

Morecambe Bay CCG
Emergency Preparedness Resilience and Response
Policy

February 2019

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To be read in conjunction with:

Morecambe Bay CCG Business Continuity Plan
 Morecambe Bay CCG Major Incident Plan
 Morecambe Bay CCG On Call Pack
 Morecambe Bay CCG ICC Protocol

Date	Version	Action	Amendments
Dec 2018	0.1	EPRR Policy Draft	
Jan 2019	0.1	Tim Almond additions in highlighted sections.	
Jan 2019	0.2	Niall Pemberton additions based on On-Call pack and CCG documentation.	
Feb 2019	0.3	Addition of Hilary Fordham comments	Clarification about content of On Call Pack and minor changes to wording.

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Introduction

The CCG is required to fulfil its obligations under the Health and Social Care Act (2012) and Civil Contingencies Act (2004) regarding the response to internal and external incidents and disruptions. The CCG must be able to maintain its own services in the event of a disruption to its normal working environment and must be able to participate as a responder to critical/major 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 who will be responsible for EPRR;

and

II. contribute to area planning for EPRR through local health resilience partnerships (LHRPs) and other relevant groups.

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.

The Civil Contingencies Act 2004 aims to establish a consistent level of civil protection across the United Kingdom. The act provides a guidance 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.

Policy statement

NHS Morecambe Bay CCG accepts its statutory responsibilities as a Category 2 responder and as such will cooperate with Category 1 responders to enhance coordination and efficiency by sharing information as required prior to, during and following an incident. Morecambe Bay CCG has in place a Business Continuity Plan which ensures it can continue to provide its core functions during a major incident, so far as is practicable and to recover from additional pressure that an incident may place on the CCG. Morecambe Bay CCG will ensure that adequate funding is in place to meet its obligations, ensure that its staff are trained and exercised to respond accordingly and maintain systems that enable a robust response to Business Continuity and Critical/Major Incidents.

In addition to its duties contained within the Civil Contingency Act, Morecambe Bay CCG recognises the EPRR responsibilities as detailed within Section 46 of the Health & Social Care Act 2012 (H&SCA) and will, in partnership with its commissioned services meet this responsibility by:

- Building upon the existing strengths of current multi-agency coordination and cooperation which includes local NHS Trusts and other Category 1 Responders;

- Ensuring that responsibilities of the 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 Morecambe Bay CCG to make emergency preparedness an intrinsic element of management and operations

Purpose

The purpose of this document is to ensure that the CCG acts in accordance with the CCA 2004, H&SCA 2012 and the NHS England national policy and guidance and meets its requirements under NHS England Core Standards for Emergency Preparedness, Resilience and Response.

To meet the requirements of this document the CCG should ensure that it is adequately funded to meet its EPRR requirements, along with a commitment to resourcing the preparedness, response and recovery to Business Continuity, Critical and Major Incidents.

CCG EPRR Responsibilities

The Health and Social care Act 2012 designate Clinical Commissioning Groups as Category Two responders as defined in the Civil Contingencies Act 2004. Category Two responders are 'co-operating bodies'. Category 2 responders have a lesser set of duties to Category One responders.

The NHS England Emergency Preparedness, Resilience and Response Framework sets out the EPRR role of CCGs as follows:

- ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant emergency preparedness, resilience and response elements, including business continuity
- monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards
- ensure robust escalation procedures are in place so that if a commissioned provider has an incident, the provider can inform the CCG 24/7
- ensure effective processes are in place for the CCG to properly prepare for, and rehearse, incident response arrangements with local partners and providers
- be represented at the LHRP, either on their own behalf or through a nominated lead CCG representative
- provide a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness
- support NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents (Alert Level 2-4)

- fulfil the duties of a Category 2 responder under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended)

The CCG is required to support NHS England in discharging its EPRR functions and duties locally. The CCG will support NHS England in their response to a major incident and will respond to reasonable requests for mobilisation of NHS resources. This will include:

a) Supporting NHS England through mobilising and assisting in the coordination of primary care (GP) providers. This will be achieved through the utilisation of the CCG On-Call Officer (out of normal working hours) and senior commissioning/primary care managers (in hours) to contact providers to mobilise resources in line with NHS England requirements;

b) The CCG On-Call Officer providing local knowledge and advice to NHS England where necessary, primarily in the tactical response requirements within a multi-agency response.

The CCG should ensure that it has identified funding and resourcing, through its governing body, to adequately manage its duties outlined above and will, in the event of a Business Continuity, Critical or Major Incident commit to resourcing response and recovery activities.

Staff Roles and Responsibilities

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 this policy. Furthermore, the AEO or a nominated representative has a duty to attend the Local Health Resilience Partnership (LHRP) Group

The AEO will be responsible for:

1. Ensuring that the organisation, and any sub-contractors, are compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England EPRR Framework and the NHS England Core Standards for EPRR;
2. Ensuring that the organisation is properly prepared and resourced for dealing with an incident;
3. Ensuring that the CCG, any providers it commissions, and any sub-contractors have robust business continuity planning arrangements in place (which are aligned to ISO 22301 or subsequent guidance which may supersede this) through the annual EPRR core standards process
4. Ensuring that the CCG has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served;
5. Ensuring that the CCG complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance;
6. Providing NHS England with such information as it may require for the purpose of discharging its functions;

7. Ensuring that the CCG is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or Local Resilience Forum, as appropriate;
8. Ensuring in protracted incidents, a relief for the On-Calls is in place;
9. In the event of the CCG being required to support the NHS England response to a major incident or be required to provide detailed prolonged support to a local acute trust during an incident, the Accountable Emergency Officer will have the option to convene a Crisis Management Team to manage the CCG response (as detailed in the Business Continuity Plan).

CCG EPRR Lead

The CCGs EPRR Lead is responsible for all aspects of operational implementation of the aims contained within this procedure and reports to the Accountable Emergency Officer.

Non-Executive Director

Member of the Governing body, with EPRR as part of their portfolio, who supports the AEO in discharging the CCG EPRR activities.

On Call Officers

On call staff will act as the 24/7 Point of Contact for the CCG taking the initial information received in response to normal operational pressures, a potential or actual Business Continuity, Critical/Major incident, and determine the appropriate course of action to be taken.

The On-Call officer will:

1. Attend the Tactical Coordination Group (TCG), at the request of NHS England, to provide support, information and contacts relative to the Local Health Economy;
2. Be familiar with the multi-agency response requirements to a major incident;
3. Be familiar with the location and functions of the Joint Control Centre (JCC) for tactical level incident response. In the event of an incident within Lancashire the primary site is Lancashire Constabulary Headquarters, Saunders' Ln, Hutton, Preston PR4 5SA. In the event of an incident in Cumbria the primary site is Cumbria Fire and Rescue HQ, Cumbria Fire and Rescue Service HQ, Carleton Avenue, Penrith, Cumbria, CA10 2FA
4. Have access to the On-Call pack, CCG response information and contacts and mobile phone;
5. Start and maintain a decision log of the incident;
6. Complete the 'On Call incident reporting form' contained within the On Call Pack.

Commissioning and Contracts

Commissioning and contracts lead(s) have responsibility for ensuring emergency preparedness, resilience and response requirements are embedded within provider contracts.

Surge Response

The Urgent Care Commissioning Team has responsibility for effectively managing Surge and Escalation within the area.

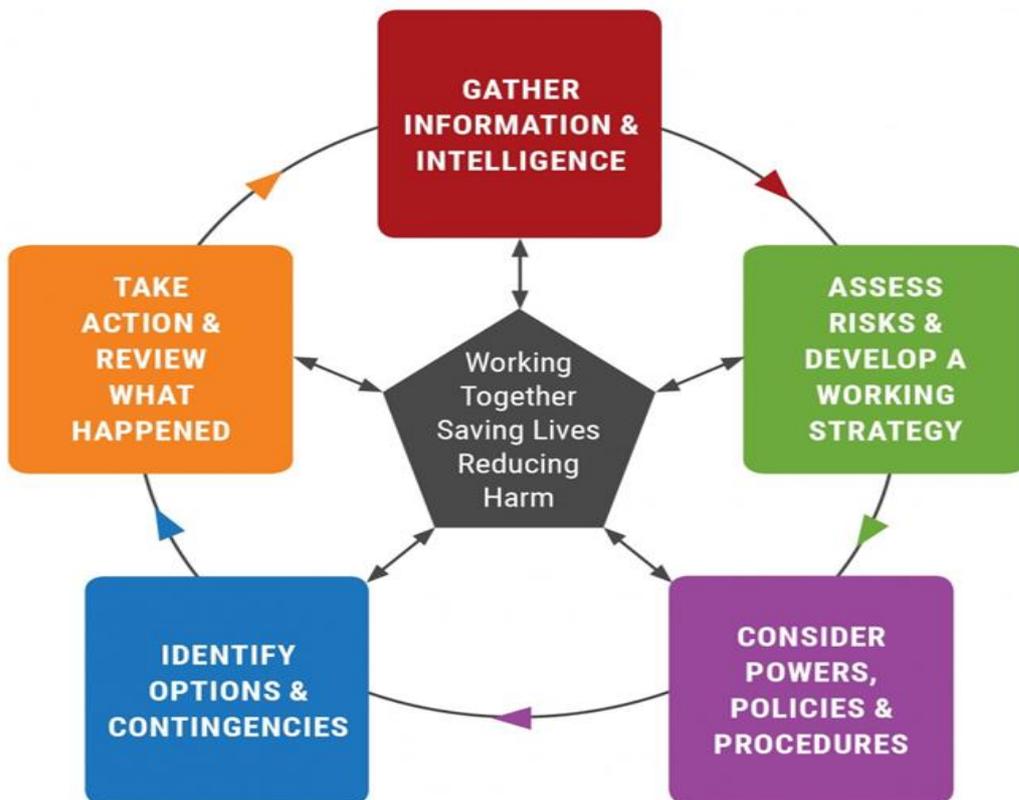
On Call

On Call Arrangements

Morecambe Bay CCG operate as part of the Lancashire and South Cumbria Integrated Care System. The CCG operate a 24/7, 365 days on call rota. Each On-Call Officer is on-call for a 7-day period,

beginning 09:00 Monday. The only exceptions are bank holidays or prolonged periods such as Christmas and Easter where the On Call officer is rotated on a daily basis. The On-Call pack contains the current rota and personnel contact details.

Below is the Joint Emergency Services Interoperability Programme (JESIP) Joint Decision Model (JDM) that will be in use at the Tactical Co-ordination Group. It provides a single method to share information and a joint situational awareness.



On Call Administration/management

Morecambe Bay CCG will seek availability from on call representatives via PA to the Director of Finance and produce a 13 week on call rota. The rotas are circulated to the CCG on Call email distribution list and updated in the On Call Pack. Requests to update the rota from one of the on-call managers are made via the PA Director of Finance. A version-controlled update is cascaded again to all on-call managers via email with a description of what changes have been made. The latest rota is also held on the shared G: which is accessible via VPN to all senior managers.

On Call Documentation

Morecambe Bay CCG provides a number of documents which are available to assist the on-call cadre:

- On Call Pack (OPEL Operational Manual, 12 Hour Breach of the A&E Standard Guide, Cumbria and the North East Incident Response Plan, PHE North West Outbreak Plan)
- CCG Business Continuity plan

- CCG Major Incident Plan

The information is circulated among the on-call cadre and is hosted on G:\EPRR\Policies.

Command and Control

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 exactly their role and responsibility.

All Civil Contingencies Act Responders follow the nationally recognised 'Strategic, Tactical, Operational' framework. The Business Continuity Plan and Major Incident Plan outline Strategic, Tactical and Operational roles within the CCG in the event of Business Continuity and Critical/Major Incidents.

Independent Plan Activation

The On-Call officer has the authority to activate the Major Incident Plan and Business Continuity plan for Morecambe Bay CCG. Such action may be taken when the implementation of special arrangements may be necessary or when a spontaneous response by members of the public results in the presentation of major incident casualties at any health care setting e.g. acute or community hospital, walk-in centre, health centre, GP Practice or minor injuries unit.

Escalation and De-escalation

The level of the response may need to be escalated or de-escalated for several reasons. Agreement for this process needs to be made in conjunction with health strategic commanders so it can be coordinated across all organisations.

Training and Exercising

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

Midlands and Lancashire Commissioning Support Unit (MLCSU) will provide training for new members of the on-call cadre, alongside annual Continuous Development for existing members; which will include familiarisation of new developments to the group, on call arrangements, familiarisation with Command and Control procedures and to ensure there is no erosion of skills.

The CCG will maintain a training plan which 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. Managers on Call will maintain individual training portfolios that demonstrate their competencies. Plans and procedures will be tested on a regular basis, no less than annually or following significant changes to the organisation. Organisational and Individual learning will be assessed via Training Needs Analysis using exercise/incident feedback, individual staff requests, evaluation and monitoring and partner feedback.

Plans and procedures will be exercised in line with the requirements of the NHS England EPRR Framework (2015) and will involve:

- a communication exercise every six months;
- a desktop exercise once a year;
- a Command Post exercise every 3 years and;
- a major live exercise every three years;

The CCG will maintain an exercise plan based upon these requirements. The responsibility to exercise plans can be discharged through participation in multi-agency exercises or the response to a real event.

Debrief and Support

The CCG will be responsible for debriefing and provision of support to staff, where required, following an incident. The responsibility for internal debriefing of staff rests with individual line managers, coordinated by the Accountable Emergency Officer (AEO). In some instances debriefing may also multi-agency participation; the internal debrief should be undertaken prior to participation in multi-agency debrief. Any lessons learned will be fed back to staff and acted on appropriately.

Governance

Dissemination & Audit

This policy will be available to all staff on the CCG intranet or via the CCG Quality Team if requested. The CCG will host the policy on the CCG Intranet pages and manager awareness will be raised to of this policy by relevant corporate communication channels. Each department is required to disseminate this policy through normal governance procedures. CCG EPRR policy will be communicated to service providers and support service organisations through commissioning mechanisms and contract requirements.

To ensure effectiveness, efficiency and compliance, the CCG, will carry out an annual review of the EPRR policy and Business Continuity Policy to ensure that it remains in line with current NHS guidance.

The policies will be audited annually through CCG Executives and CCG Governing Body and as part of the NHS England Core standards submission. The AEO will also ensure that any appropriate external audits tools and assurance processes are conducted on a regular basis.

Work Plan

The CCG will produce an annual EPRR work plan outlining dates, activity and responsibility to ensure that it can meet its commitments within this policy and any statutory requirements. As part of the CCG commitment to continuous improvement, where areas require further action, they will be detailed in an EPRR Core Standards Improvement Plan and will be reviewed in line with the organisation's EPRR governance arrangements.

Risk Management Strategy

In implementing effective EPRR system Morecambe Bay CCG will ensure that EPRR processes are integrated within the Internal CCG Assurance Framework and Risk Register processes, allowing consistent risk identification, assessment, mitigation and escalation to CCG Body/Governing Bodies.

References

The following legislation and guidance have been taken into consideration in the development of this procedural document:

- The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance
- The Health and Social Care Act 2012
- The requirements for Emergency Preparedness as set out in the NHS Commissioning Board planning framework
- The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
- NHS Commissioning Board EPRR documents and supporting materials
- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice
- BSI PAS 2015 – Framework for Health Services Resilience
- ISO 22301 Societal Security - Business Continuity Management Systems – Requirements
- NHSE EPRR Framework (2015)
- NHS England 'Model Competencies for Members of Emergency On-call Rotas

Glossary of Terms

NHSE – NHS England

GOLD - The strategic level of Command and Control

SILVER - The tactical tier of Command and Control

BRONZE – The operational level of Command and Control.

EPRR – Emergency Preparedness, Resilience and Response

Business Continuity Incident - An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery below acceptable predefined levels;

Critical Incident - Any localised incident where the level of disruption results in an organisation (especially providers) temporarily or permanently losing its ability to deliver critical services;

Major Incident - 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.