

Essex Clinical Commissioning Groups
Emergency Preparedness, Resilience and
Response (EPRR) and Business
Continuity Strategy

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CCG	Approval Date V3
Basildon and Brentwood CCG	
Castle Point and Rochford CCG	
Mid Essex CCG	
North East Essex CCG	
Southend CCG	
Thurrock CCG	
West Essex CCG	

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Version 2.2	18 th April 2017	Jackie King, CCG Head of Emergency Planning	amendment to 6.8 CCG Emergency Planning Team – request mid Essex CCG
Version 3.0	November 2017	Jackie King, CCG Head of Emergency Planning	Annual strategy review Amendments Command and control to reflect incident response plan review Hazard Analysis and Risk Management – section made clearer Assurance, Audit and Review – reporting increased to quarterly Training - updated

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1.0 Introduction

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident or a terrorist act.

The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services to patients. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR). (NHS England Core standards for emergency preparedness, resilience and response (EPRR) Jan 2013 amended 2017)

The Civil Contingencies Act 2004 (CCA) delivers a single, framework for the provision of civil protection in the UK. The principle objectives of the Act are to ensure consistency of planning across all government departments and its agencies, whilst setting clear responsibilities for frontline responders. CCGs can find the specific Cabinet Office content on the CCA at www.gov.uk/government/policies/emergency-planning

From April 2013 EPRR responsibilities transferred to NHS England (Category 1 responder) and clinical commissioning groups (Category 2 responder), Local Health Resilience Partnerships (LHRPs) became the forum for coordination, joint working and planning for EPRR across all relevant health bodies.

Essex Clinical Commissioning Groups (CCGs) are defined as Category 2 responders under the Civil Contingencies Act 2004 (Contingency Planning)

Category 2 responders are critical players in EPRR who are expected to work closely with partners. They are required to cooperate with and support other Category 1 and Category 2 responders. They are less likely to be involved in the heart of planning work, but will be heavily involved in incidents that affect their own sector. (NHS England Emergency Planning Framework 2015).

The Essex CCG Emergency Planning Team supports NHS England in planning and is involved in planning at all levels including plans developed at via the Essex Local Resilience Forum. Essex CCGs are responsible for the local incident response and local command and control of an incident.

The Health and Social Care Act 2012 (NHS Act 2006 (as amended)) defines statutory responsibilities, specifically including Emergency Preparedness, Resilience and Response, for Directors of Public Health, NHS England, Clinical Commissioning groups and providers of NHS funded care

Essex Clinical Commissioning Groups (CCGs) are also committed to implementing an integrated and robust Business Continuity Management System (BCMS), via alignment to ISO22301 (Societal security- Business Continuity management systems) and the meeting of a number of statutory duties in relation to Emergency and Business Continuity Planning, to ensure the continuation of safe and effective healthcare commissioning and management.

In addition to meeting legislative duties, Essex CCGs are 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 2017;
- NHS England Business Continuity Management Framework (January 2013) (NHS England Guidance available at <http://www.england.nhs.uk/ourwork/epr/>)
- NHS Standard Contract (Service condition 30)
- NHS England Operating Framework – Response to Pandemic Influenza
- NHS Constitution
- National Occupational Standards for Civil Contingencies (NOS)

This is achieved through the publication, testing and exercising of plans for key services as agreed by the Essex CCG Executive Boards/Governing Bodies.

2.0 Purpose

The purpose of this document is to ensure that all Essex CCGs act in accordance with the Civil Contingencies Act 2004, Health & Social Care Act 2012 and the NHS England national policy and guidance.

This document outlines how compliance will be achieved against the NHS England EPRR national standards for Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity across the Essex CCGs, detailing the minimum requirements for planning and responding to a major incident whilst maintaining key services via business continuity arrangements

The document clearly defines the Board/Governing Body level responsibilities and lines of accountability throughout the organisation and the CCGs EPRR role and responsibilities.

3.0 Scope

3.1 In Scope of this strategy

- **Brentwood and Basildon CCG** - Phoenix Place, Christopher Martin Road, Basildon, SS14 3HG.
- **Castle Point and Rochford CCG** –Pearle House, 12 Castle Road, Rayleigh
- **Mid Essex CCG** - Wren House, Hedgerows Business Park, Colchester Road, Chelmsford, CM2 5PF
- **North East Essex CCG** - Aspen House Stephenson Road, Severalls Business Park Colchester CO4 9QR
- **Southend CCG** – Harcourt House, 5-15 Harcourt Avenue SS2 6HE Southend On Sea
- **Thurrock CCG** - Civic Offices, New Road, Grays, Essex RM17 6SL
- **West Essex CCG** - 4 Spencer Close, St Margaret's Hospital, Epping, CM16 6TN

4.0 Strategy Statement

An integrated approach for EPRR across all 7 CCGs in Essex has been adopted.

All Essex CCGs accept their statutory duties as a Category 2 responder under the Civil Contingencies Act 2004 (CCA) and as such will cooperate with Category 1 responders in order to enhance co-ordination and efficiency and to share information as required, prior to, during and following an incident. Essex CCGs will provide support to NHS England in relation to the coordination of their local health economy. (NHS England Emergency Planning Framework 2015)

Through risk assessment, planning, training and exercising all Essex CCGs will take appropriate steps to ensure that they are properly prepared for dealing with incidents.

For the NHS, incidents are classed as either:

- **Business Continuity Incident** - an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed)
- **Critical Incident** - 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.

- 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. For the NHS this will include any event defined as an emergency as above. (NHS England Emergency Planning Framework 2015)

The Cabinet Office defines a Major Incident as:-

An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.

Notes:

- a) 'emergency responder agencies' describes all Category one and two responders as defined in the Civil Contingencies Act (2004) and associated guidance;
- b) a major incident is beyond the scope of business-as-usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security;
- c) a major incident may involve a single-agency response, although it is more likely to require a multi-agency response, which may be in the form of multi-agency support to a lead responder;
- d) the severity of consequences associated with a major incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a major incident is unlikely to affect all responders equally;
- e) the decision to declare a major incident will always be a judgement made in a specific local and operational context, and there are no precise and universal thresholds or triggers. Where LRFs and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement.

Through risk assessment, planning, training and exercising all Essex CCGs will ensure that they are capable of responding to incidents of any scale in a way that delivers optimum care and assistance to those affected, and minimises the consequential disruption to healthcare services and help brings about a speedy return to normal levels of functioning. All Essex CCGs will have in place contingency plans that allow them to continue to provide services (or provision through its providers) during an incident, so far as is practicable and to recover from the additional pressure that an incident may place on an organisation.

In addition to the duties contained within the Civil Contingencies Act, all Essex CCGs recognise their EPRR responsibilities as detailed within section 46 of the Health and Social Care Act 2012 (H&SCA) (NHS Act 2006 (as amended)) and in the NHS England EPRR Framework 2015 and will, in partnership with their commissioned services meet these responsibilities 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 Local Health Resilience Partnerships enhance any response to emergency arrangements, both during the response and recovery phase.
- Fully integrating with partner agencies emergency arrangements, in supporting both the Acute Trust receiving hospitals and delivering primary healthcare directly within the community.
- Reviewing the state of readiness and operability to extend further the capability to handle different types and magnitude of threats.
- Ensuring that plans for EPRR and business continuity are in place.
- Engendering a culture within each CCG to make emergency preparedness an intrinsic element of management and operations.

In order to achieve their responsibilities and duties CCGs will provide a 24/7 On Call Function, in the following locations:

- South East Essex (Castle Point and Rochford CCG, Southend CCG and CCG)
- South West Essex (Thurrock CCG, Brentwood and Basildon CCG)
- Mid Essex
- North East Essex
- West Essex

The On Call Director/Manager will hold a pager and will receive calls and respond to

- Critical Incidents/Major Incident/Business Continuity Incident Notifications
- Surge Management/Capacity Issues

The on call rotas will be managed by the CCG Emergency Planning Team, hosted by Mid Essex CCG, and published, along with all other relevant on call information within Resilience Direct. All on call staff will have access to Resilience Direct.

5.0 Command and Control (including On Call)

5.1 Command and Control

For major incident standby or major incident declared affecting the Essex area, bordering areas or the NHS England Region the CCGs will be alerted via Director/Manager On Call Pager system usually by one of the following:-

- NHS England – Midlands and East (East)
- East of England Ambulance Service
- NHS providers

However, it is possible that notification of an incident may originate from other sources/services eg PHE, NHS Digital

The CCG is responsible for the local incident response and command and control of the incident. Should the response extend beyond the operational area of a single CCG NHS England Midlands and East should assist CCGs in implementing command and control mechanisms and the deployment of appropriate NHS resources.

If the Director/Manager on Call receives major incident notification from another agency other than NHS England Midlands and East (East), they will contact NHS England Midlands and East (East) to discuss and agree the incident levels and response required from the CCG and to agree support required from NHS England.

Please note there is a reporting variation to NHS England for West Essex CCG where the following should be applied:-

- If the incident has occurred in West Essex locality and does not require support from outside of the locality it is reported to NHS England – Central Midlands team
- If the incident has occurred in West Essex locality however requires cross boundary support it is reported to NHS England Midlands and East – East team

As part of an integrated EPRR function the Essex CCGs have a generic CCG Incident Response Plan. The role of the CCG in responding to an incident is defined within that document, and the CCG On Call Director/Manager will activate the local CCG Incident Coordination Centre (ICC) if required.

The CCG On Call Director/Manager will respond to all requests from the NHS England Incident Director, but will effectively manage and liaise with providers of commissioned services, **including primary care** to ensure that they are responding as requested, providing 'Business as Usual' services and also managing surge at the Acute Trusts.

Each CCG has an individual Business Continuity Plan which in the event of a business continuity disruptive incident outlines the response and recovery arrangements to facilitate the resumption and restoration of activities and to mitigate the impacts of the business disruption on the CCG's operations and reputation.

5.2 On Call

In order to fulfil the requirements above, CCGs provide a 24/7, 365 day On Call Director function. This is split into 5 areas, South East Essex, South West Essex, North East Essex, Mid Essex and West Essex.

Each On Call Director/Manager holds a pager and is on call for a 7 day period commencing at 0900 on a Monday morning, with the exception of Mid Essex CCG who also change on call personnel at 0900 on Friday mornings

The On Call Director/Manager is on call both in and out of hours, although they are supported in hours by their resilience teams. The CCG On Call Director/Manager may request the assistance of other CCG Directors and Senior Managers when responding to an incident. SE Essex have a 2 tier on call rota system, all other systems have a single on call rota system.

All calls and records of action taken must be logged and sent to the Head of Emergency Planning within 72 hours.

5.3 Administration of On Call

The CCG Emergency Planning team will manage the on call Rotas for all areas, with the exception of North East Essex CCG who manage their own rotas.

Rotas will be scheduled for a year from April annually and issued. Changes will be made and rotas re-issued as necessary. Staff on the rota requiring changes will arrange the changes and advise the CCG Emergency Planning team accordingly.

A separate rota for the Christmas, New Year and Easter period will be produced.

5.4 On Call Documentation

There are a number of documents available to assist the on call staff. These documents include:

- **CCG On Call Director quick start action cards personalised to each locality (Major incident, Business Continuity , Surge)**
- CCG On Call Director Policy
- Incident Log Sheet
- EP Contact Directory
- List of trained Loggist
- System Resilience/Surge Plans
- NHS England guidance including diverts, decision to admit and handovers
- Incident response, incident coordination centre and Business Continuity Plans

All of these documents are available online via Resilience Direct to which all On Call Staff have access. The Emergency Planning team ensure these documents are kept updated.

6.0 Roles and Responsibilities

6.1 The Key EPRR role and responsibilities of CCGs are set out in the NHS England Emergency Planning Framework 2015 and are as follows:-

- Ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR 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).

6.2 CCG Executive Board/Governing Body

The CCG Executive Board/Governing Body are accountable to the public and NHS England for ensuring that the EPRR framework including BCMS framework is in place to ensure effective responses to incidents and to safeguard that in the event of a disruption to services the public continue to receive the best quality and range of services it is reasonable practical to deliver and that key services are maintained

6.3 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 within the CCG and for meeting statutory requirements and guidance,

6.4 Accountable Emergency Officer (AEO)

The AEO will be a Board level director responsible for EPRR. They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident.

AEOs will be aware of their legal duties to ensure preparedness to respond to an incident within their health community to maintain the public's protection and maximise the NHS response.

The AEO will be supported by a non-executive director or other appropriate Board member to endorse assurance to the Board that the organisation is meeting its obligations with respect to EPRR and relevant statutory duties under the CCA 2004 and the NHS Act 2006 (as amended). This will include assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements.

Specifically the AEO will be responsible for:

- Ensuring that the organisation, and any sub-contractors, is 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 Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR
- Ensuring that the organisation is properly prepared and resourced for dealing with an incident
- Ensuring that their organisation, any providers they commission 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
- Ensuring that the organisation 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
- Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation 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 LRF, as appropriate

(NHS England Emergency Planning Framework 2015)

6.5 On Call Director

The On Call Director/Manager is responsible for handling the initial calls for either a critical, major or business continuity incident, and responding as necessary.

In the event of a major incident the CCG Director/Manager On Call will be responsible for activating the incident response arrangements and activating the local CCG Coordination Centre if required.

In the event of a business continuity incident the CCG Director/Manager On Call will coordinate the actions of the CCG ensuring that the local BC plan is activated and all staff are made aware of the incident.

The CCG Director/Manager On Call will also advise and liaise with NHS England and CCG providers keeping them up to date with progress to return to normal operations.

6.6 Lay Board/Governing Body Member with EPRR Responsibility

The Lay Board/Governing Body Member has oversight at Board/Governing Body level for EPRR arrangements.

6.7 CCG Head of Emergency Planning

The Head of Emergency Planning has operational responsibility for ensuring that the organisation complies with EPRR legislation and policy requirements. The Head of Emergency Planning is responsible for the operational implementation of the CCGs EPRR responsibilities outlined within 6.1 and reports to the Accountable Emergency Officers (AEO)

Specific responsibilities include:

- Ensuring CCGs fulfil their responsibility as a Cat 2 responder under the CCA and other associated guidance

- Ensuring that the CCGs jointly plan with Acute Trusts, Community Providers, Mental Health Providers, NHS England locality team, Local Authorities, and other category 1 and 2 responders as required.
- Developing and continuously monitoring the EPRR arrangements.
- Ensuring that staff are appropriately trained and have the necessary skills to carry out their role
- Ensuring the exercising and validation of plans
- Providing regular updates and annual reports to the Accountable Emergency Officer and CCG Boards/Governing Bodies.
- Identifying any resilience elements for inclusion in the CCGs' Risk Registers
- Contributing to any evaluations and audits of the CCGs' emergency planning and business continuity arrangements
- Attending the Local Health Resilience Partnership (LHRP) and representing the CCGs at relevant Essex Resilience Forum sub-groups.
- Partnership working with all key stakeholders including NHS England and Public Health England colleagues in health emergency preparedness.
- Providing guidance, advice and support for health emergency preparedness to the Essex CCGs.

6.8 CCG Emergency Planning Team

The Head of Emergency Planning and Emergency Planning Support Officer are the individuals that form the CCG Emergency Planning Team.

The CCG Emergency Planning Team will work within the parameters detailed in the Memorandum of Understanding for Integrated Emergency Preparedness Resilience & Response (EPRR) for the Essex CCGs

The CCG Emergency Planning Team has an annual work plan

The Emergency Planning Team does not have formal on call responsibilities and will normally be available within standard working hours only. However the Emergency Planning team if available on request from the on call directors will respond to a major incident out of hours.

6.9 Staff with Specific Resilience Roles

CCG staff with an identified role in CCG EPRR arrangements including response are responsible for attending training as outlined in the LHRP training needs analysis and are responsible for responding to any incidents as detailed within the CCGs plans. AEOs must ensure there is sufficient staff trained in key roles.

6.10 BCMS Specific Roles

Heads of Service/Function leads have responsibility to ensure the provision of:

- Maintained and reviewed business impact analyses
- Maintained and reviewed BCPs in response to the outcomes of the BIA and risk assessment
- Staff trained in the departmental response to business disruption

CCG Executive Lead for Procurement/Contracting is responsible for ensuring that suppliers and contractors have suitably robust BCPs in place to ensure they can meet their contractual obligations

7.0 Partnership Working

7.1 Local Health Resilience Partnership (LHRP)

The AEO and the CCG Head of Emergency Planning have a duty to attend the Strategic LHRP.

The LHRP will provide a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at Local Resilience Forum level.

7.2 Essex Resilience Forum (ERF)

The ERF is attended by NHS England. The CCG Head of Emergency Planning and/or the CCG Emergency Planning Support Officer will attend the sub groups of the ERF as required, e.g. the Risk Intelligence Group, and will facilitate CCG participation in multi-agency activities as required

8.0 Communication and Information Sharing

Under the CCA 2004 responders have a duty to share information with partner organisations. This is seen as a crucial element of civil protection work, underpinning all forms of cooperation.

As Category Two responders, during a major incident, the Essex CCGs have a duty to share relevant information and cooperate with Category One and other responders. In practice this may mean cascading messages from other responders to warn and inform the public.

The Essex CCGs will formally consider the information that will be required to plan for, and respond to, an emergency. The Essex CCGs Information Governance policies and procedures should cover the requirements of EPRR. The Essex CCGs will ensure staff have undertaken their information governance training to an appropriate level. The Essex CCGs will consider the following Key Principles when requested to share information during an incident:-

- Data protection legislation does not prohibit the collection and sharing of personal data – it provides a framework where personal data can be used with confidence that individuals 'privacy rights are respected.

Emergency responders should balance the potential damage to the individual (and where appropriate the public interest of keeping the information confidential) against the public interest in sharing the information.

- In emergencies, the public interest consideration will generally be more significant than during day-to-day business.

- Always check whether the objective can still be achieved by passing less personal data.

- Category 1 and 2 responders should be robust in asserting their power to share personal data lawfully in emergency planning, response and recovery situations.

- The consent of the data subject is not always a necessary pre-condition to lawful data sharing.

- You should seek advice where you are in doubt – though prepare on the basis that you will need to make a decision without formal advice during an emergency.

The CCGs will seek further guidance as required from the Data Protection and Sharing Guidance for Emergency Planners and Responders via their information governance leads

In an incident the Essex CCGs will utilise the Essex Health Major Emergency Communications Strategy/Plan, which can be found on Resilience Direct, which provides a practical guide to how the health economy would work together from a communications perspective in the event of a major emergency.

9.0 Record Keeping

All staff involved in the response to a declared incident must keep records of actions/decisions taken and submit these records to the CCG Head of Emergency within 72 hours. A trained loggist and log book should be used in the event of a major incident.

10.0 Hazard Analysis and Risk Management

Hazard analysis and risk assessment will be undertaken by the Head of Emergency Planning and include detailed assessments of all potential CCG incidences that may occur. Risk and Hazard assessment will relate to both internal and external potential threats and will take into consideration risks outlined on the National and Community Risk register and LHRP risk register.

The Head of Emergency Planning will be responsible for advising the risk management corporate governance leads in each CCG in regard to Emergency and Business Continuity Planning Risks and will advise that all high and extreme risks are included in the individual CCG Corporate Risk Registers as deemed necessary. It is the CCGs responsibility to ensure these risks are incorporated.

The EPT team will review these risks on no less than a quarterly basis with the risk management. Corporate governance lead in each CCG to ensure that appropriate links are made to the CCGs own risk management processes.

The Head of Emergency Planning with the Heads of Services/Departments will be responsible for implementing risk mitigation to reduce likelihood and/or impact of risks identified, with further assessments of residual risk. Risk mitigation will be agreed by the AEOs.

Any external risk may be required to be entered onto the Local Resilience Forum Community Risk Register if it is felt to pose a significant risk to the population. This action will be co-ordinated through the Local Health Resilience Partnership.

11.0 Development of Plans

EPRR plans will be developed and maintained to enable all Essex CCGs to respond to the identified risks contained within the risk register. Specific plans include:

- CCG Incident Response Plan
- CCG Business Continuity Policy and Plans
- NELCSU ICT Business Continuity Plan
- CCG Incident Coordination Centre Plan

Multi-agency plans will be developed through the Essex Local Resilience Forum (ERF) and health related plans co-ordinated on behalf of the ERF through the Local Health Resilience Partnership. These plans support the specific CCG Emergency and Business Continuity Plans. The CCG Emergency Planning Team has access to these plans and will be involved in their review via the ERF or LHRP as appropriate.

Key Multi agency documents available include:-

- Adverse Weather Plan (2015)
- Combined Operating Procedures for Essex COPE (Aug 2016)
- Essex Emergency Mortuary Activation Plan (2016)

- Excess Death Strategy (2015)
- Infectious Disease Contingency Plan incl. Pandemic Flu (Apr 2012)
- Pandemic Influenza Preparation & Response Plan (2014)
- Mass Fatality Strategy for Essex (2015)
- Media Response Plan for Major Incidents v1.0 (Jan 2016)
- Multi-Agency Evacuation Plan (Jul 2014)
- Strategic Multi-Agency Flood Plan (2016)
- Pandemic Influenza Preparation Response Plan (Jul 2014)
- Essex Rest Centre Framework March 2015
- Vulnerable Persons and Premises Identification Plan (2017)
- Emergency Assistance Centre Plan (2015)
- Humanitarian Assistance Strategy For Essex (2016)
- Fuel Plan (2015) and National Emergency Plan for fuel (March 2017)
- East of England Ambulance Service Resource Escalation Action Plan (2013)

Key Related Health Plans (LHRP)

- Pandemic Flu Plan (2016)
- Mass Casualty Plan (2016)

All Essex CCGs will work in partnership with the Local Health Resilience Partnership to ensure its actions and responsibilities are detailed within multi agency plans and clearly understood.

CCGs and providers will give due consideration to potential impacts of any proposed service changes on the ability of the NHS to effectively plan for and/or respond to an emergency. As a minimum there will be a formal modelling exercise to identify any potential impact and clear evidence of mitigating actions planned or undertaken to ensure effective EPRR is maintained.

12.0 Business Continuity Management (Maxine to check over)

The Essex CCGs Business Continuity Management System provides a structure through which:

- A comprehensive BCMS (Business Continuity Management System) is established and maintained;
- Business impact analysis and risk assessment is applied to key services and their supporting prioritised activities, processes and resources;
- Key services, together with their supporting prioritised activities, process and resources are identified;
- Risk mitigation strategies are applied to reduce the impact of disruption to key services in line with the Risk Management Strategy;
- Plans are developed to ensure restoration of key services to a minimum acceptable standard following disruption;
- Invocation of business continuity plans can be managed;
- Plans are subject to ongoing exercising and revision;
- Accountable Emergency Officers and CCG Executive Boards/governing body can be assured that the BCMS remains up to date and relevant.

12.1 Business Continuity Management System Statement

Essex CCGs will implement a robust BCMS whereby;

- Responsibility for ensuring that plans are capable of restoring a minimum acceptable standard of service delivery rests with the Accountable Emergency Officer;
- Supporting departments provide professional support to improve resilience of prioritised activities and resources that support key services;
- Annual review of CCG business continuity processes are undertaken by the Head of Emergency Planning, providing support and plan development as necessary;
- Business continuity plans are exercised in line with the organisations exercise timetable, Department of Health requirements and any applicable service level agreements. Where necessary, modifications will be made to take account of the exercise results;
- Contracts with suppliers of critical goods and services include a requirement for the supplier's business continuity processes to be approved, and exercised.
- All staff are aware of the plans that affect their service area and role following invocation of business continuity plans.

12.2 Benefits of Effective BCMS

Effective BCMS will enable CCGs to;

- Continue to provide key services in times of disruption;
- Make best use of personnel and other resources in times when both may be scarce;
- Reduce the period of disruption to CCGs and their users, partners and stakeholders;
- Resume normal working more efficiently and effectively after a period of disruption;
- Comply with standards of corporate governance;
- Improve the resilience of the CCGs infrastructure to reduce the likelihood of disruption; and
- Reduce the operational, financial and reputational impact of any disruption.

The CCG Head of Emergency Planning and Emergency Support Officer will ensure that each CCG has the following in place:

- Up to date Business Impact Analyses (BIAs)
- CCG Individual Business Continuity Plans
- CCG Business Continuity Policy
- **CCG Operational Fuel Shortage response procedure**
- **Information to support response and recovery e.g. staffing lists, suppliers, contact lists**

The Head of Emergency Planning with the Emergency Support Officer is responsible for undertaking an annual review of the business continuity management system and seeking Accountable Emergency Officers approval.

Detailed information on business continuity management is available in the NHS England Business Continuity Management Framework <http://www.england.nhs.uk/ourwork/epr/>

13.0 Assurance, Audit and Review

13.1 CCG Assurance and Audit and Annual Review

Assurance in respect of EPRR and Business Continuity arrangements will be provided to the CCG Board/Governing Body as outlined in section 17.1

Annually in quarter 2 the Head of Emergency Planning will undertake a full EPRR and Business continuity management review including a full review against the EPRR national standards. The Head of Emergency Planning will produce an annual report which will be approved via the process set out in 17.1

Aims and Objectives of Review:-

The aim of undertaking review is to ensure:

- Performance of the EPRR and BCMS including incident/BC response is reviewed;
- Compliance with EPRR and BCMS Training,
- Compliance with Testing and Exercise and Audit Programmes;
- Continued review of risks, including new and residual
- Areas of improvement are identified and implemented;

Objectives

Essex CCGs main objective for undertaking review are to:

- Ensure approval of the EPRR and BCMS and its performance from Senior Management and CCG Boards/Governing Body;
- Provide opportunities to assess the EPRR and BCMS for improvements and to provide assurance that it remains fit for purpose;
- Ensure agreement and allocations of appropriate resource for the forthcoming year;
- Ensure CCGs meet the national requirements
- Increase assurance of Essex CCGs resilience to respond to and recover from all Incidents.

The Head of Emergency Planning will produce and submit as per 17.1 an additional update reports in quarter 1, 3 and 4.

In addition the Emergency Planning Team will hot desk for a day at each CCG at least once every 2 months and meet with the CCGs Emergency Planning Officers. The Head of Emergency Planning will ensure they meet with each CCG AEO in person at least annually and will otherwise communicate as required via email or phone on any key EPRR information, decisions and issues as required.

The Emergency Planning Team will provide information to internal/external audit in relation to the EPRR/business continuity functions in this strategy as required.

13.2 National Assurance 2017-18 Emergency Preparedness, Resilience and Response.

The EPRR National Assurance Process developed in 2013 is to ensure that NHS organisations are working towards meeting the requirements for EPRR.

The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the current NHS England Core Standards for EPRR (Core Standards). These standards are in accordance with the CCA 2004 and the NHS Act 2006 (as amended). The NHS Standard Contract Service Conditions require providers to comply with EPRR Guidance. Therefore CCG

commissioners must ensure providers are compliant with the requirements of the Core Standards as part of the annual national assurance process. The latest version of the Core Standards can be found at <http://www.england.nhs.uk/ourwork/epr/gf/#core>.

NHS England seeks assurance that the Essex CCGs are compliant with the requirements of the Core Standards as part of the annual CCG assurance framework.

The Emergency Planning team will ensure that the CCGs meet the timescales outlined in the EPRR assurance process year on year and ensure:-

- CCG self-assessment against the NHS England Core Standards for EPRR.
- Ensure CCG Boards (or equivalent) are sighted on the level of compliance achieved, the results of the self-assessment and the action/work plan for the forthcoming period
- Ensure that any additional assurance, e.g. 'Deep dive', is undertaken as required.

The Emergency planning team will ensure delivery of the CCGs action plan and monitor progress with the CCG AEO

The Essex CCGs will seek assurance via the emergency planning team that the providers that they are lead commissioners for are compliant with the requirements of the Core Standards as part of the annual national assurance process by reviewing the provider's returns.

The CCG Emergency planning team will assist NHS England in the coordination of all Essex health care provider responses and actively monitor on going progress against any resulting action plan

14.0 Training

Those individuals undertaking roles and responsibilities within a major incident or business continuity incident must undertake appropriate training for their function.

Training needs will be identified through the Training Needs Analysis process and co-ordinated by the Head of Emergency Planning. The EPRR and Business Continuity training schedule will be agreed by the CCG AEOs.

The Emergency Planning Team will ensure systems are established to ensure that staff are made aware of the Emergency and Business Continuity Plans and are trained as appropriate for roles that they are anticipated to undertake. This will include:

- **Mandatory Training for all staff (2 yearly)**
- **On Call Training (All on call staff - tactical level)**
- **Strategic Training (on call directors and senior managers)**
- **Familiarisation training (Incident room and plans)**
- **Loggist training**
- **Business continuity training**

Any CCG training will be aligned to the standards for NHS incident training contained within the Skills for Justice National Occupational Standards (NOS) framework.

<http://www.ukstandards.org.uk>

The Emergency planning team will keep records for all training undertaken by staff
All staff undertaking the strategic training will be provided with a portfolio which they are expected to maintain.

15.0 Testing/Monitoring/Exercising of Plans

Plans developed to allow organisations to respond efficiently and effectively must be tested using recognised and agreed processes such as workshops, table top and 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 a incident,

Essex CCGs EPRR arrangements will be tested and reviewed in line with NHS England requirements as follows:-

- Six-monthly communications test,
- Annual table-top exercise
- Live exercise at least once every three years
- Command post exercise every three years.

The identified exercises will be relevant to local risks and meet the needs of the CCG and of other interested parties. Exercises will need to include testing of CCGs' Business continuity plans and CCG Incident response plans and will need to test activation of the the CCG Incident Coordination Centres.

Lessons identified will be acted on as part of continuous improvement.

The EPRR and Business Continuity exercise schedule will be agreed via the document approval process in section 17.1.

Post Exercise reports will be written by the Head of Emergency Planning to summarise the test/exercise and to highlight areas of best practice and for improvement, with lessons identified entered onto an exercise action plan and shared via the LHRP.

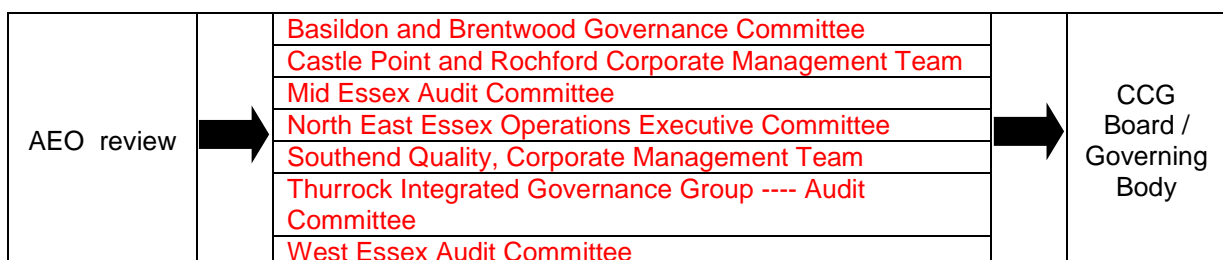
16.0 Review

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

17.0 Document Approval and Control

17.1 Document Approval

All documents relating to Emergency Preparedness Response and Resilience and Business Continuity will be circulated for comment to the CCG EAOs before subsequent approval by the CCG Board/Governing Body via the following Committees:



Where it is necessary to have a collective decision on a document there will be a consultation period that gives time for all AEOs to comment and agree. If any AEO raises a concern that cannot be

addressed remotely then a meeting of the AEOs must occur. If there is any dispute in regard to approval of a document once it has been submitted to CCGs Board/Governing Body, a meeting of the AEOs will be held to resolve the dispute.

The review and approval of documents by the CCG Board/Governing Body or relevant sub-committee must be reflected within the minutes taken.

Documents will be required to be reviewed annually from the date of ratification, unless otherwise stated. However all documents will be required to be reviewed should there be a change to business process or services which affects the arrangements outlined within the document.

17.2 Document Control

All documents will be subject to Document Control to ensure the most up to date version is in use as follows:

Sequence	Explanation	Example
DRAFT	First draft version of the document (should be followed by the date last updated)	DRAFT 21 June 13
1.0	First published version of the document.	Version 1.0
X.X DRAFT	Subsequent version of the document in draft format (should be followed by the date last updated)	Version 1.1 DRAFT 20 June 13
X.X	Subsequent version of the document published with minor amendments	Version 1.1
X.0	Subsequent version of the document published after annual review or major amendment	Version 2.0

17.3 Document Publication

Approved strategies, policies and procedures will be made available to all staff via the internal CCG websites.

It is the policy of Essex CCGs to make Emergency Planning, Resilience and Response documents publically available via the public CCG website with information redacted as per Section 13.0 of the Freedom of Information Act 2000.

Those individuals with specific emergency planning responsibilities such as named roles within the plan and On Call Directors will receive an electronic copy of all newly published documents or versions via email from the Head of Emergency Planning. The documents will also be placed on Resilience Direct.

Stakeholders and partner agencies requiring copies of the EPRR and Business Continuity documents will receive them electronically via email from the Head of Resilience.

17.4 Document Retention

Electronic copies of all previous versions of documents will be retained for 7 years.

18.0 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.

19. References

- Cabinet Office (2012) Health and Social Care Act 2012 (Sections 46)
- Cabinet Office Civil Contingencies Act (2004) 2010 No. 657 PUBLIC HEALTH, ENGLAND
Cabinet office Legislation.gov.UK (2004The Civil Contingencies act)
- NHS England Emergency Planning Framework 2015:
- NHS England Core Standards for Emergency Preparedness, Resilience and Response 2013;
- NHS England Business Continuity Management Framework (January 2013)
- NHS England Operating Framework – Response to Pandemic Influenza
(NHS England Guidance available at <http://www.england.nhs.uk/ourwork/epr/>)
- NHS England (2014/15) NHS Standard Contract Service Conditions Gateway No 00821 Dec 2013 (Service Condition 30), page 28.