

# Emergency Preparedness, Resilience and Response (EPRR)

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## VERSION CONTROL

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## VERSION HISTORY

<b>Date</b>	<b>Version</b>	<b>Comment / Update</b>
Sept 2014	1	Draft- Version 1: Outlines CCGs policy as a Category 2 Responder, as per the Civil Contingencies Act 2004 and NHSE EPRR core standards.
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## DEFINITIONS

<b>Term</b>	<b>Definition</b>
CCA	Civil Contingencies Act (2004)
CCG	Clinical Commissioning Group/s
DPH	Director of Public Health
EPRR	Emergency Preparedness, Resilience and Response
EPAG	Emergency Planners Advisory Group
HPA	Health Protection Agency
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
NHSE	NHS England

## SECTION A – POLICY

### 1. Introduction

- 1.1. The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (CCA), NHS organisations must show that they can deal with these incidents while maintaining services. This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR).
- 1.2. Clinical Commissioning Groups (CCGs) are defined as Category 2 responder under the Civil Contingencies Act 2004, meaning that there is a duty to co-operate with the Category 1 responders.
- 1.3. In addition to meeting legislative duties, 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 2015;
- 1.4. This is achieved through the publication, testing and exercising of plans for critical functions and key services in accordance with the aforementioned guidance.
- 1.5. This document outlines the requirements for Emergency Preparedness, Resilience and Response (EPRR) for the Coventry & Warwickshire Clinical Commissioning Group/s (C&W CCGs), detailing the minimum requirements for planning and responding to a major incident.

### 2. Policy Statement

- 2.1. An integrated approach for EPRR across all 3 CCGs in Coventry and Warwickshire has been adopted. No individual CCG will need to write a plan, as a single generic plan template has been developed by the Emergency Planning Manager and will be used across the 3 CCGs. All CCGs in Coventry and Warwickshire 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.
- 2.2. All CCGs will have in place singular business continuity plan/s that allow them to continue to provide their core functions during a major incident, resource and/or commit materials or staffing so far as is practicable, thus enabling the CCG/s and partners to recover from the additional pressure that an incident may place on an organisation.
- 2.3. In addition to its duties contained within the Civil Contingency Act, the C&W CCGs recognise their EPRR responsibilities as detailed within section 46 of the Health & Social Care Act 2012 (H&SCA) and will, in partnership with their commissioned services, meet this responsibility through:
  - Ensuring contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements.

- Supporting NHS England in discharging its emergency preparedness, resilience and response functions and duties locally
- Have in place an EPRR annual work programme, informed by CCA requirements and any 'identified' lessons.
- Commit to regular participation in training and exercising both singularly and, in cooperation with partner agencies.
- Providing and offering support with local Category 1 responders, engage with Cat 1 responders during any declared incident/s and cooperate and share information and plans for declared Major and Business continuity incidents with all LRF and LHRP partners.
- Fulfilling the responsibilities as a Category 2 Responder under the Civil Contingencies Act 2004 including maintaining business continuity plans for their own organisation
- Maintain the ability to access any required additional funding/s in relation to any incident.
- Being represented on the Local Health Resilience Partnership (either on their own behalf or through representation)
- Seek assurance that provider organisations are delivering their EPRR obligation/s.

### On call

2.4. In order to maintain 24/7 coverage CCGs in Coventry and Warwickshire will operate an agreed On-Call Director Function. The named "person" in the rota will be on call OOHs & Bank Holidays only. During the hrs 09.00-17.00 the relevant nearest located CCG will be contacted through the Accountable Emergency Officer (AEO) or in absence the senior CCG Director present.

2.5. The on call person will respond to:

- Major Incident Notifications
- Surge Management/Capacity Issues
- General local Health issues for information and arbitration

2.6. The on-call rota will be managed by the Emergency Planning Manager and the Resilience Support Officer byway of the Pageone communications alerting system. The **contact number (0115 9658697)** for the CCG on call will be published to partners, along with all other relevant on call information. Regular EPRR communication emails will be circulated to all CCG on call Directors, and any relevant managers. Any change/switch of on call 'duty' has to go through the EP manager and/or the Resilience Support Officer

## 3. Purpose

3.1. The purpose of this document is to ensure that all Coventry and Warwickshire CCGs act in accordance with the CCA, H&SCA and the NHS England national policy and guidance by undertaking the duties listed below:

- To clearly define Board/Governing Body level responsibilities and lines of accountability throughout the organisation;
- To ensure that major incident plans and 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 the Governing body is aware of the findings of the NHSE core standards annual self-assessment process.
- To ensure that all key stakeholders are consulted and collaborated with concerning their role in the plan and that they understand those responsibilities;
- To ensure that the plans are tested and are regularly reviewed;
- To ensure that funding and resources are available to respond effectively to major incidents;
- To ensure that all Coventry and Warwickshire CCGs have access to up to date guidance relating to EPRR;
- To ensure that staff receive emergency preparedness training that is commensurate with their role and responsibilities;
- To ensure that a risk based approach to planning is undertaken, and that all risks are assessed, mitigated and recorded onto the CCG EPRR risk register;
- To ensure that indicators demonstrating emergency preparedness and/or early warning of risk are used within contracts and service specifications;
- To ensure that the whole system is monitored and audited regularly.

#### **4. Scope**

4.1. This policy applies to those members of staff that are directly employed by:

- Coventry and Rugby CCG
- South Warwickshire CCG
- Warwickshire North CCG

4.2. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of any CCG or working on CCG premises. As part of good employment practice, agency workers are also required to abide by CCG's policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking any work.

#### **5. Legislation & Guidance**

5.1. The following legislation and guidance has been taken into consideration in the development of this document:

- The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance
- The Health and Social Care Act 2012
- NHS England EPRR framework 2015
- The requirements for Emergency Preparedness, Resilience & Response as set out in the NHS core standards.
- Other relevant NHS England EPRR documents and supporting materials, including Business Continuity.
- National Occupational Standards (NOS) for Civil Contingencies

## 6. Accountabilities and Responsibilities

### Chief Officer

- 6.1. The Chief Officer (CO) has overall accountability for major incident and service/business continuity planning. The day to day implementation of this procedure is the responsibility of the Chief Officer.
- 6.2. Under EPRR cores standards, each CCG should have a named Accountable Emergency Officer(AEO) responsible to the Chief Officer which, in the event of a major incident the Chief Officer or in his/her absence, the Emergency Accountable Officer or an Executive Director on call, will be responsible for activating the response arrangements.

### 6.3. The Accountable Emergency Officer:

- Ensuring that the organisation is compliant with the Emergency Preparedness Resilience & Response requirements as set out in the NHS England core standards (2013) and the Civil Contingencies Act (2004).
- Ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event
- Ensuring the organisation and any providers it commissions has robust Business Continuity planning arrangements in place which reflect applicable standards.
- Ensuring that the organisation complies with any requirements of the NHS England, or agents thereof, in respect of the monitoring of compliance or assurance for EPRR.
- Providing the NHS England, or agents thereof, with such information as it may require for the purpose of discharging its functions during a declared Major Incident.
- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the Local Health Resilience Partnership (LHRP) or multi agency Local Resilience Forum (LRF)

### On Call Director:

- 6.4. The On Call Director is responsible for handling the initial calls, and responding as necessary, attending the Incident Coordination Centre if required.

### Emergency Planning Manager:

- 6.5. The Coventry and Warwickshire CCGs employ an Emergency Planning Manager who is responsible for all aspects of operational implementation of this Policy and any relevant procedure/s.
- 6.6. Specific responsibilities include:
- Ensuring that the CCG jointly plans with Acute Trusts, Community Providers, NHS England sub regional Team, Local Authorities, and other category 1&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
  - Providing regular updates and annual reports to the Emergency Accountable Officer and CCG board/governing body.
  - Overseeing the audit and fit for purpose requirements for both emergency planning and business continuity

- Attend and participate in the Local Health Resilience Partnership (LHRP) and Emergency Planning Action Group (EPAG)

6.7. Other roles that have responsibility for ensuring Emergency Preparedness, Resilience and Response requirements are embedded within the CCGs are contained within the C&W CCGs Major Incident Plan, and applicable CCGs Business Continuity Plan/s

## 7. On-Call Documentation

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

- On Call Major Incident Pack
- On Call Director Action Card
- Incident Response Plan
- EPRR Contact Directory
- NHSE and applicable partner/s EPRR plan/s
- Access to Resilience Direct

7.2. All of these documents are available on the CCG websites, Resilience Direct sign in and have been provided to On-Call staff.

## 8. Training

8.1. Systems will be established to ensure that staff are made aware of the Emergency Plans and are trained as appropriate to the roles that they are anticipated to undertake. This will include:

- Specific On Call Incident management Training for **all** on call Directors
- Awareness Training for all EPRR related CCG staff
- Action Card training for specific roles as detailed within plans
- Specialised training as identified/necessary (i.e. Loggist skills)

8.2. Training needs will be identified through EPRR related process and co-ordinated by the Emergency Planning Manager.

## 9. Testing

9.1. In line with the NHS England guidelines, exercises will be held on a regular basis. A table top exercise will be held annually as a minimum and a full-scale live exercise held once every three years.

9.2. As a Cat 2 responder the CCGs will partake in any partner EPRR related exercise/s, when and where availability and relevance is applicable.

## **10. Dissemination & Review**

### Dissemination

- 10.1. The effective implementation of this procedural document will support openness and transparency. C&W CCGs will:
- Ensure all staff and stakeholders have access to a copy of this procedural document.
  - Communicate to staff any relevant action to be taken in respect of EPRR issues.
  - Ensure that relevant training programmes raise and sustain awareness of the importance of effective EPRR management.
- 10.2. This document has been written and will be reviewed and amended by the CCGs Emergency Planning Manager as required.

### Review

- 10.3. This document will be reviewed annually, and in accordance with the following on an, as and when required, basis:
- Legislatives changes
  - Good practice guidelines
  - PHE, NHSE or CCG standards change
  - Changes to organisational infrastructure
  - After Major Incidents, full exercises and/or relevant occurrences.
- 10.4. Procedural document management will be performance monitored to ensure that documents are in-date and relevant to the core business of the CCG.

## **11. Equality and Diversity**

- 11.1. As part of its development, this document and its impact on staff, patients and the public has been reviewed in line with Arden CCGs Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act (an Equality Impact Assessment can be found at Page 21)

## SECTION B – EMERGENCY PLANNING PROCEDURE

### 1. Identifying significant incidents or emergencies

- 1.1. **Overview:** This procedure covers the CCGs response to a wide range of incidents and emergencies that could affect health or patient care, referred to in the health service as ‘emergency preparedness resilience and response’ (EPRR).
- 1.2. **Definition:** A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements. Each requires the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or a local authority. A significant incident or emergency may include;
  - a. Times of severe pressure, such as winter periods, a sustained increase in demand for services such as surge or an infectious disease outbreak that would necessitate the declaration of a significant incident however not a major incident;
  - b. Any occurrence where the NHS funded organisations are required to implement special arrangements to ensure the effectiveness of the organisations internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are managed effectively.
  - c. An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term “**Major Incident**” is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.
  - d. An emergency is sometimes referred to by organisations as a major incident. Within NHS funded organisations an emergency is defined as the above for which robust management arrangements must be in place.
- 1.3. **Major incident / emergency:** In the first instance NHS organisations must consider if this is a significant incident before escalating to a Major incident / emergency. A significant incident is when their own facilities and/or resources, or those of its neighbours, are overwhelmed. **A significant incident or emergency to the NHS may not be any of these for other agencies, and equally the reverse is also true.**
- 1.4. **Types of incident:** An incident may present as a variety of different scenarios, they may start as a response to a routine emergency call or 999 response situation and as this evolves it may then become a significant incident or be declared as a major incident. Examples of these scenarios are:
  - a. Big Bang – a serious transport accident, explosion, or series of smaller incidents.
  - b. Rising Tide – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action.
  - c. Cloud on the Horizon – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.

- d. Headline news – public or media alarm about an impending situation.
- e. Internal incidents – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.
- f. CBRN (e) – Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device.
- g. HAZMAT – Incident involving Hazardous Materials.
- h. Mass casualties.

## 2. The role of the CCG within the local area

- 2.1. The CCG is a designated Category 2 Responder (under the CCA) and is seen as a ‘*co-operating body*’. The CCGs are less likely to be involved in the heart of the planning, but will be heavily involved in incidents that affect the local sector through cooperation in response and the sharing of information. Although, as a Category 2 Responder, the CCGs have a lesser set of duties, it is vital that the CCGs share relevant information with other responders (both Category 1 and 2) if emergency preparedness, resilience and response arrangements are to succeed.
- 2.2. A significant or Major incident could place an immense strain on the resources of the NHS and the wider community, impact on the vulnerable people in our community and could affect the ability of CCGs to work normally. When events like these happen, the CCGs resilience arrangements will be activated. It is important that all staff are familiar with any procedure/s and are aware of their responsibilities. CCGs on call staff should ensure that they are regularly updated to any changes in the EPRR, as notified by the Emergency Planning Manager. CCGs must maintain accurate contact details of their on call staff, to ensure that people are accessible during an incident. The CCGs Emergency Planning Manager, Resilience Support Officer and the Pageone Communications centre hold the C&W CCGs on call rota.

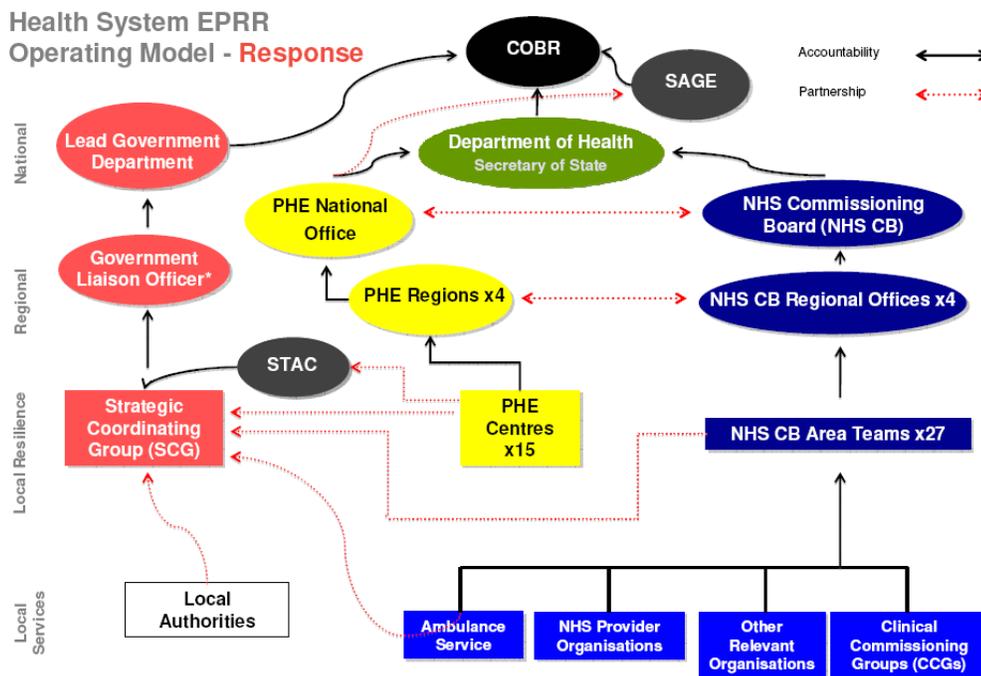
## 3. Planning and Prevention

- 3.1. **Action Card:** An Action Card detailing the activation and initial action/s of the CCGs on call is located at page 20 of this document.
- 3.2. **Contracting responsibilities:** CCGs are responsible for ensuring that resilience and response is “commissioned in” as part of the standard provider contracts and that provider plans reflect the local risks identified through wider multi-agency planning. The CCG will record these risks on the internal risk register. In addition, CCGs are expected to ensure delivery of these outcomes through contribution to an annual EPRR assurance process facilitated by the NHS England Area Team, done at present by self-assessment. 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 Local Health Resilience Partnership uses the CCG as a route of escalation.

3.3. **Partnership working:** In order to ensure coordinated planning and response across the area, it is essential that the CCGs work closely with partner agencies across the area, ensuring appropriate representation.

- Category 1 and 2 Responders come together to form Local Resilience Forums (LRF) based on Police areas. These forums help to co-ordinate activities and facilitate co-operation between local responders. The Coventry & Warwickshire Local Resilience Forum (LRF) is the vehicle where the multi-agency planning takes place via a variety of groups which relate to specific emergencies like fuel shortage, floods, industrial hazards and recovery. These plans will be retained by the applicable council/s and shared with relevant partner agencies.
- For the NHS, the strategic forum for joint planning for health emergencies is via the Local Health Resilience Partnership (LHRP) that supports the health sector’s contribution to multi-agency planning through the Local Resilience Forum (LRF). The CCGs have representatives that sit on the LHRP.

The diagram below shows the NHS EPRR response structure and its interaction with key partner organisations.



- 3.4. **Hazard analysis and risk assessment:** A hazard analysis & risk assessment is undertaken by the Local Health Resilience Partnership (LHRP) and this includes detailed assessments of potential incidents that may occur from a Health point of view. The assessments are monitored through the Emergency Planners Advisory Group (EPAG) who liaise and advise the LHRP. Risk assessments are regularly reviewed or when such an incident dictates the need to do so earlier. Any external risk may be required to be entered onto the Warwickshire LRF 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. The purpose of producing these lists of hazards and threats is to ensure that each organisation can focus their Emergency planning efforts towards those risks that are likely (or could possibly) occur.
- 3.5. **Warwickshire and West Midlands Risk Register/s:** Like anywhere in the UK, Coventry & Warwickshire has a number of natural and manmade hazards. To ensure we are prepared for these hazards the Local Resilience Forum/s (LRF) has created a Community Risk Register/s (CRR) which identifies the wide range of risks and emergencies we could potentially face. This Risk Register/s is then used by the forum to inform priorities for planning, training and exercising. The Warwickshire CCR and the West Midlands CCR are held by the C&W CCGs Emergency Planning Manager.
- 3.6. **Specific local risks:** A number of specific risks that the LRF and LHRP may potentially have are listed below alongside the planned response \*

Fuel shortage	<p>International and national shortages of fuel can adversely impact on the delivery of NHS services.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage fuel shortages and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p>
Flooding	<p>The Environment Agency provides a flood warning service for areas at risk of flooding from rivers or the sea. Their flood warning services give advance notice of flooding and time to prepare.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local flooding incidents and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified will be escalated appropriately.</p>
Evacuation & Shelter	<p>Incidents such as town centre closures, flooding, or significant damage to healthcare premises could lead to the closure of key healthcare premises.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local evacuation and shelter incidents, will work in partnership with the Local Authority, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified</p>

	will be escalated appropriately.
Pandemic	<p>Pandemics arise when a new virus emerges which is capable of spreading in the worldwide population. Unlike ordinary seasonal influenza that occurs every winter in the UK, pandemic flu can occur at any time of the year.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local pandemic, will work in partnership with the Local Authority, will cascade local pandemic communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified will be escalated appropriately.</p> <p>The CCG will work with NHSE AT to manage unplanned care as a result of pandemic and will support the management of local surge and escalation. The CCGs are leading the creation of a Arden wide PanFlu plan, approved by NHS England, agreement is planned for December 2015</p>
Heatwave	<p>The Department of Health and the Met Office work closely to monitor temperatures during the summer months. Local organisations such as the NHS and Local Authorities plan to make sure that services reach the people that need them during periods of extreme weather.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local heatwave incidents, will cascade local heatwave communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified will be escalated appropriately.</p> <p>The CCG will work with NHSE AT to manage unplanned care as a result of heatwave and will support management of local surge and escalation.</p>
Severe Winter Weather	<p>Each year millions of people in the UK are affected by the winter conditions, whether it's travelling through the snow or keeping warm during rising energy prices. Winter brings with it many hazards that can affect people both directly and indirectly. Severe weather is one of the most common disruptions people face during winter.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local severe winter weather, will cascade local winter communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified will be</p>

	escalated appropriately.  The CCG will work with NHSE AT to manage unplanned care as a result of severe winter weather and will support management of local surge and escalation.
	* This list may change and is not exhaustive

3.7. The CCGs are a partner in a number of specific plans which have been developed across the health community in order to respond to emergencies, Major Incidents and escalate actions appropriately. These include:

- NHS England Emergency Response Plan
- Winter Plan/s
- Business Continuity Plan/s
- Specific multi-agency plan/s to which the CCG is party such as 'Pandemic Flu'

3.8. Assurance in respect of CCGs emergency planning will be provided to the CCGs Governing Bodies via the Chief Officer/s

#### 4. Escalation, Activation & Response

4.1. **Action Card:** An Action Card describing the activation process is appended to this document on page 20.

4.2. **CCG:** As a Category 2 Responder under the Civil Contingency Act (2004) the CCGs must respond to reasonable requests to assist and co-operate with the NHS England (Midlands) Area Team or the Local partners should any emergency require wider NHS resources to be mobilised. The CCGs use established contractual mechanisms and provider on-call arrangements to effectively mobilise and coordinate all applicable providers that support healthcare services should the need arise. Through their contracts, the CCGs will attempt to ensure service delivery across the local health economy to prevent business as usual pressures and minor incidents within individual providers from becoming significant or major incidents. This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy which may include support with surge in emergency pressures and to escalate to the NHS England Area Team as appropriate.

4.3.

4.4. **Area Team:** The NHS England (Midlands) Area Team operates an on-call system for Emergency Planning, Resilience and Response (EPRR). This system is not restricted to major emergencies and could be mobilised to assess the impact of a range of incidents (capacity etc) affecting, or having the potential to affect, healthcare delivery within the geographical boundaries.

4.5.

In respect of EPRR for incidents/risks that affect all multi-agency partners, the NHSE Area Team provides strategic co-ordination of the local health economy and represents the NHS at the Local Resilience Forum (LRF).

- 4.6. **Public Health England:** Public Health England should lead and coordinate any incident that relates to emerging infectious diseases. The local CCGs is to notify PHE via local on-call arrangements of any rising tide infection situation.
- 4.7. **NHS Property Services:** NHS Property Services has local contact arrangements which should be used in most cases for local out of hour's issues that require the involvement or attention of NHS Property Services. Where local contact cannot be made with NHS Property Services or where situations require escalation to regional and communications team senior managers on-call, messages can be sent via the single number PAGEONE service below
- Dial: 0844 8222888 for NHS Property Services On-Call Escalation
  - A call handler will ask for a group code
  - Ask for NHSPS03 and leave your message and contact details
- 4.8. **Vulnerable People:** The Civil Contingencies Act 2004 places the duty upon Category 1 and 2 Responders to have regard for the needs of vulnerable people. It is not easy to define in advance who are the vulnerable people to whom special considerations should be given in emergency plans. Those who are vulnerable will vary depending on the nature of the emergency. For planning purposes there are broadly three categories that should be considered:
- Those who for whatever reason have mobility difficulties, including people with physical disabilities or a medical condition and even pregnant women;
  - Those with mental health conditions or learning difficulties;
  - Others who are dependent, such as children or very elderly.

The CCGs need to ensure that in an incident people in the vulnerable people categories can be identified via contact with other healthcare services such as GPs and Social Services.

- 4.9. **Incident Control Centre:** The CCGs (Silver) Incident Control Centre will be enacted by the on call CCGs Director/Manager, or the Emergency Planning Manager, as required and are located as follows:

Parkside House  
Quinton Road  
Coventry, CV1 2NJ

Heron House  
Newdegate street  
Nuneaton  
CV11 4EL

Westgate House  
Warwick  
CV34 4DE

The CCGs on call may be called upon to attend a TCG in accordance with NHSE support. All CCG on calls will be trained in attendance at TCGs.

- 4.10. **Situation reporting:** Reports on the local situation will be made, as required, to the NHSE Area Team. If an incident is prolonged, the CCGs on call may be asked by NHSE to attend the Tactical Coordinating Group (TSC) at its relevant location.

- 4.11. **Communications:** From a multi-agency response perspective the Police (via LRF) would lead on the communications and media support. From a health incident perspective, the NHSE Area Team or PHE would lead on the communications. The CCGs role will be to liaise with the Arden CSU on call Comms team as appropriate, supply information as requested and cascade communications.

## 5. Recovery

- 5.1. In contrast to the response to an emergency, the recovery may take weeks or months to complete, as it seeks to address the enduring human physical and psychological effects, environmental, social and economic consequences. Response and recovery are not, however, two discrete activities and the response and recovery phases do not occur sequentially. Recovery should be an integral part of the combined response from the beginning, as actions taken at all times during an emergency can influence the long-term outcomes for communities.

## 6. Debriefing and Staff Support (continuous improvement)

- 6.1. To ensure continuous improvement and the future development of EPRR functions the CCGs will ensure a debriefing process and provision of support to staff where required is implemented following an emergency. This is the responsibility of the Emergency Planning Manager coordinated by the Emergency Accountable Officer. De-briefing will include hot and cold formats and may also be on a multi-agency scale.
- 6.2. Any lessons learned from the incident will be fed back to staff and actioned appropriately.

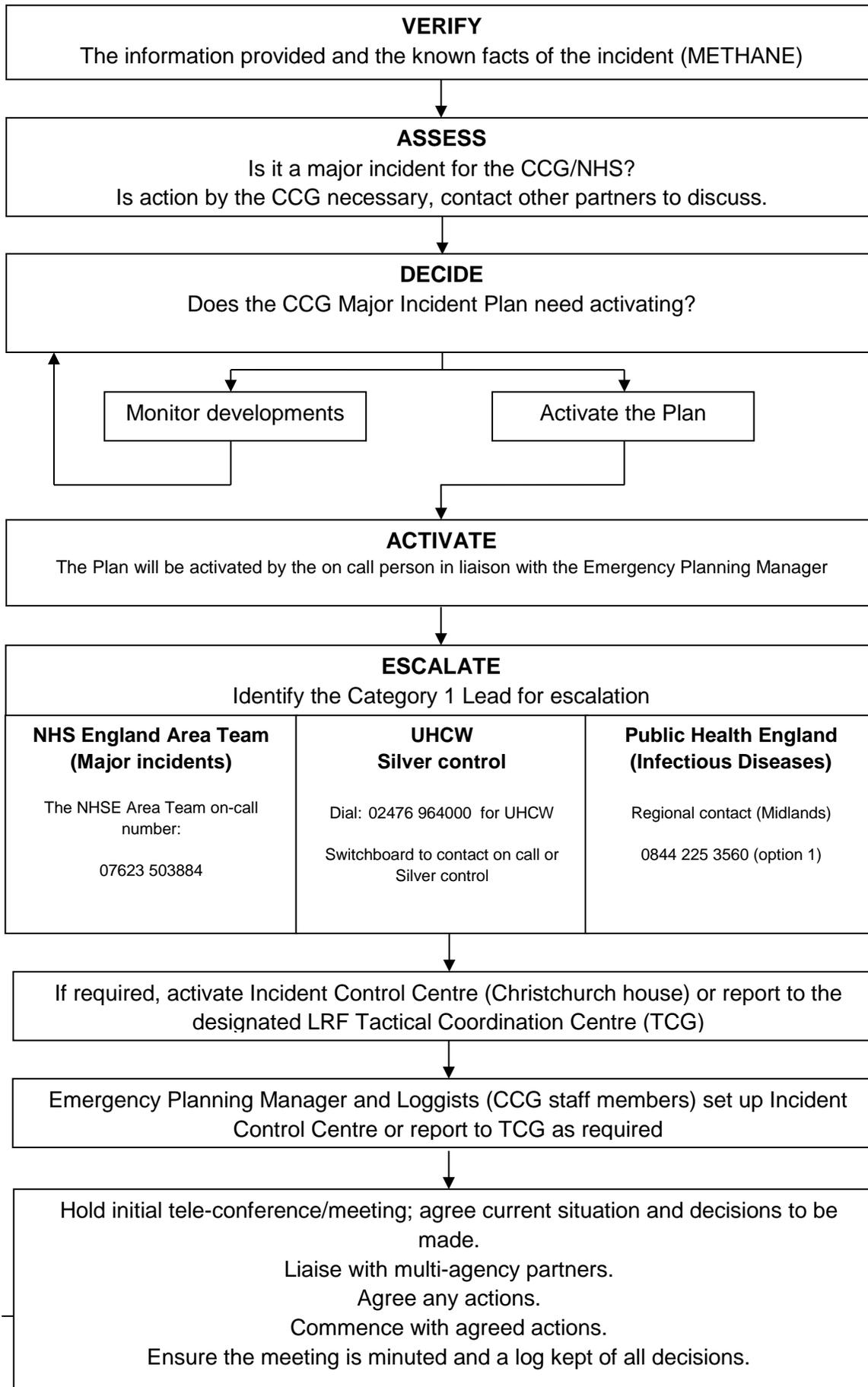
## 7. Maintaining and testing of Plans

- 7.1. The CCGs emergency plan/s (minimum listed below) will be reviewed annually by the Emergency Planning Manager.
- Major Incident plan (shared)
  - Business Continuity Plan/s (singular)
  - Weather Plan/s (shared)
  - Pandemic Flu
  - Mass Casualty
- 7.2. As part of the CCG's emergency preparedness and planning, the CCGs will participate in exercises both locally and across the Warwickshire Local Resilience Forum (LRF) with partners.
- 7.3. Live incidents which require the plan/s to be evoked will conclude with a debrief process and lead to review/improvements of the plans. This will be led for the CCGs by the Emergency Planning Manager.

The action card below provides an outline of the principle CCG on call initial action/s in the event of Major Incident activation.

Details of all roles and responsibilities for CCGs are located in the Arden CCGs Major Incident Plan and Business Continuity Plan/s.

## ACTIVATION / ESCALATION



## Appendix 2 Equality Impact Assessment

Warwickshire North  
Clinical Commissioning Group

Department	<input type="text" value="Partnerships and Engagement"/>	Name of person completing EIA	<input type="text" value="David Yates Emergency Planning Manager"/>
Date of EIA	<input type="text" value="25/04/15"/>	Accountable CCG Lead	<input type="text" value="Jenni Northcote Director Partnerships &amp; Engagement"/>
		CCG Sign off and date	<input type="text" value="April 2015"/>
Piece of work being assessed	<input type="text" value="EPRR Policy"/>		
Aims of this piece of work	<input type="text" value="To assess if this policy adversely impacts on any particular protected group"/>		
Other partners/stakeholders involved	<input type="text" value="None"/>		
Who will be affected by this piece of work?	<input type="text" value="All WNCCG Governing body members and employees"/>		

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. <b>Include consultation with service users wherever possible</b>	Is there likely to be a differential impact? Yes, no, unknown.
Gender	This is an internal use document	No
Race		No
Disability		No
Religion/ belief		No
Sexual orientation		No
Age		No
Social deprivation		No
Carers		No