

CORP04

Emergency Preparedness, Resilience and Response Policy

Policy applicable to:

NHS East Surrey	✓
NHS Guildford and Waverley CCG	✓
NHS North West Surrey CCG	✓
NHS Surrey Downs CCG	✓

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Approved by	Governing Bodies
Name of originator/ author	Senior Resilience Manager (Response and Operations)
Owner (director)	Director of Communications and Corporate Affairs
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Working together across Surrey Heartlands

Version control sheet

Version	Date	Author	Status	Comments / changes since last version
0.1	12/09/18	Head of EPRR	Draft	Reviewed by Audit Committees
1.0	26/09/18	Head of EPRR	Final	Approved by Governing Bodies
1.1	August 2019	Governance Team	Draft	Formatting in to policy template.
1.2	August 2019	Senior Resilience Manager (Response and Operations)	Draft	Revision of section 5 – On-Call Arrangements Minor amendments in content to reflect updated guidance Updating terminology e.g. Strategic and Tactical On-Call Updating references to NHS England (now NHS England and NHS Improvement)
1.3	August 2019	Senior Resilience Manager (Response and Operations)	Draft	Final draft
1.3	20/09/19	Audit Committees	Draft	Reviewed
2.0	25/09/19	Governing Bodies	Final	Approved
2.1	18/12/19	Governing Bodies	Final	Policy extended to include East Surrey CCG

Equality statement

The Surrey Heartlands' CCGs aim to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

See next page for an Equality Analysis of this policy.

Equality analysis

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups

Title of Policy: EPRR Policy	Policy Ref: CORP 04
Assessment conducted by (name, role): Jamie Hogg, EPRR Officer	Date of Analysis: September 2018
Give a brief summary of the policy. Explain its aim. This policy sets out a framework to ensure that the Surrey Heartlands CCGs comply with their statutory duties with regards to emergency preparedness, resilience and response (EPRR), and fulfil their duties as Category 2 responders under the Civil Contingencies Act 2004. The policy takes into account the stipulations of the NHS England EPRR Framework 2015, and the NHS England Core Standards for EPRR and complies with their requirements.	
Who is intended to <u>benefit from</u> this policy? Explain the aim of the policy as applied to this group. All staff within the CCG, especially those performing on-call duties. The EPRR Policy provides the framework for policy, planning response and recovery to any incidents in line with the expectations of the Civil Contingencies Act and from NHS England.	
1. Evidence considered. <i>What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?</i> <ul style="list-style-type: none"> • Joint Strategic Needs Assessment: http://www.surreyi.gov.uk/grouppage.aspx?groupid=36 • NHS G&W CCG Health Profile: http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1358 • Local Practice Profiles: http://fingertips.phe.org.uk/profile/general-practice • Public Health England: Longer Lives; Outcomes Framework; Segment Tool; Local Health Tool; Data & Knowledge Gateway • Reports of relevant Patient & Public Engagement forums and formal consultations 	

- Research (the evidence base e.g. National Institute for Health and Clinical Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN). Charities and the voluntary sector often produce guidance regarding inequalities e.g. SignHealth)
- Health & Wellbeing Priorities:
<http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1365>
- Complaints, public enquiries, audits & reviews

2. Consultation. Give details of all consultation and engagement activities used to inform the analysis of impact.

Yes, key stake holders consulted on the review and update.

3. Analysis of impact

In the boxes below, identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.

Are there any likely impacts for this group? Will this group be impacted differently by this policy? Are these impacts negative or positive? What actions will be taken to mitigate identified impacts?

a) People from different age groups (Age)	None
b) People with disabilities (Disability)	None
c) Men and women (Gender or Sex)	None
d) Religious people or those with strongly held philosophical beliefs (Religion or belief)	None
e) People from black and minority ethnic groups (Race)	None
f) People who have changed gender or who are transitioning to a different gender (Gender reassignment)	None
g) Lesbians, gay men, bisexual people (Sexual orientation)	None
h) Women who are pregnant or on maternity leave (Pregnancy and maternity)	None
i) People who are married or in a civil partnership (Marriage and Civil Partnership)	None
j) Carers	None

If any negative or positive impacts were identified are they valid, legal and/or justifiable? Please detail.

N/A

4. Monitoring- *How will you review/monitor the impact and effectiveness of your actions?*

N/A

5. Sign off

Lead Officer:

Date approved:

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1. Introduction and Policy Objective

- 1.1 NHS Surrey Heartlands Clinical Commissioning Groups (CCGs) are responsible for commissioning NHS funded health services for the local population from a variety of healthcare providers, both in the public and private sectors. The Surrey Heartlands CCGs are made up of NHS East Surrey, NHS Guildford and Waverley, North West Surrey and Surrey Downs Clinical Commissioning Groups.
- 1.2 All NHS organisations are required to prepare for, and respond to a wide range of incidents or emergencies that could adversely affect the health of the population, or patient care. These could be anything from extreme weather events or infectious disease outbreaks, to terrorist attacks or major transport accidents. Furthermore, NHS organisations must be internally resilient in order to respond safely to such incidents or other internal disruptions.
- 1.3 The purpose of this policy is to explain how Surrey Heartlands CCGs will meet their obligation under the Civil Contingencies Act 2004 (CCA 2004), the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2015, the NHS England Emergency Preparedness, Resilience and Response Core Standards, section 46 of the Health and Social Care Act 2012, and other associated legislation, in order to support local resilience partners and maintain critical services in the event of a disruption.
- 1.4 The NHS England EPRR Core standards require NHS funded organisations to align their EPRR arrangements to the ISO 22301 business continuity standard, and other industry standards, and as such, demonstrate continual improvement.
- 1.5 The CCA 2004 outlines a single framework for civil protection in the United Kingdom. The Surrey Heartlands CCGs are Category 2 responders under the CCA 2004. In compliance with the Act, the CCGs are required to share information with, cooperate with, and support other Category 1 and Category 2 responders, including NHS England and NHS Improvement, Public Health England, Acute, and Foundation Trusts, as well as the other responders that make up the Surrey Local Resilience Forum. The CCGs are also expected to provide support to NHS England and NHS Improvement in relation to the coordination of the local health economy.¹
- 1.6 This Policy will be reviewed annually, and amended as required to take into account new legislation, non-statutory guidance from Central Government, and revisions of British and International Standards.

¹ NHS England Emergency Preparedness, Resilience and Response Framework 2015

2. Legislative Framework / Core Standards

2.1 As set out in section 1, the following legislation, guidance, and standards underpin this policy:

- The Civil Contingencies Act 2004
- The Health and Social Care Act 2012
- ISO 22301 – International Business Continuity Standard
- NHS England Emergency Preparedness, Resilience and Response Framework 2015
- NHS England Core Standards for Emergency Preparedness, Resilience and Response

3. Scope

3.1 This policy covers the staff and activities of NHS Surrey Heartlands CCGs (NHS East Surrey CCG, NHS Guildford and Waverley CCG, NHS Surrey Downs CCG and NHS North West Surrey CCG), and should be read with the separate, but closely related, Incident Management Plan and Business Continuity Policy.

3.2 NHS emergency planning embraces all reasonable contingency measures to enhance response capabilities to deal with any accident, natural disaster or hostile act, resulting in an abnormal casualty situation, or posing any threat to the health of the community or in the provision of services. The minimum core standards, which NHS funded organisations must meet, are set out in the NHS England (NHSE) Core Standards for EPRR. A summary of the requirements placed on CCGs by the Core Standards is set out below. The full core standards matrix is available in Excel format on the NHS England website, along with all other EPRR framework documents.

3.3 The CCGs are required to:

- Nominate an Accountable Emergency Officer who will be responsible for EPRR
- Contribute to EPRR planning in the local area through the Local Health Resilience Partnership (LHRP) and other relevant groups such as the Local Resilience Forum
- Contribute to the annual NHS England and NHS Improvement report on the health sector's EPRR capability and capacity in responding to national, regional, and local multi- agency incidents
- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience and response elements
- Seek assurance that key provider organisations are delivering their contractual obligations in relation to EPRR capability

- Maintain 24-hour arrangements throughout the year to receive notifications relating to business continuity, critical, and major incidents.
- Have suitable, up to date business continuity plans
- Have suitable, up to date incident response plans which set out how the CCGs will plan for, respond to, and recover from a variety of events, including critical or major incidents
- Cooperate with other responding agencies (including other CCGs) in the business of emergency planning
- Share information for the purposes of emergency planning and response.

4. Definitions

4.1 HM Government has defined an emergency in the Civil Contingencies Act 2004 as:

- an event or situation which threatens serious damage to human welfare in the UK;
- an event or situation which threatens serious damage to the environment in the UK;
- or war, or terrorism, which threatens serious damage to security of the UK.²

4.2 The NHS England EPRR Framework (2015) details three types of incident: Business Continuity Incident, Critical Incident, and Major Incident.

Each type of incident will impact upon service delivery within the NHS, and may require contingency plans to be implemented.

Business Continuity Incident

A business continuity incident is 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

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

² Civil Contingencies Act 2004

Major Incident

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency.

4.3 In the context of the CCGs, a business disruption is defined as a situation that is internal to one or more of the CCGs, requiring the activation of business continuity plans. This may be in response to an actual incident such as a denial of access to a building, or in anticipation of a situation or event that is likely to cause a business disruption. The CCGs are required to maintain appropriate arrangements to ensure that essential services can continue during disruptive events, or be restored in a timely manner. The details of these arrangements are contained within each individual department's Business Continuity Plans. It is the responsibility of the EPRR Team to ensure that business continuity arrangements are aligned to ISO 22301 and are complementary to wider EPRR plans. Business continuity arrangements will be reviewed on an annual basis to ensure that they remain fit for purpose.

4.4 Incident levels

- The level of an incident will be determined by its nature and scale. As an event unfolds it may be described in terms of its level as per the table below.

Incident level	
Level 1 Provider with CCG	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2 CCGs with NHSE/I	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England and NHS Improvement local office.
Level 3 NHSE/I Regional Team	An incident that requires the response of a number of health organisations across geographical areas within a NHS England and NHS Improvement region. NHS England and NHS Improvement to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England and NHS Improvement National Command and Control to support the NHS response.

NHSE/ National Team	NHS England and NHS Improvement to coordinate the NHS response in collaboration with local commissioners at the tactical level.
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5. Roles, Responsibilities, and Commitment

5.1 The Governing Bodies

5.1.1 The Governing Bodies are responsible for approving the EPRR Policy. They will receive reports around the EPRR work stream at least annually, for their assurance.

5.2 Audit Committees

5.2.1 The Audit Committees will provide oversight to the EPRR work stream and support the development of the CCGs' Emergency Preparedness, Resilience and Response arrangements.

5.3 Executive Team

5.3.1 The Executive Team is responsible for scrutinising EPRR Policies on behalf of the Governing Bodies.

5.4 Resilience Sub-Committee

5.4.1 The Resilience Sub Committee is chaired by the Deputy Director of Corporate Affairs. The committee meets twice yearly with resilience leads from across the Surrey Heartlands CCGs to help shape plans, and support the monitoring and delivery of resilience arrangements across the CCGs. The sub-committee will report to the Audit Committees. The standing members are:

- Deputy Director of Corporate Affairs (Chair)
- Head of Emergency Preparedness, Resilience and Response (Deputy Chair)
- Associate Director of Integrated and Urgent Care
- Associate Director of Primary Care
- Associate Director of Medicines Management
- Deputy Director of Contracts
- IT Programme Director
- Associate Director of Communications and Engagement
- Other members may be co-opted for specific purposes.

5.4.2 The Resilience sub-committee has delegated authority from the Audit Committees for the delivery of for providing assurance around emergency preparedness, resilience and response processes and procedures.

5.5 Joint Accountable Officer

5.5.1 The Joint Accountable Officer (JAO) is the designated accountable officer for the CCGs with statutory responsibility for EPRR.

5.6 Director of Communications and Corporate Affairs

5.6.1 The Director of Communications and Corporate Affairs is the designated Accountable Emergency Officer (AEO) for the CCGs with responsibility for EPRR, including business continuity management. The AEO represents the three CCGs at the Local Health Resilience Partnership Executive group.

5.6.2 The AEO is responsible for obtaining assurance that provider organisations are delivering their contractual obligations with regards to EPRR and business continuity. This is achieved through the formal annual assurance meeting with the Local Health Resilience Partnership, and contract management meetings with the Head of EPRR.

5.6.3 The AEO is responsible for providing assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response from Surrey Heartlands CCGs in the event of a Business Continuity, Critical, or Major Incident.

5.6.4 The AEO is responsible for ensuring that sufficient resources are in place to meet the requirements of the EPRR core standards, and that staff with specific responsibilities for EPRR and providing the on-call capability are suitably trained and equipped.

5.7 Lay Member (Audit)

5.7.1 The Lay Member for Audit will provide non-executive support to the AEO, and will provide scrutiny through the Audit Committee of the CCGs' Emergency Preparedness, Resilience and Response arrangements, including the EPRR Policy and associated plans.

5.8 Head of Emergency Preparedness, Resilience and Response, Facilities Management and Business Support, and EPRR Team

5.8.1 The Head of EPRR deputises for the Executive Director of Communications and Corporate Affairs, when required, at the Surrey Local Health Resilience Partnership Executive Group.

5.8.2 The Head of EPRR will ensure that the Surrey Heartlands' CCGs are represented at the Surrey Local Health Resilience Partnership Delivery Group, the Local Resilience Forum, and appropriate sub working groups.

5.8.3 The Head of EPRR and the EPRR Team will provide expert advice to staff on EPRR plans, and the development of business continuity plans.

5.8.4 The EPRR Team are responsible for producing, monitoring, reviewing, and maintaining EPRR policies, plans and guidance, and ensuring that they conform to current guidance and legislation.

- 5.8.5 The EPRR Team will ensure that, where appropriate, EPRR plans are shared with partner agencies.
- 5.8.6 The EPRR Team are responsible for ensuring the CCGs have suitable areas, facilities, and equipment for managing incidents, including any appropriate hard and software. Incident Coordination Centres will be maintained by the EPRR Team who will ensure that they have resilient telecommunications. Confirmation that arrangements are in place will take place a minimum of every three months.
- 5.8.7 The EPRR Team will assess and deliver resilience training at corporate and/or service level.
- 5.8.8 The EPRR Team will support services in exercising EPRR and business continuity plans at both corporate and service levels.
- 5.8.9 The EPRR Team is responsible for coordinating the on-call rota.
- 5.8.10 The EPRR Team is responsible for collating all records following a declared incident, and ensuring that documents are archived and retained for the correct length of time.
- 5.8.11 The EPRR Team are responsible for ensuring that lessons identified through incidents or exercises are disseminated, and incorporated into the CCGs' policies and procedures.
- 5.8.12 The EPRR Team will manage this activity through the annual EPRR work programme. This will be informed by lessons identified from incidents and exercises, relevant identified risks and outcomes from audit and assurance processes in order to improve the resilience and preparedness of the Surrey Heartlands CCGs.

5.9 Contracts Team

- 5.9.1 The Deputy Director of Contracts is responsible for ensuring that the appropriate EPRR requirements are specified in CCG contracts (including business continuity planning and surge management) as part of standard provider contracts.
- 5.9.2 The Deputy Director of Contracts, and the Contracts / Commissioning Managers are responsible for providing assurance to the Accountable Emergency Officer that provider organisations are delivering on their contractual obligations.

5.10 IT Programme Director

- 5.10.1 The IT programme Director, or nominated deputy, will ensure that the CCGs have a robust disaster recovery plan in place through contracting arrangements.

5.11 Associate Director of Communications and Engagement

- 5.11.1 The CCGs will have an important role in the management and provision of communications during an incident. The Associate Director of Communications and Engagement, or nominated deputy, will provide communications support to the Tactical and Strategic On-Calls as required, in alignment with the expectations of the NHS England EPRR Core Standards, and the CCGs' role as

a Category 2 responder under the CCA 2004. NHS England and NHS Improvement will lead on communications during an incident as the Category 1 responder.

5.12 All Directors and Senior Managers

5.12.1 All directors and senior managers on-call (Grade 8c and above) are expected to make themselves available to participate in the Tactical or Strategic On-Call rotas, and scheduled EPRR training and exercises. Other subject matter experts may also be asked to partake in rotas relating their respective discipline. These expectations are set out in the Surrey Heartlands CCGs On-Call Protocol.

5.12.2 All those on the Tactical and Strategic On-call rotas are responsible for ensuring that they are familiar with the CCGs' emergency and business continuity plans, and response arrangements, and for keeping their on-call packs up to date. Updates to the on-call pack will be circulated by the EPRR Team as required.

5.12.3 All managers of business units are expected to ensure that a business continuity plan and business impact analysis are in place for their area. All staff should be familiar with the plan, its location, and the arrangements for its activation. The plan should be reviewed annually, or as a result of any significant change. Managers should engage with the EPRR team to ensure their plan is tested appropriately, depending on the criticality of the service. All plans should be tested annually as a minimum.

5.13 All Staff

5.13.1 All staff should be familiar with the EPRR policy and its contents. The policy will be made available to all staff via the staff intranet pages.

6. On-Call Arrangements

6.1 Command and control

6.1.1 The command and control structure is key to all of the Surrey Heartlands EPRR plans and, when enacted, enables the CCGs to respond efficiently and effectively to emergencies and incidents. The CCGs EPRR command and control arrangements are based on a Strategic and Tactical system as defined below:

6.2 Strategic (Gold) Command

6.2.1 Strategic (Gold) command is responsible for determining the overall management, policy, and strategy for the incident or emergency, and for ensuring business is maintained as close as possible to usual operations. The focus of strategic command is on the wider context of the incident and, in the longer term, the wider impact that the incident may have, and any strategic implications.

6.2.2 The strategic commander should not become involved in directly managing the tactical or operational detail of the incident response, but should remain upward

and outward facing at all times. They also hold the financial responsibility to allocate and monitor funding and resources to the incident.

- 6.2.3 In all incidents or emergencies, the JAO and AEO remain accountable for the business of the organisation. However, in response to incidents or emergencies, the management of response arrangements will be discharged through a nominated deputy – the Strategic On-call.

6.3 Tactical (Silver) Command

- 6.3.1 Tactical (Silver) command is responsible for managing the response to an incident or emergency. The Tactical Commander will ensure that the operational response is coordinated, coherent, and integrated in order to achieve maximum effectiveness and efficiency.
- 6.3.2 The Tactical Commander will establish the response delivery priorities in line with any strategy determined by Strategic Command. They will also allocate existing resources, and if needed request further resources, as well as planning and coordinating tasks.

6.4 Surrey Heartlands On-Call system

- 6.4.1 The NHS England EPRR Core Standards require the CCGs to have appropriate command and control structures in place 24 hours a day throughout the year, to enable them to respond to internal or external incidents, or periods of extreme pressure. In order to meet this requirement a dedicated on-call system is in place. The CCGs operate Strategic, Tactical, and EPRR support On-Call rotas. The on-call teams are accessed via single point of contact telephone numbers. The details of the on-call system are contained in the Surrey Heartlands CCGs On-Call Protocol.
- 6.4.2 Staff will be notified of their on-call status by their line manager, normally on recruitment.

7. Incident Response

7.1 Incident Management

- 7.1.1 If the nature and/or scale of the incident warrants, the CCGs may be required to setup an Incident Coordination Centre (ICC). The CCGs maintain ICC capabilities at each of the three offices, with the Guildford and Waverley office being the nominated primary ICC. The purpose of an ICC is to provide a central point for incident coordination, policy making, operations, information gathering, and dispensing public information. Further details around ICC set up and operation can be found in the Surrey Heartlands CCGs Incident Management Plan, and the Surrey Heartlands CCGs Incident Coordination Centre Procedure. During an incident, details of decisions made and actions taken by the Incident Response Team should be recorded using the Emergency Log Books, located in the ICCs. All other records, emails, call logs, minutes, notes, post it notes, other papers, or audiotapes should be kept for analysis after the event. All emails sent

or received should be printed out to ensure that a complete hard copy record exists. Printing all emails will prevent loss or alteration of information. The EPRR team are responsible for ensuring that all documentation is collected, and archived appropriately.

- 7.1.2 Where Surrey Heartlands CCGs on-call staff are representing the wider health community in a multi-agency forum, they should ensure effective communications with relevant health providers involved in the event or situation. This may include establishing teleconferences before and after the multi-agency meeting in order to obtain and disseminate relevant information and allocate actions as required.

7.2 Loggists

- 7.2.1 Loggists are an integral part of any incident response team. Incident loggists are trained members of staff, that can assist in receiving information and recording it appropriately.
- 7.2.2 Following an incident, internal investigations or legal challenges may be made. These may include Coroners inquests, public inquiries, criminal investigations and civil action. The loggist is responsible for maintaining accurate records in the correct format, and ensuring that the rationale behind decisions is recorded in as much detail as possible. This information may be used to evaluate the response to an incident, identify lessons, and as evidence in any subsequent investigations.³
- 7.2.3 The use of loggists should be considered when an incident or emergency by its impact, magnitude or length warrants assistance in recording information. Loggist support can be accessed through the EPRR team on a 24/7 basis.

7.3 Finance

- 7.3.1 The CCGs have a cost code available to senior CCG staff for use in an emergency. This will allow an audit trail of the cost of a response to be maintained. The Chief Finance Officer will put in place a cost centre and budget codes so that finance for emergency response and unexpected expenditure can be tracked accordingly.

7.4 Information Sharing

- 7.4.1 The Civil Contingencies Act 2004 and agreements in place with NHS England and NHS Improvement provide an official authority for the CCGs to undertake EPRR related activity as detailed in this policy. The CCGs therefore have a lawful basis to process personal data for this activity under applicable Data Protection related legislation (e.g. the Data Protection Act 2018 and the General Data Protection Regulation 2018).
- 7.4.2 In addition, all the Surrey Heartlands CCGs are signatories to the Surrey Multi Agency Information Sharing Protocol, which provides an overarching framework

³ NHS England Emergency Preparedness, Resilience and Response Framework 2015

for the sharing of data with other relevant organisations during emergency conditions.

- 7.4.3 The CCGs' Information Governance related policies and procedures should be adhered to, ensuring that the sharing of data is secure and complies with applicable data protection related legislation.

7.5 Escalation

- 7.5.1 Incidents which could have an impact on the local, or wider health economy should be reported to the NHS England and NHS Improvement (South East) Director on-call, via the NHS England and NHS Improvement (South East) Manager on-call. As set out in the NHS England EPRR Framework 2015, the CCGs will be expected to manage local incidents which have been classed as level 1 (see section 3.4) in conjunction with the affected provider. NHS England will lead on incidents that have been classed as level 2 or above, with the support of the CCGs as required. Examples of these situations include, but are not limited to:
- Incidents that are declared as Major, Critical or Business Continuity Incidents;
 - Incidents that need to be escalated beyond a level 1 (see section 3.4); or
 - Incidents that cannot be managed by the CCGs – e.g. Require management by a Category 1 responder
- 7.5.2 NHS England and NHS Improvement should be kept informed throughout the course of an incident, regarding its management, and decisions and actions discussed and agreed as appropriate.
- 7.5.3 If a major incident is declared and a SCG is called, the NHS England and NHS Improvement Director On-call will attend on behalf of the NHS and assume the leadership role for the local health economy. The CCGs Strategic On-Call, along with a Senior Resilience Manager, in the role of a category two responder, will support, co-operate, and share information as requested or required by NHS England and NHS Improvement, but will not normally attend the SCG unless specifically asked to do so.
- 7.5.4 The NHS England EPRR Framework (2015) states that the CCGs may be asked to provide tactical level representation at Tactical Coordination Groups (TCGs) when requested by partners, in response to an incident or emerging threat. This representation will primarily be the local CCG Tactical On-Call, with advice provided as necessary from the EPRR On-Call.
- 7.5.5 If one or more of the CCGs' business continuity plans have been activated the Strategic On-Call should notify the relevant Chair as appropriate, and the AEO at the earliest appropriate time, proportionate to the scale of the incident.

7.6 Mutual Aid

- 7.6.1 Mutual aid arrangements are set out in the Surrey LHRP Mutual Aid Arrangements.

7.7 Stand down and debriefing

- 7.7.1 Stand down for the CCGs may be declared by either NHS England and NHS Improvement, by a CCG Executive Director, or by the Strategic On-Call. Stand down will take place when the incident or emergency is resolved, or when the CCGs have no further role to play in the management of the event.
- 7.7.2 After any incident or emergency, a debrief should be held to capture any learning so that procedures and other preparedness measures can be reviewed and amended if required. The debriefing process will be co-ordinated by the EPRR team.
- 7.7.3 The following debriefs and reports should be carried out within the stated timeframes:
- **Hot Debrief:** Takes place immediately after the incident (or period of duty if the incident is protracted).
 - **Organisational (Cold) Debrief:** A structured internal debrief which should take place within two weeks post incident.
 - **Multi-Agency Debrief:** Should take place within one month of the incident (only if there has been multi-agency involvement).
- Post Incident Reports:** The post incident report should be written within 6 weeks of the incident. The report will be supported by action plans and recommendations in order to update any relevant plans with achievable timeframes as agreed by the AEO. In addition, if the incident warrants, a full investigation of the incident will be conducted as per the CCGs' relevant policies.
- 7.7.4 Outcomes and highlights of debriefs will form part of a report to the Governing Bodies.

7.8 Risk

- 7.8.1 The CCGs' emergency and incident response plans are informed by the assessment of risks within the national, regional, and local area, as well as internal risks within the organisation. The CCGs will record any specific emergency planning risks on the Corporate Risk Register or on the Board Assurance Framework, depending on the severity of the risk, in accordance with the Surrey Heartlands CCGs' Joint Risk Management Strategy and Policy.
- 7.8.2 The Surrey Local Resilience Forum reviews all hazards and threats that exist within Surrey and this informs the [Surrey Community Risk Register](#). Many of these hazards and threats will appear on both the local and national risk registers. The Surrey Community Risk Register informs the local plans that are necessary to mitigate and manage the risks identified. These plans are hosted on the National Resilience Direct Service, to which the CCGs as, Category 2 responders, have access. The Tactical and Strategic On-Call teams have access to the Resilience Direct system.

7.8.3 The Surrey Local Health Resilience Partnership also maintains a separate risk register capturing key health related capability risks. This register is complimentary to, and produced in conjunction with the Surrey Community Risk Register and the National Risk Register. It is reviewed annually through the Local Health Resilience Partnership, of which the CCGs are members.

8. Training and Exercising

8.1 The EPRR training programme is informed by the National Occupational Standards (NOS) for EPRR. Training needs analyses have been developed for different staff groups who may be required to participate in the response to an incident, including strategic and tactical responders, and those supplying support functions, such as loggists, in order to ensure that staff meet the required level of competency for their role.

8.2 On-call training

8.2.1 On-call staff will be expected to have completed an introductory session to familiarise themselves with the expectations of their role before taking part in the rota. This will be facilitated by the EPRR Team. In addition, on-call staff must complete a number of mandatory training modules to ensure that they are sufficiently trained for their role. These are set out in the EPRR training programme and should be refreshed as appropriate, or as otherwise specified.

8.2.2 On-call staff will be expected to attend briefings and update sessions, as well taking part in at least one emergency planning exercise event per year in order to maintain their professional development and remuneration for the role. Training is accessible through the EPRR Team.

8.2.3 The status of an individual's training and competencies will be assessed and monitored by their line manager in conjunction with the Head of Emergency Preparedness, Resilience and Response. This will be reflected in their personal development plan and appraisal.

8.3 Exercises

8.3.1 In accordance with the NHS England EPRR Framework (2015) and the EPRR Core Standards, the CCGs are required to undertake the following exercises:

- Communications exercise – Minimum frequency every six months
- Table top exercise – Minimum frequency every 12 months
- Live play exercise – Minimum frequency every 3 years
- Command post exercise – Minimum frequency every 3 years

8.3.2 The EPRR Team are responsible for ensuring that this exercising schedule is adhered to.

9. Continual Improvement, Review and Publication

- 9.1 The CCGs will continually improve the suitability, adequacy and effectiveness of their resilience systems through training, workshops, exercising, and reviews post incidents.
- 9.2 The EPRR Policy and associated Incident Management Plan and Business Continuity Plan will be reviewed annually by the EPRR Team against the NHS England EPRR Core Standards, or more frequently if required, in light of procedural changes or new guidance or legislation.
- 9.3 The CCGs EPRR Policy will be published on the CCG websites once approved by the Governing Bodies.

10. Appendix A: Procedural Document Checklist for Approval

	Title of document being reviewed: Policy framework for the development and management of procedural documents	Yes/No/Unsure	Comments/Details
A	Is there a sponsoring director?	Yes	Elaine Newton
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	
3.	Development Process		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	EMT, on-call rota and Governing Bodies consulted / approved
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target group clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	This plan is complimentary to the NHS England framework documents, and other associated guidance
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	Governing Bodies

7.	Dissemination and Implementation		
	Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details.	Yes	Via Intranet and CCGs' Website
8.	Process for Monitoring Compliance		
	Have specific, measurable, achievable, realistic and time-specific standards been detailed to monitor compliance with the document?	Yes	See monitoring table
9.	Review Date		
	Is the review date identified?	Yes	
10.	Overall Responsibility for the Document		
	Is it clear who will be responsible for implementing and reviewing the documentation i.e. role of author/originator?	Yes	
Director Approval			
On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name	Elaine Newton	Date	
Signature			
Committee Approval			
On approval, Chairs to sign and date.			
Name		Date	
Signature			

11. Appendix B: Compliance and Audit Table

Criteria	Measurable	Frequency	Reporting to	Action Plan/ Monitoring
<p>Systems in place to ensure that Policy Owners/Authors follow the process outlined in this Guidance document</p>	Criteria for preliminary approval are met	Annual approval required	Governing Bodies	EPRR Assurance process takes place annually in addition to annual approval of policy by Governing Bodies
<p>Systems in place for:</p> <ul style="list-style-type: none"> • Distribution (including version control) • Monitoring of Implementation Plan • Implementation • Timely review of all policies and procedures including equality analysis • Archiving/ Retention /Destruction of policies 	<p>Database showing status of all current policies</p> <p>EPRR aspects are part of IG Toolkit</p>	Annual systems check	Executive Team	Exception Report
<p>Iterative development of Policy responding to comments received regarding the viability of policy implementation</p>	Number of comments received	Annual	DCCA with any amendment to relevant Governing Body Committee	Action Plan to address comments