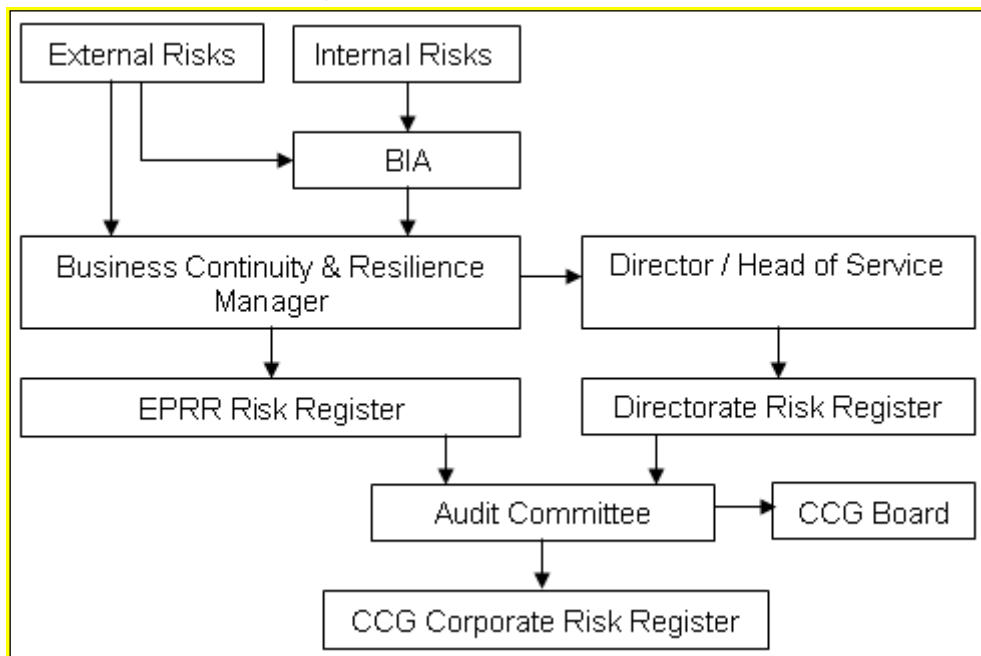
As per the EPRR Training and Exercising Programme all Directors/Senior Managers On-Call will be expected to complete the NHSE Incident Management and Leadership in a Crisis Training and participate in testing and exercising, as such a training needs analysis will be undertaken against the 'NHS England model competencies' for members of emergency on call rotas.

Incident Loggists

Any staff who have volunteered as an Incident Loggist will be expected to complete suitable training and participate in testing and exercising.

8.0 Risk Management Strategy

In implementing an effective Business Continuity Management, EBCCG will ensure that business continuity processes are integrated within the existing Risk Management Strategy, allowing consistent risk identification, assessment, mitigation and escalation as follows;



8.1 Risk Identification and Assessment

The Associate Director of Urgent and Emergency Care and Specialist Services will be responsible for regular review of the Thames Valley LHRP Risk Register to identify any current health risks and ensure that local mitigation plans are in place.

8.2 Risk Mitigation

The Associate Director of Urgent and Emergency Care and Specialist Services will be responsible for implementing risk mitigation to reduce the likelihood and/or impact of risks identified, including undertaking regular review of the performance of mitigating actions.

9.0 Training, Testing and Exercising Programme

The EPRR Training and Exercising Programme outlines the process by which training, testing and exercising of EPRR arrangements will be undertaken.

9.1 Training

Those individuals undertaking roles and responsibilities within EPRR or incident response must undertake appropriate training for their function, in line with the competencies provided in the NHS England *'Model Competencies for Members of Emergency On-call Rotas and 'National Occupational Standards'*.

Training will be undertaken in line with the annual training and exercise schedule agreed approved by the CCG Board; this should occur regularly to familiarise staff with command and control procedures and to ensure there is no erosion of skills.

Training records will be used as documented evidence of the completion of relevant and suitable training as per the EPRR Training, Testing and Exercising Programme.

9.2 Testing and Exercising

Plans developed to allow organisations to respond efficiently and effectively, must be tested regularly using recognised and agreed processes such as table top or live exercises.

Roles within the plan (not individuals) are exercised to ensure any specific role is fit for purpose and encapsulates all necessary functions and actions to be carried out during an incident.

Through the exercising process, individuals have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for the time of a real incident.

A post exercise report will be written to summarise the test/exercise and to highlight areas of best practice and for improvement, with lessons identified entered onto the EPRR Issue/Lesson Log as per the timeframes in the EPRR Training, Testing and Exercising Programme.

10.0 NHSE EPRR Annual Assurance

Via the NHSE EPRR Annual Assurance Process the Associate Director of Urgent and Emergency Care and Specialist Services will undertake an annual review of EPRR and Business Continuity arrangements whilst meeting the Audit requirements of ISO22301.

The purpose of the review is to ensure the effectiveness, performance and management of the EPRR arrangements and to set the EPRR Work Plan for the coming financial year.

11.0 Document Approval and Control

All EPRR documents will meet the EBCCG Corporate Governance Process for document approval. All EPRR documents will be subject to CCG Corporate Governance Document control to ensure suitable version control is implemented.

11.1 Document Publication

Documents will be made available to all staff via the internal CCG website.

It is the policy of EBCCG to make non protectively marked Emergency Planning, Resilience and Response documents publically available via the public CCG website with information redacted as per Section 15.0 Freedom of Information as required.

Those individuals with EPRR responsibilities such as named roles within the plan and On-Call Directors/Senior Managers will receive an electronic copy of all newly published documents or versions via email.

Stakeholders and partner agencies requiring copies of the EPRR documents will receive them electronically via email.

11.2 Document Retention

Electronic copies of all previous versions of documents will be retained for 7 years. All documentation will be reviewed before destruction to ensure it may not be required for any forth-coming/subsequent enquiry.

11.3 Freedom of Information

The Freedom of Information Act 2000 gives the public a wide-ranging right to see all kinds of information held by the government and public authorities. Authorities will only be able to withhold information if an exemption in the Act allows them to. As such a publically available version of this document will be made available. In line with Government and NHS Document Protection Markings some information (confidential and sensitive) will be redacted from publically available versions.

11.4 Associated Documents

This Scope and Policy covers EPRR documents within the CCGs including;

- Incident Response Plan and On-Call Pack