

Emergency Planning Framework

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1. Introduction

- 1.1 The NHS needs to plan for, and respond to, a wide range of significant 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, major transport accident or chemical incident.
- 1.2 A significant incident or emergency is any event that cannot be managed within routine organisational arrangements. It requires the implementation of special procedures and involves one or more of the emergency services, the NHS or Local Authority.
- 1.3 Whilst NHS Calderdale CCG hopes that such incidents will not happen, the CCG is required to be prepared to respond and work with partners should they occur.
- 1.4 This Framework outlines how the CCG will meet the duties set out in legislation and associated statutory guidelines, as well as any other issues identified through regular risk assessments and testing of existing arrangements.

2. Statutory and Regulatory Framework

- 2.1 The Civil Contingencies Act 2004 aims to establish a consistent level of civil protection across the United Kingdom. The Act provides a national framework 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.
- 2.2 The Civil Contingencies Act 2004 (CCA) and the NHS Act 2006 (as amended by the Health and Social Care Act 2012)) requires NHS England, NHS organisations and providers of NHS funded care to demonstrate that they can deal with such incidents whilst maintaining services to patients. This programme of work is referred to in the NHS as Emergency Preparedness, Resilience and Response (EPRR).
- 2.3 The CCA 2004 specifies that responders will be either Category 1 (primary responders) or Category 2 responders (supporting agencies). Under the CCA, Category 1 responders are those at the core of any emergency response and who must comply with a full set of legal duties under the CCA 2004. This category includes NHS England, all acute trusts and ambulance trusts, Public Health England (PHE) and Local Authorities.
- 2.4 NHS England is responsible for providing national oversight, direction and co-ordination of the NHS response to health incidents and emergencies where appropriate.
- 2.5 **Clinical Commissioning Groups**

CCGs are classed as category 2 responders and therefore are placed under slightly lesser obligations than category 1 responders. They have a role in both planning and prevention and in responding to emergencies. CCGs work closely with partners and

are required to cooperate, support and share relevant information with other Category 1 and Category 2 responders.

3. Aims

3.1 The aims of this document are to ensure NHS Calderdale CCG acts in accordance with the legislative and regulatory framework, national policy and guidance by undertaking the duties listed below:

- To clearly define the governance arrangements for emergency planning, including responsibilities and lines of accountability throughout the organisation;
- To ensure that emergency plans and internal business service continuity plans have been established and are well communicated;
- To ensure that the plans address the consequences of all situations that might feasibly occur;
- To ensure that plans involve robust arrangements for the operational recovery from all such incidents;
- To ensure that all key stakeholders are consulted and collaborated with concerning their role in the plan and that they understand those responsibilities;
- To ensure that the plans are tested and are regularly reviewed;
- To ensure that funding and resources are available to respond effectively to major incidents;
- To ensure that NHS Calderdale CCG has access to up to date guidance relating to emergency planning;
- To ensure that staff receive emergency preparedness training that is commensurate with their role and responsibilities;
- To ensure that indicators demonstrating emergency preparedness and/or early warning of risk are used within contracts and service specifications;
- Work with partners to ensure that the whole system is monitored and tested regularly.

4. NHS England Responsibilities in Relation to Emergency Preparedness Resilience and Response (EPRR)

4.1 The generic EPRR role and responsibilities of NHS England are¹:

- To set a risk based EPRR strategy for the NHS
- To ensure there is a comprehensive NHS EPRR system and assure itself and DH that the system is fit for purpose
- Lead the mobilisation of the NHS in the event of an emergency
- Work together with PHE and DH, where appropriate, to develop joint response arrangements
- Undertake its responsibilities as a Category 1 responder under the CCA 2004.

4.2 NHS England national

At a national level the role of NHS England is to:

- Support the Accountable Emergency Officer to discharge EPRR duties

¹ NHS England Emergency Preparedness, Response and Resilience (EPRR) Framework 2015

- Participate in national multi-agency planning processes including risk assessment, exercising and assurance
- Provide leadership and coordination to the NHS and national information on behalf of the NHS during periods of national incidents
- Provide assurance to the Department of Health and Social Care (DHSC) of the ability of the NHS to respond to incidents including assurance of capacity and capability to meet National Risk Assessment (NRA) requirements as they affect the health service
- Provide support to DHSC in their role to UK central government response to emergencies
- Action any requests from NHS organisations for military assistance

4.2 **At a regional level**, the responsibility of NHS England (NHSE) is to:

- Ensure that each Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) has director level representation
- Ensure integration of plans across the region to deliver a unified NHS response to incidents, including ensuring the provision of surge capacity
- Maintain capacity and capability to coordinate the regional NHS response to an incident 24/7
- Work with relevant partners through the LHRP & LRF structures
- Seek assurance through the local LHRP and commissioners that the Core Standards are met and that each local health economy can effectively respond to and recover from incidents
- Discharge the local NHS England EPRR duties as a Category 1 responder under the CCA 2004

5. CCG legal duties and responsibilities

5.1 As a category 2 responders, CCGs are defined as 'co-operating bodies' and are placed under slightly lesser obligations than category 1 responders. CCGs have a role to play in planning and prevention and in responding to emergencies.

5.2 CCGs work closely with partners and are required to cooperate, support and share relevant information with other Category 1 and 2 responders. The role of CCGs as set out in the NHS England Emergency Preparedness, Response and Resilience (EPRR) Framework 2015 is to:

- Fulfil the duties of a Category 2 responder under the Civil Contingencies Act (CCA) 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended):
 - Respond to reasonable requests to assist and cooperate
 - Ensure service delivery is maintained across the local health economy
 - Have a robust process in place for escalating significant incidents and emergencies to NHS England.

- Support NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents (Alert Level 2-4)²;
- 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. Locally this includes a shared emergency on-call rota across Calderdale and Greater Huddersfield CCGs;
- 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 Local Health Resilience Partnership (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.

6. Underpinning principles for NHS EPRR

The underpinning principles apply to all commissioners and providers of NHS funded services:

a) Preparedness and Anticipation

The NHS needs to anticipate and manage consequences of incidents and emergencies through identifying the risks and understanding the direct and indirect consequences, where possible. All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. All organisations should be able to demonstrate clear training and exercising schedules that deliver against this principle.

b) Continuity

The response to incidents should be grounded within organisations' existing functions and their familiar ways of working – although inevitably, actions will need to be carried out at greater pace, on a larger scale and in more testing circumstances during response to an incident.

c) Subsidiarity

Decisions should be taken at the lowest appropriate level, with coordination at the highest

² Whilst the EPRR alert levels share common actions with the Operational Pressures Escalation Levels Framework (OPEL) they are not interchangeable and should be considered separately.

necessary level. Local responders should be the building block of response for an incident of any scale.

d) Communication

Good two way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public

e) Cooperation and Integration

Positive engagement based on mutual trust and understanding will facilitate information sharing. Effective coordination should be exercised between and within organisations and local, regional and national tiers of a response.

f) Direction

Clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident in order to effectively prioritise and focus the response.

The CCG's emergency planning and business continuity arrangements operate in line with the above principles.

7. CCG framework for fulfilling duties related to EPRR

7.1 Planning and Prevention

7.1.1 The CCG will work with partners through local, system-wide and regional emergency preparedness arrangements. The main fora for coordination, joint working, planning and prevention are:

- Local Health Resilience Partnership (LHRP) – West Yorkshire;
- A&E Delivery Board (A&E DB) - Calderdale and Greater Huddersfield footprint;
- Calderdale Health Protection Advisory Group
- Calderdale Council emergency planning and community resilience structures.

Local Health Resilience Partnerships

7.1.2 The role of the LHRP is to coordinate EPRR across the health system, to ensure continuity of patient services and effective engagement across local health organisations. They also support the health sector's contribution to multi-agency planning through Silver (Tactical) and Gold (Strategic) community and Local Resilience Forum (LRF) meetings attended by NHS England on behalf of the health sector. Key links are with LRF chairs; Public Health colleagues, Public Health England, Local Authority Chief Executives and EPRR teams and other senior EP officers.

- 7.1.3 LHRPs are not statutory organisations and as such accountability for emergency preparedness and response remains with individual organisations.
- 7.1.4 It is the responsibility of the CCG to be represented at the Local Health Resilience Partnership (LHRP), either on their own behalf or through a nominated lead CCG representative. Individuals attending should be executive representatives who are able to authorise plans and commit resources on behalf of their organisations. They must be able to provide strategic direction for health EPRR in their area. Individual members of the LHRP must also be authorised by their employing organisation to act in accordance with their organisational governance arrangements and their statutory status and responsibilities.
- 7.1.5 The Head of Corporate Affairs and Governance will attend the LHRP as the CCG representative and will collaborate closely with Greater Huddersfield CCG to ensure a local coordinated approach.

The A&E Delivery Board (A&E DB)

- 7.1.6 The CCG works with partners to ensure service delivery is maintained across the local health economy through the A&E Delivery Board (formerly known as the System Resilience Group) comprises the key provider and commissioner organisations across Calderdale and Greater Huddersfield and has the role of ensuring a collaborative approach to maintaining the resilience of the system. The A&E DB focuses on current and future resilience across a 12-18 timeframe. The Board meets on a monthly basis and is chaired by the CCG's Chief Officer.
- 7.1.7 The A&E Delivery Board has oversight of the Surge and Escalation and the Winter Plans as well as the supporting communications plans.
- 7.1.8 These documents are reviewed and refreshed on an annual basis.

Calderdale Health Protection Advisory Group (CHPAG)

- 7.1.9 The role of CHPAG is to provide assurance to the Director of Public Health (Calderdale Council) about the adequacy of prevention, surveillance, planning, quality, safety and response to health protection issues. The meetings are held quarterly and the group has a lead role in the review and development of the Health Protection Incident Response Framework.
- 7.1.10 The membership is drawn from the CCG Quality and Primary Care teams, Public Health Team (Calderdale Council), screening and immunisations team (NHS England) and the Consultant in Communicable Disease Control, Public Health England.

Calderdale Council emergency planning and community resilience arrangements

- 7.1.11 The CCG is a member of the Calderdale Council Gold (Strategic) partnership group that meets on a quarterly basis and is co-chaired by the Chief Executive of the Council and the Chief Superintendent, West Yorkshire Police.

7.1.12 The The Head of Integration & Partnerships deputises for the CCG Chief Officer at these meetings as required.

7.1.13 The CCG also attends Local Authority Community Resilience meetings as required, takes part in Calderdale-wide exercises and is a key partner when an emergency response is required.

7.2 Emergency and Business Continuity Plans

7.2.1 A suite of documents contain further detail of the local emergency preparedness arrangements across the local health and social care economy. These are listed below:

- *Surge and Escalation Plan (Calderdale and Greater Huddersfield)*

The Surge and Escalation Plan describes agreed operational processes through which the system will escalate and de-escalate activities to deal with increases in system pressure throughout the year.

- *Calderdale and Greater Huddersfield Winter Response Plan*

The Winter Plan confirms additional specific arrangements related to the winter period; for example dealing with periods of extreme cold weather and ensuring business continuity plans are fit for purpose. The work also includes the development of winter communications plan.

- West Yorkshire Emergency Incident Plan and The Calderdale Health Protection Incident Response Framework

- On-call pack and Rota which sets out the 24/7 on-call arrangements (see 7.2.2)

- CCG Business Continuity Plan (see 7.2.4)

7.2.2 On-call arrangements

Each NHS organisation is responsible for ensuring appropriate leadership during emergencies and other times of pressure. Incidents, emergencies and peaks in demand can occur at any time of day or night, so each organisation must have an appropriate out-of-hours on-call system. Calderdale and Greater Huddersfield CCGs operate a Senior Manager 24/7 on-call arrangement to ensure that there is someone available to make strategic decisions on behalf of the organisation.

7.2.3 The arrangements, logging, escalation, communications and contact details are contained within the on-call pack which is reviewed and updated on at least an annual basis.

7.2.4 Business continuity plan

Business continuity arrangements have been developed for critical functions with due regard for risks posed to the CCG. CCG has adopted a corporate approach which outlines the response to the impacts of service disruptions for a variety of events. The Business Continuity (BC) Plan primarily focusses on the loss of one or more of the following components, identifying the minimum requirements to maintain and/or recover a critical function:

1. Staff
2. Premises
3. IT and Telephony
4. Resources

7.2.5 The BC plan sets out the arrangements to facilitate the maintenance and/or recovery of a critical function in a manner which identifies the maximum period of time that the function can be unavailable for based on the loss of one or more of the four components. Arrangements seek to provide an alternative to maintain service continuity. It also sets out:

- Roles and responsibilities
- Command, control and coordination arrangements
- Incidents experienced by other organisations and mutual aid arrangements
- The establishment and operation of an incident room
- Communications arrangements, including cascade arrangements and responding to media enquiries
- Recovery of the service
- Incident logging, reporting and procedures for lessons learned
- Consideration of staff welfare issues
- Mutual aid arrangements with Greater Huddersfield CCG and SWYPFT

7.2.6 Staff Welfare

NHS funded organisations must ensure staff welfare in general which includes anything done for the comfort and improvement of staff. The Senior Management Team must be aware of the potential for stress and/or fatigue to impact upon individual performance and decision making. They must ensure that they are mindful of their own and their team's levels of stress and fatigue and that effective arrangements are in place to minimise the potential impact.

7.2.7 The CCG's incident room procedures include consideration of provision of refreshments rest breaks and rotas, including for incident loggists, if the incident becomes protracted.

7.3 Provider Contracts

7.3.1 The NHS Standard Contract includes the appropriate EPRR provision and this contractual framework will be used wherever appropriate by the CCG when commissioning services. Contract monitoring and review will encompass the review of EPRR and there may be occasions where the LHRP uses the CCG as a route of escalation where providers are not meeting expected standards.

7.3.2 The CCG contracting and procurement team will seek assurance from commissioned provider organisations (including independent and third sector) that they have appropriate and effective internal business continuity plans in place.

7.4 Response

7.4.1 As Category two Responders under the CCA, CCGs must respond to reasonable requests to assist and co-operate with NHS England should any emergency require wider NHS resources to be mobilised. CCGs must have a mechanism in place to support NHS England Emergency Planners to effectively mobilise and coordinate all applicable providers should the need arise.

7.4.2 The CCG will work collaboratively with partners across the health and care system to maintain system resilience. The process by which this is carried out is contained within the Calderdale and Greater Huddersfield Surge and Escalation Plan and the Winter Plan. The A&E Delivery Board has oversight of the maintenance and effectiveness of the above plans.

7.5 Escalation arrangements

7.5.1 The command and control and Operational Pressures Escalation Levels (OPEL) are set out in the Surge and Escalation Plan.

7.5.2 The EPRR alert levels share common actions with the OPEL but should be considered separately. The EPRR alert levels, as set out in the NHS England EPRR Framework 2015, are set out below (see also appendix 1) and provide clear guidance on when an incident should be escalated to NHS England.

Incident Level	
Level 1	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	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 local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

8. Risk Assessment

- 8.1 Risk management is covered within the CCA 2004 and is the first step in the emergency planning and business continuity process. It ensures that local responders make plans that are sound and proportionate to risks.
- 8.2 The risk register informs emergency and business continuity planning arrangements, ensuring that the CCG, its commissioned services and partner responders are prepared for the most significant risks.
- 8.3 The CCG utilises the West Yorkshire Community Risk Register in preparing its business continuity arrangements. The Business Continuity Plan provides an overview of the Very High and High risks which could lead to a service disruption. This is reviewed on an annual basis.
- 8.4 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 coordinated through the Local Health Resilience Partnership.

9.0 CCG Roles and Responsibilities

9.1 Governance and operational management arrangements

- 9.1.1 The diagram below sets out the governance and reporting arrangements for EPRR and business continuity at the CCG.
- 9.1.2 The **CCG Governing Body** has responsibility for approving the arrangements for emergency planning and business continuity³. The Chief Officer in his role as Accountable Emergency Officer (AEO) provides updates to the Governing Body on emergency planning, significant incidents and learning from incidents or exercises, as required.
- 9.1.3 The Governing Body has delegated scrutiny of the CCG's Emergency Planning and Business Continuity functions to the **Audit Committee**. This role of the Audit Committee will be supported by regular management updates on Emergency Planning and Business Continuity Matters through the quarterly Governance Assurance Report and on an annual basis as part of the NHS England EPRR assurance process. They will also be supported by Internal Audit reviews of emergency planning and business continuity arrangements as required.
- 9.1.4 The Quality, **Finance and Performance Committee** receives the minutes of the A&E Delivery Board and performance reports on actions to maintain system resilience.
- 9.1.5
- 9.1.6 The Senior Management Team approves the internal Business Continuity Plan, receives updates on emergency planning and business continuity matters, discusses on-call issues and arrangements, agrees actions to be taken forward following learning from exercises, incidents or requests from other organisations.

³ NHS Calderdale CCG Constitution, Scheme of Reservation and Delegation (no.42), May 2017

Diagram 1: Governance and management arrangements



9.2 Individual roles and responsibilities within the CCG

9.2.1 The Accountable Emergency Officer

The Chief Officer is the Accountable Emergency Officer (AEO) for the CCG. They are responsible for:

- Ensuring that the organisation, and any sub-contractors, complies with the relevant EPRR statutory duties under the CCA 2004 and the NHS Act 2006 (as amended), The NHS England EPRR Framework, policy requirements and the NHS England Core Standards for EPRR;
- Providing assurance to the Audit Committee and Governing Body that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident;
- Providing assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements.
- 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 supercede this;
- Ensuring that the organisation has a robust surge and capacity plan that provides an integrated organisational response and that it has been tested with providers and partner organisations in the local area;
- Ensuring that the organisation complies with reasonable 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 CCG is appropriately represented by director level engagement with, and effectively contributes to governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate.

9.2.2 Corporate Systems Manager

The Corporate Systems Manager is the emergency planning lead for the CCG They are responsible for:

- Supporting the AEO in ensuring that that strategies, systems, training, policies and procedures are in place for emergency planning and business continuity including risk assessments as appropriate.
- Ensuring that the on-call pack is up to date and fit for purpose;
- Taking full part in the LHRP meetings as the CCG's representative;
- Representing the CCG at the Calderdale Council Silver meetings;
- Ensuring the production and implementation of the EPRR annual plan;
- Ensuring that the CCG complies with the NHSE assurance process;
- Ensuring that business continuity arrangements are in place, are fit for purpose;
- Liaising with CCG and other colleagues to develop a coordinated approach to the management of incidents, testing of plans and disseminating the learning. This includes attendance at internal/shared emergency planning meetings to monitor the delivery of the annual plan;

- Ensuring that plans and learning is disseminated to staff and that training is rolled out to staff as appropriate to their needs;
- Liaising with colleagues to ensure a joined up approach to system resilience and emergency planning.

9.2.3 Senior Management Team

- The members of the Senior Management Team are all part of the on-call manager rota.
- The roles of the Heads of Service in maintaining business continuity in their teams and responding to service disruption are set out in the Business Continuity Plan.

9.2.4

9.2.5 Incident room loggists

The CCG has a trained incident room loggist who is also qualified to train further loggists for both Calderdale and neighbouring CCGs.

10. Training

- 10.1 If staff are to respond to an incident in a safe and effective manner they require the tools and skills to do so in line with their assigned role.
- 10.2 Training is an on-going process to ensure skills and confidence in responding to incidents are to be maintained.
- 10.3 The training provided by Calderdale CCG, often in collaboration with neighbouring CCGs or other system partners, will focus on the specific roles and requirements assigned to the individual. Dependent on their responsibilities, the training will include wider organisational and multi-agency response structures and take the form of participating in multi-agency desk top or 'live' exercises.
- 10.4 The Standards for NHS incident training as contained within the Skills for Justice National Occupational Standards (NOS) framework will be referred to when identifying staff training needs.
- 10.5 Training needs as appropriate to individual roles will be identified through the risk assessment process and organised by the Head of Corporate Affairs and Governance as emergency planning / business continuity lead.
- 10.6 These include:
- Awareness raising of the CCG's business continuity plan for all staff on induction and on an annual basis either through a desk top business continuity exercise or 'live' business continuity exercise (every three years);
 - Specialised training as necessary as identified through national/regional guidance or as a result of learning from exercises or incidents. (for example Strategic Leadership in Crisis and Loggist skills or for specific functions within the CCG)

such as the corporate services team) Specialist training for on-call managers relevant to their role

10.7 Training log

A training and exercise participation log will be kept for all on-call managers and will be provided as evidence of continuous professional development as well as informing any training needs analysis.

11 Testing of Plans

11.1 The CCG's internal Business Continuity Plan will be tested and reviewed on an annual basis as a desk top exercise, with a 'live exercise being organised every three years. The aims of these exercises are to:

- To validate the emergency planning or business continuity plans
- To test the systems and processes set out in the Business Continuity Plan
- To train staff and build confidence in their ability to respond to a real incident.

11.2 The communication and cascade plans will be tested every six months unless they have been effectively tested during an incident or as part of the annual desk top exercise. These exercises are to test the ability of the organisation to contact key staff and other NHS and partner organisations, 24/7. They should include testing the communications methods in use and be both during the in-hours period and the out-of-hours period on a rotational basis and should be unannounced.

11.3 The CCG will continue to play an active role in the multi-agency desk top or live exercises held by partners in health and at the local authority, as appropriate.

11.4 On occasion, a live incident occurs which requires the CCG to activate its business continuity plan and leads to a review and improvements in the existing plan. In such instances, this will replace the desk top exercise unless there is the view that a further exercise would be beneficial.

12 Lessons Learned

12.1 Ensuring that the lessons learned during such exercises and live incidents are captured and acted upon is key to the maintaining the resilience of the organisation and ability to respond to an incident in a managed way.

12.2 The process of hot debrief, cold debrief and production of exercise reports with recommended actions is set out in the surge and escalation plan and CCG business continuity plan.

12.3 Post incident reports will be produced following an incident affecting the CCG or local system.

- 12.4 The recommendations contained within post-exercise and post incident reports will be reviewed by the Risk, Health and Safety Manager for any local learning.
- 12.5 Updates on progress against the associated action plans will be reviewed by the SMT.
- 12.6 Any learning will be disseminated to CCG staff and partners across the health economy and local authority in support of continuous improvement in Emergency Planning.

13. NHS England Assurance Process

- 13.1 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).
- 13.2 The NHS Standard Contract Service Conditions require providers to comply with EPRR Guidance. Therefore commissioners must ensure providers are compliant with the requirements of the Core Standards as part of the annual national assurance process
- 13.3 The CCG must undertake a self-assessment of its compliance with the requirements of the Core Standards as part of the annual CCG assurance framework.

14. Review of Framework

- 14.1 This Framework will be reviewed every three years or more frequently due to changes in:
 - National statutory, regulatory, policy requirements or guidance;
 - Local policy, organisational functions, structure or staffing;
 - CCG strategic objectives or processes;
 - Key suppliers and contractual arrangements;
 - Requirements due to learning from incidents, the testing of existing plans or risk assessments;

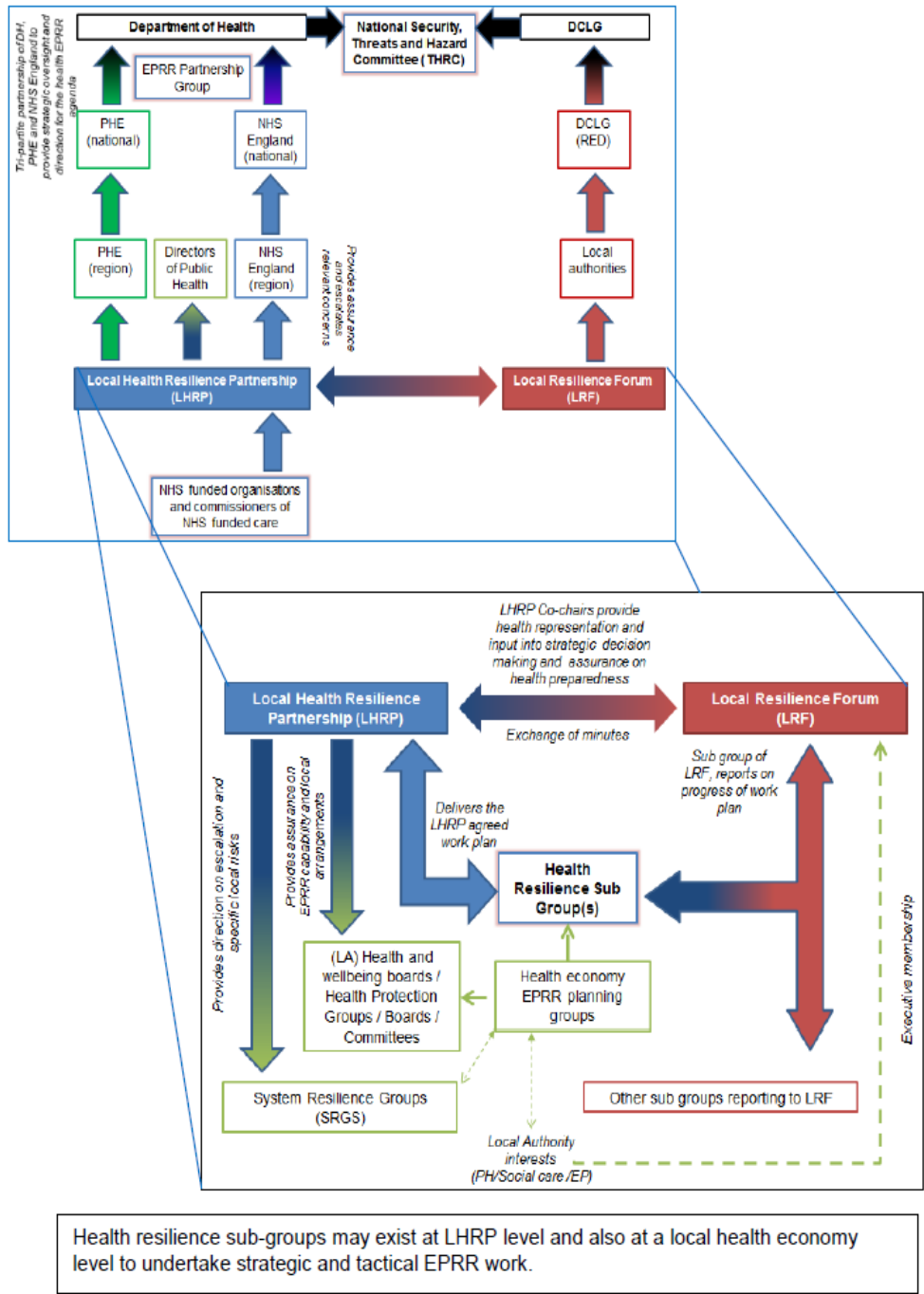
15. Dissemination of the Framework

The Framework will be stored on the CCG intranet and disseminated to staff via the CCG's communication channels.

16. References and Underpinning Materials

- The CCA 2004 and associated Cabinet Office Guidance
- The NHS Act 2006 (as amended)
- The NHS Constitution
- The requirements for EPRR as set out in the NHS Standard Contract(s)
- NHS England EPRR guidance and supporting materials including:
- NHS England Core Standards for Emergency Preparedness, Resilience and Response
- NHS England Business Continuity Management Framework (service resilience)
- Other guidance available at <http://www.england.nhs.uk/ourwork/eprp/>
- National Occupational Standards for Civil Contingencies
- BS ISO 22301 Societal security – Business continuity management systems

Figure One: EPRR planning structure for the NHS in England
 Source: NHS England, Yorkshire & Humber.



Definitions⁴

Emergency Preparedness	The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies.
Resilience	Ability of the community, services, area or infrastructure to detect, prevent and, if necessary, to withstand, handle and recover from disruptive challenges.
Response	Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders.
Emergency	Under Section 1 of the CCA 2004 an "emergency" means <i>"(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom; (b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom; (c) war, or terrorism, which threatens serious damage to the security of the United Kingdom"</i> .
Incident	For the NHS, incidents are classed as either: <ul style="list-style-type: none"> • Business Continuity Incident • Critical Incident • Major Incident <p>Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.</p>
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.
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 as above.

⁴ NHSE, EPRR Framework, 2015

NHS Calderdale CCG

Major Incident:

[NAME]

[DATE OF INCIDENT]

Post Incident Report

Incident Date:	
Incident Location:	
Date of Report:	
Report Author	
SMT	

Contents

1. Summary of Incident
2. Sequence of events
3. Key observations
4. Lessons to be learned
5. Self-assessment against core standards
6. Actions identified
7. Next Steps

1. Summary of incident	
2. Sequence of events (summary- full log available)	
3. Key observations	
4. Lessons to be learned	
5. Self-assessment against EPRR core standards [Does this affect our self-assessment against the EPRR core standards?]	
6. Actions to be taken forward	
7. Next Steps	

Action	Lead	Deadline	Comments