Emergency Preparedness, Resilience and Response and Business Continuity Management Policy

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1.0   Introduction

1.1   The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. Under the Civil Contingencies Act (2004), NHS organisations must show that they can deal with such incidents while maintaining services to patients. This work is referred to as 'emergency preparedness resilience and response (EPRR). Emergency response organisations are classified by two types, Category One, primary responders and Category Two, supporting agencies.

1.2   While NHS England (NHSE), as a Category One responder, bears the majority of responsibilities in preparing and responding to incidents and emergencies, a CCG, as a Category Two responder, has a duty to participate in preparations and provide a cooperative and supportive role to NHSE should an incident occur.

1.3   As a Category Two responder there are specific obligations, outlined in NHS England's national EPRR core standards that must be met and there is a named Accountable Emergency Officer (AEO) who is responsible for ensuring that the CCG's roles and responsibilities around EPRR are adhered to.

1.4   This document outlines how compliance will be achieve against NHS England's national standards for EPRR the requirements for Emergency Preparedness, Resilience and Response (EPRR) across Barking and Dagenham, Havering and Redbridge CCGs, detailing the minimum requirements for planning and responding to a major incident, whilst maintaining business critical functions.

2.0   Policy statement

2.1   BHR CCGs will ensure they are capable of responding to major incidents of any scale, in a way that delivers optimum care and assistance to those affected, and one that minimises the consequential disruption to healthcare services and helps bring a speedy return to business as usual.

2.2   Furthermore the CCGs will have in place business continuity and contingency plans in place that allow it to continue to provide business critical functions during a major incident, so far as is practicable and to recover from the additional pressure that an incident place on an organisation.

2.3   In addition to its duties contained within the Civil Contingencies Act 2004, the CCG recognises its EPRR responsibilities as detailed within section 46 of the Health and Social Care Act 2012 and will, in partnership with its commissioned services, meet this responsibility through:

- Building upon the existing strengths of current multi-agency coordination, and co-operation which includes local NHS Trusts and other Category 1 Responders.
- Ensuring that responsibilities of the Borough Resilience Forums and Local Health Resilience Partnership enhance any response to emergency arrangements, both during the response and recovery phase.

- Fully integrating with partner agencies emergency arrangements, in supporting the local health economy.
- Reviewing the state of readiness and operability to extend further, with the assistance of new and improved partnerships, the capability to handle a new kind and potential magnitude of threat.
- Ensuring that plans for business continuity are in place.
- Cultivating a culture within the CCGs to make emergency preparedness an intrinsic element of management and operations.

In order to achieve this the BHR CCGs operate a 24/7 Director On-Call Function. The On-Call Director will hold a pager and will receive calls and respond to:

- Major Incident Notifications
- NHS England communication exercises
- Surge Management/Capacity Issues if these cannot be deal with the North East London Commissioning Support Unit surge team, who manage this on our behalf.
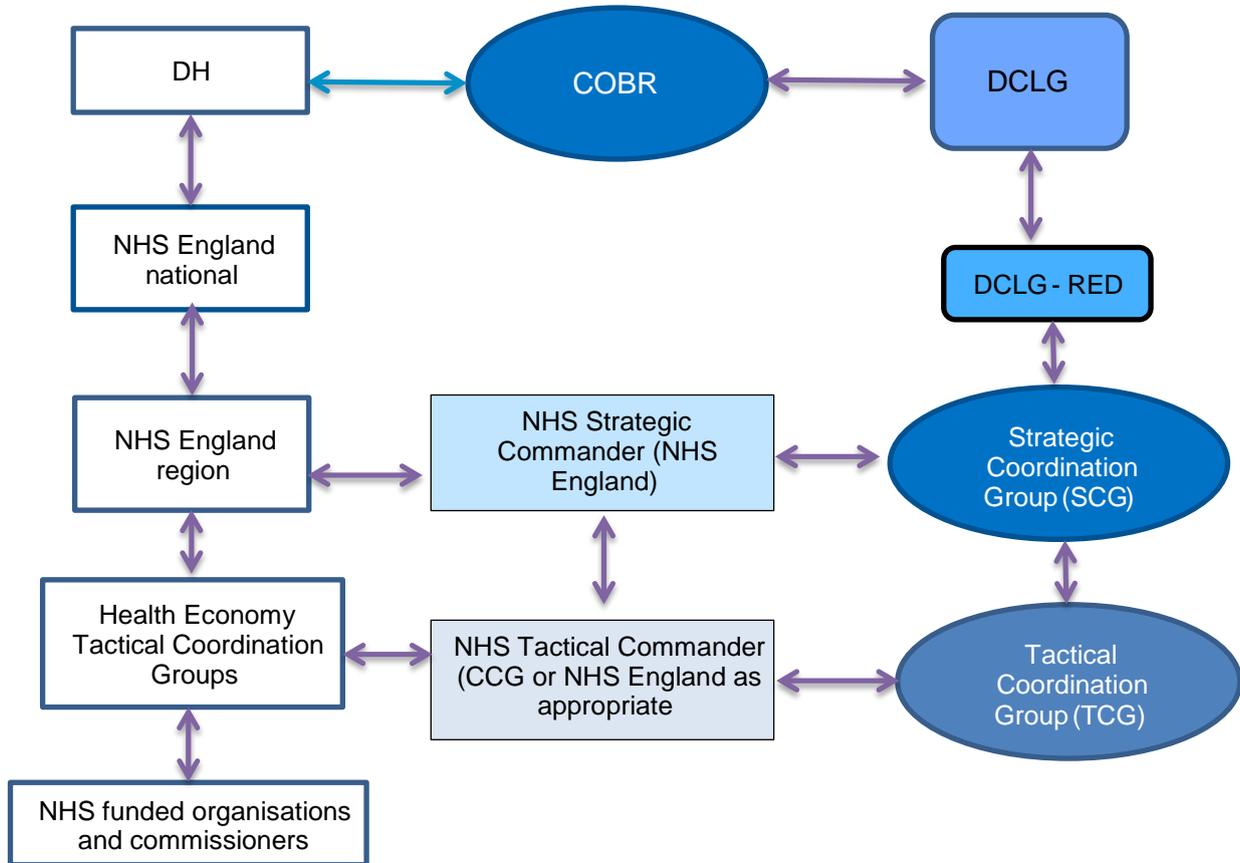
3.0   Purpose

3.1   The purpose of this document is to ensure that BHR CCGs act in accordance with the Civil Contingencies Act 2014, Health and Social Care Act 2012 and NHS England national policy and guidance by undertaking the duties listed below:

- To ensure that major incident and continuity plans have been established and are well communicated.
- To ensure that the plans address the consequences of all situations that might feasibly occur.
- To ensure that plans involve robust arrangements for the operational recovery from all such incidents.
- To ensure that all key stakeholders are consulted and collaborated with concerning their role in the plan and that they understand those responsibilities.
- To ensure that the plans are tested and are regularly reviewed.
- To ensure that funding and resources are available to respond effectively to major incidents.
- To ensure that all CCGs have access to up to date guidance relating to EPRR.
- 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.

4.0   Command and control (including on call)

4.1   An integral element of command and control is a clear chain of command from the top of the organisation to the lowest level, and across agencies as required. Every person involved in the response to an incident must know their role and responsibility.

4.2   All responders follow the nationally recognised 'Strategic, Tactical, Operational' framework and we will be guided by NHS England as to our role, depending on the type and scale of the incident. The diagram below shows the EPRR response structure for the NHS in England;

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   DH  <----->  COBR  <----->  DCLG
    ↕                             ↕
NHS England                   DCLG - RED
 national                         ↕
    ↕
NHS England <---> NHS Strategic <---> Strategic
  region         Commander (NHS       Coordination
                  England)            Group (SCG)
    ↕                  ↕                   ↕
Health Economy <---> NHS Tactical Commander <---> Tactical
Tactical Coordination  (CCG or NHS England as      Coordination
Groups                 appropriate                 Group (TCG)
    ↕
NHS funded organisations
and commissioners
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4.3   The CCGs are responsible for the local incident health response and command and control. In most cases, this will be through providing local information, intelligence and resources to coordinate borough level activity across the NHS on behalf of NHS England (London).

4.4   Should the incident extend beyond the operations of a single borough then NHS England (London) may lead to ensure coordination of the health response.

4.5   The CCGs operate a 24/7 director on-call function. The director on call is contacted via a pager system as well as receiving an email and a text and covers the role for a seven day period, commencing at 9.30am on a Thursday.

5.0   On-call documentation

5.1   There are a number of documents available to assist on-call directors. These documents include:
        • On-call manual (major incident plan) which includes an on call director action card and contacts
        • Business Continuity Plan (overarching and by team)

- Incident Coordination Centre (ICC) Operating Procedures
- Director on call rota

All of these documents are available on our online document management system Diligent, as well as in hard copy in the Incident Coordination Centre.

6.0 Roles and responsibilities

6.1 Accountable Officer
The Accountable Officer has overall responsibility for ensuring there are effective arrangements for emergency preparedness, resilience and response and business continuity management in place with the CCGs and for meeting statutory requirements.

6.2 Accountable Emergency Officer
The Accountable Emergency Officer (AEO), as required under the Health and Social Care Act 2012, is responsible for the strategic implementation of major incident and business continuity planning in accordance with the aims as detailed within section three of this policy. Furthermore the AEO or a nominated deputy has a duty to attend the North East London Local Health Resilience Partnership or equivalent.

6.3 On-call director
The on-call Director is responsible for handling the initial response to an incident. Specific responsibilities include:
- the nominated first point of contact for all Major Incident notification;
- initially assuming the role of Incident Director
- activating the appropriate Incident Management Team(s) and arranging for the appropriate staff to respond to the incident
- carrying the on-call pager at all times (not to be turned off at any time);
- ensuring that the Accountable Officer, Managing Director and Accountable Emergency Officer are briefed in the event of a major incident
- being able to respond in person to a call-out
- being able to attend an incident coordination centre preferably within a two hour of a call-out
- carrying their staff ID badge at all times, should they be called to attend an incident coordination centre out of hours
- carrying the on-call and major incident documentation or have access to them via their laptop
- making themselves familiar with the action card for their role
- providing NHS England with situation reports, when requested

6.4 CCGs' EPRR Lead
The CCGs' EPRR Lead is responsible for all aspects of operational implementation of this policy. Specific responsibilities include:
- Developing and continuously monitoring the EPRR arrangements, as per guidance and statutory obligations
- Providing regular updates and reports as required to the Accountable Emergency Officer and CCGs' governing bodies, via the CCGs' joint committee
- Overseeing the audit and fit for purpose requirements for both emergency

planning and business continuity
- Represent the CCGs at Borough Resilience Forums, NHS EPRR Network meetings and multi-agency EPRR events
- Providing guidance, advice and support for health emergency preparedness to the CCGs

7.0   Information sharing

7.1   Under the Civil Contingencies Act 2004, responders have a duty to share information with partner organisations. The CCGs will consider the information that will be required to plan for, and respond to, in an emergency.

7.2   The CCGs have agreed to an information sharing protocol with each of our Borough Resilience Forums. Requests for information during an emergency will be made to the Incident Director, via the Incident Coordination Centre, who will review the request and ensure a timely response. Where necessary, the Caldicott Guardian and the Information Governance lead will be asked to approve the sharing of the information, to ensure that relevant legislation and guidance is followed at all times.

8.0   Record keeping

8.1   All staff involved in a response to an incident must keep records of all actions and decisions taken, using the log books and templates provided.

8.2   The CCGs, via the EPRR lead, will have ensure the organisations have trained loggists available at all times, including out of hours.

9.0   Risk Management

9.1   In implementing an effective EPRR system, the CCGs will ensure that EPRR risk assessments are aligned with the CCGs' Risk Management framework allowing consistent risk identification, assessment, mitigation and escalation where appropriate to the CCGs' Governing Bodies, via the Joint Committee.

9.2   EPRR risk assessments will relate to both internal and external potential threats and will take into consideration risk outlined on the London and Community Risk Registers.

10.0   Development of plans

10.1   EPRR arrangements will be developed to enable all CCGs to respond to the identified risks. At present specific plans include:
- Major incident response
- Business continuity
- Severe weather (include heatwave and cold weather)
- Pandemic influenza
- IT disaster recovery

10.2   The above list is maintained in accordance with NHS England's EPRR Core standards.

The CCGs will also input where required into multi agency plans, developed through the Borough Resilience Forums.

11.0 Business Continuity Management (BCM)

11.1 This policy also covers business continuity management and sets out general principles and process for business continuity arrangements

11.2 The CCGs are committed to implementing an integrated and robust business continuity management system, based on legal requirements, internal and external issues that could affect service delivery and the needs and expectation of interested parties and to manage the effects of any incident that might disrupt its normal business. These range from (for example) managing a power cut to arranging service provision during a major incident or epidemic.

11.3 We will take all reasonable steps to ensure that in the event of a service interruption, the organisation will be able to respond appropriately. A service interruption is defined as:
 "Any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires special measures to be taken to restore normal functions".

11.4 There are many and varied possible causes of service disruption. As a general guide, service continuity planning should be carried out to minimise the effects of a number of potentially disruptive events:
- Major accident or incident, national disaster, epidemic, terrorist attack
- Fire, flood, extreme weather conditions
- Loss of utilities, including IT and telephone systems
- Major disruption to staffing; epidemic, transport disruption, industrial action, inability to recruit; mass resignations (e.g. lottery syndicate).

 It should be borne in mind that these events may not be mutually exclusive, e.g. extreme weather leads to loss of electricity, disruption to transport, staff unable to get to work.

11.5 The following approach to producing Business Continuity and Service Recovery Plans has been adopted;
- A risk assessment of business continuity incidents occurring which may affect the ability of the CCGs to continue to function
- As part of business impact analysis process, identifying core business functions of the that must be supported in any emergency situation, the maximum tolerable period of disruption for each and categorising each one as;
Category A – Activities which must be continued
Category B – Activities which can be scaled down
Category C – Activities which can be suspended if necessary
- Each director to identify specifically what is required for each function/team to be able to continue to operate, based on the agreed category of the function, to produce their own directorate/function plan. This also includes minimum numbers of staff to continue to operate to ensure that in the event of major disruption to staffing (such as illness, transport disruption, industrial action, and severe weather) we can continue to maintain critical activities.

- Key contacts, documents and relevant information for each team/function identified and collated, including a list of identified critical Information Assets with specific detail around business continuity plans for each asset.
- All of the above to be gathered in relevant templates to form a Business Continuity Plan approved by the each CCG governing body, via the Joint Committee.
- Review and updating of templates to be carried out at least annually, or where there is a significant change of circumstances (change in team functions, structure, office locations)

11.6   A separate process has been undertaken by the Senior Information Risk Owner (SIRO) and the Information Governance lead to identify and record each team's Information Assets as part of the Information Governance Toolkit requirements. The SIRO is responsible for ensuring the organisational information risk is properly identified and managed and that appropriate assurance mechanisms exist. The SIRO is supported by Information Asset Owners (IAOs) and Information Asset Administrators (IAAs). The IAOs provide assurance that information risk is managed effectively for the information assets that they 'own' and understanding and addressing risks to those assets. The IAAs are delegated the responsibility for day to day management of information risk of an asset on behalf of the IAOs and provide administrative support as is required to ensure compliance.

11.7   The Senior Responsible Officer for IT will ensure that the CCGs are fully compliant with the Data Protection and Security Toolkit, via the submission of relevant evidence on an annual basis.

11.8   The CCGs' involvement in external events may have some business continuity implications. For example, a major terrorist strike in Central London may result in a mass evacuation to the outlying boroughs/counties. The CCGs may find itself having to provide staff, resources or support to local authority reception centres etc. whilst having to maintain its own service provision as well as helping to provide support to NHS England to manage any surge pressures.

11.9   All business continuity plans are issued in electronic format and hard copy to each team, along with all accompanying documentation. In addition each team will be issued with an encrypted USB. Each directorate will be responsible for updating this as and when necessary and ensure a full review of the critical information on a quarterly basis.

11.10   Each director will sign to confirm ownership of the plan and agreement that they will make their staff aware that they are responsible for cooperating with the implementation of this policy and relevant plans as part of their normal duties and responsibilities.

11.11   A hard copy of the full organisation plan is kept at our office and the North East London Commissioning Alliance office.

11.12   Should the plan be invoked, any lessons learnt will be reviewed and where necessary the plan will be updated.

11.13 If major changes are made to this policy or business continuity plans following a formal review these will go to the CCGs' Joint Committee for approval, or a delegated committee, and the process for distribution outlined above will be followed.

12.0 Training

12.1 Those individuals undertaking roles and responsibilities within EPRR must undertake appropriate training for their function, including in line with the competencies for their role or function provided in NHS England's EPRR Framework and National Occupational Standards. Training will be undertaken in line with the annual training and exercise schedule and should occur regularly to familiarise staff with command and control procedures and to ensure there is no erosion of skills.

13.0 Testing and exercising

13.1 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 responding at the time of a real incident.

13.2 Testing and exercising will be undertaken in line with NHS England Emergency Preparedness Framework (2015), which defines the process and timescales for exercising. This includes a minimum expectation of a communications exercise every 6 months, a table top exercise every year, and a live exercise every three years, in addition to any activation.

13.3 Following an incident or exercise, the Incident Director will be asked to complete an accident report template and an action plan which will allow lessons to be learnt to be captured and plans updated accordingly. Debrief sessions will also be arranged to capture wider learning.

14.0 Resourcing and funding

14.1 It has been agreed that £10,000 in total across the three CCGs (£3,333 per CCG) would be made available for emergency planning purposes if required, and specific budgets codes will be set up for this purpose. Additional resources over and above the £10k would be made available should the nature of the incident justify this. Any unexpected expenditure will be covered from contingency funds.

15.0 Mutual aid

15.1 Depending on the nature and scale of an incident, the CCGs would consider requests for mutual aid from partner organisations. Our CCGs and staff work collaboratively across our local area and where possible we would also look to share resources with the other four CCGs that make up the North East London Commissioning Alliance. We would also

consider requests from local authorities and provider organisations across the North East London footprint, as part of the East London Health and Care Partnership.

16.0   Dissemination, implementation and access

16.1   This policy and business continuity plans are available on the CCGs' websites and staff intranet.

16.2   As part of local and corporate induction emergency planning arrangements to be advised to new staff and line managers are to encourage review of relevant plans.

17.0   Monitoring and audit arrangements

17.1   This policy will be reviewed on an annual basis and updated where required to ensure that it remains in line with current legislation and NHS guidance.

17.2   The policy will be audited throughout the year, both internally and externally. This will include as part of the annual EPRR assurance process by NHS England, using the EPRR core standards.

18.0   References

18.1   For more detailed information regarding the contents of this policy please refer to the following documents;
  - Civil Contingencies Act 2004
  - NHS England Emergency Preparedness, Resilience and Response Framework 2015
  - NHS England Business Continuity Management Framework 2013
  - NHS England Core Standards for Emergency Preparedness Resilience and Response
  - ISO 22301 – Societal Security – Business Continuity Management Systems – Requirements