# South East London CCG Emergency Response and Business Continuity Policy

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| Description: | The purpose of this document is to explain the governance processes for creation and approval of policy documents, and the processes for sharing those policies once they have been approved. |
| Audience: | All staff working for, or on behalf of, the CCG |

**Consultation:**

| Date | Name | Title and /or Organisation |
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## Contents

## 1: Introduction

The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety. Current legislation defines the CCGs role as one of a "co-operating body", whose principal responsibility is to support front line responding organisations and share relevant information.

The aim of this policy is to ensure NHS South East London CCG acts in accordance with the Civil Contingency Act, the Health & Social Care Act and the Department of Health 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 business 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 South East London 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
- To ensure that the whole system is monitored and audited regularly

This document should be read in conjunction with the CCGs incident response and business continuity plan, and other EPRR related guidance and plans, which detail the operational response to be implemented by the CCG to any incident.

## 2: Scope

This policy applies to NHS South East London CCG, including its borough operations and departments within.

The CCG will be responsible for the co-ordination of level 1 and 2 incidents within its area of operations. The CCG will provide support to NHS England & NHS Improvement in the

response to level 3 and 4 incidents, as defined below:

| 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.<br><br>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.<br><br>NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level. |

## 3: Statutory requirements and the EPRR framework

Clinical Commissioning Groups are defined under the Civil Contingencies Act 2004 (CCA) as Category 2 responders. As such, they are required under the CCA to:
- Maintain business continuity plans for their own organisation;
- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity and where applicable cyber security and disaster recovery) and response elements
- Support NHS England & NHS Improvement in discharging its EPRR functions and duties locally;
- Provide a route of escalation for the London Health Resilience Partnership (LHRP) should a provider fail to maintain necessary EPRR capacity and capability;
- Fulfil the responsibilities as a category two responder under the CCA including maintaining business continuity plans for their own organisation;
- Be represented on the LHRP; and
- Seek assurance that provider organisations are delivering their contractual obligation.

The core standards to be maintained by CCGs are defined in the document "NHS England Core Standards for Emergency Preparedness, Resilience and Response" as follows:

a) General matters:
NHS organisations and providers of NHS funded care must:
i. nominate an director level accountable emergency officer who will be responsible for EPRR; and
ii. contribute to area planning for EPRR through local health resilience partnerships (LHRPs) and other relevant groups.

b) EPRR:
NHS organisations and providers of NHS funded care must:
i. have suitable, proportionate and up to date plans which set out how they plan for, respond to and recover from emergency and business continuity incidents as identified in national and community risk registers;
ii. exercise these plans through:
   • a communications exercise every six months;
   • a desktop exercise once a year; and
   • a major live exercise every three years;
iii. have appropriately trained, competent staff and suitable facilities available round the clock to effectively manage an emergency and business continuity incident; and
iv. share their resources as required to respond to an emergency or business continuity incident.

c) Business Continuity:
NHS organisations and providers of NHS funded care must have suitable, proportionate and up to date plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks; for example, severe weather, IT failure, an infectious disease, a fuel shortage or industrial action.

This planning should be aligned to current nationally recognised business continuity standards.

This policy document seeks to explain how the CCG will respond to the requirements of these core standards through planning, training and exercising, and the embedding of EPRR principles in daily operations.

## 4: Definitions
In the context of EPRR the following definitions apply, and are provided as part of this policy document to provide the user of the CCGs EPRR plans with clarity on their meaning:

## 4.1: Incident Types

| Term | Definition |
|------|-----------|
| Emergency Preparedness | The extent to which plans, arrangements and instructions enable prompt action to be taken to respond to and recover from incidents and relevant 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, plans, arrangements, instructions and actions taken in accordance with the strategy and tactical and operational objectives defined by emergency responders |
| Emergency | An emergency relevant to SEL CCG is one causing serious damage (harm, injury or illness) to human welfare or serious damage to the security of the UK. |
| Incident | For the NHS, incidents are classed as either:<br><br>• Business Continuity Incident<br>• Critical Incident<br>• Major Incident<br><br>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. |
| Business Continuity Incident | An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. |
| Critical Incident | Any localised incident where the level of disruption results in temporary or permanent loss of ability to deliver critical services, patients may have been harmed or the environment is not safe, requiring special measures and support from other agencies to restore normal operating functions. |
| Major Incident | Any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. |
| Local Health Resilience Partnership | The Strategic Planning Group made up of Accountable Emergency Officers with responsibility for Emergency Preparedness, Resilience and Response, for SEL CCG this is a London wide Partnership. |

## 4.2 ISO 22301 descriptors

The requirements for Business Continuity Management (BCM) are set out in ISO 22301. South East London CCG's business continuity arrangements are broadly aligned to these requirements and include plans for recovery of and restoration of critical services.

ISO 22301 defines business continuity as "the capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident".

ISO 22301 applies the "Plan-Do-Check-Act" (PDCA) model to establishing, maintaining and improving the effectiveness of a BCM System.

For the purpose of NHS South East London CCGs business continuity management system, the following definitions have been taken from ISO-22301 to mean;

**Business Continuity Management System (BCMS)**
*'A holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating assets'*

**Business Impact Analysis (BIA)**
*'The process of analysing activities and the effect that a business disruption may have upon them'*

**Prioritised Activities**
*'Those activities to which priority must be given following an incident in order to mitigate impacts'*

**Products and Services**
*'The beneficial outcomes provided by an organisation to its customers, recipients and interested parties, e.g. manufactured items'*

**Maximum Tolerable Period of Disruption (MTPOD)**
*'The time it would take for adverse impacts, which might arise as a result of not providing a product/service or performing an activity, to become unacceptable'*

**Minimum Business Continuity Objective (MBCO)**
*'The minimum level of services and/or products that is acceptable to the organisation to achieve its business objectives during a disruption'*

**Recovery Time Objective (RTO)**
*'The period of time following an incident within which;*
o *Product or service must be resumed; or*
o *Activity must be resumed; or*
o *Resources must be recovered.*

*The Recovery Time Objective must be less than the Maximum Tolerable Period of Disruption'*

**Incident identification**
An incident or set of circumstances which might present a risk to the continuity of a service might be identified by any member of staff.

# 5. Accountability and responsibilities

## 5.1 Governance arrangements

In accordance with the NHS England and NHS Improvement core standards, the CCG is required to appoint an Accountable Emergency Officer (AEO) at Director level, and is required to identify a non-executive director to support the AEO in their work. For NHS South East London CCG, the AEO role is fulfilled by the **Chief Operating Officer**, and the supporting non-executive director is the lay member for primary care and commissioning.

The CCG prime committee which holds responsibility for oversight of EPRR matters within their terms of reference is the Integrated Governance and Performance Committee, chaired by the lay member for governance.

An annual workplan will be developed to incorporate annual disaster recovery tests, staff training and other matters to provide assurance to the committee that the CCG has a plan in place to meet its obligations.

As a minimum, the AEO will report no less than annually to the IGP Committee on EPRR activity in the year, and to the CCG governing body on the progress made against the EPRR assurance framework. Reports on response to incidents and disruptions will be submitted as they occur.

## 5.2 Directors and staff responsibilities

**The Accountable Officer**
The accountable officer is ultimately responsible for ensuring that the CCG has adequate plans in place for management of major incidents and business continuity disruption. Day-to-day management of the procedures will be delegated to the Chief Operating Officer.

**Chief Operating Officer (COO)**
The COO is the AEO and is responsible for the strategic implementation of incident planning, and the CCGs adherence to EPRR core standards. The COO will represent the STP on the LHRP, or delegate as appropriate.

Specific responsibilities include:

- Ensuring that the CCG jointly plans with Acute Trusts, Community Providers, Ambulance Services, NHS England & NHS Improvement Regional Teams and Local Authorities (and other category 1 and 2 responders as required)
- Attending or sending a representative to the LHRP and Borough Resilience Forums
- Developing and continuously monitoring the emergency plans
- Ensuring that staff are appropriately trained and have the necessary skills to respond to an incident notification
- Providing regular updates and annual reports to the Governing Body via Integrated Governance and Performance Committee on work undertaken
- Lead the resilience elements of the CCG Risk Register
- Overseeing the audit and fit for purpose requirements for both emergency planning and business continuity.

**Assistant Director for Corporate Operations/ Corporate, Risk & Emergency Planning Lead**

These roles are responsible to the COO, via the Director of Corporate Operations, for ensuring that

- The CCG has appropriate, regularly reviewed plans in place at CCG, borough, and departmental level
- The CCG is appropriately represented at all Borough Resilience Forums and NHS England & NHS Improvement EPRR network meetings
- Staff are suitably trained and understand their roles and obligations in the event of an incident requiring an EPRR response
- Appropriate relationships are maintained with the NHS England & NHS Improvement EPRR regional team, and as part of the wider STP emergency planning network
- GP practices are supported in meeting their business continuity obligations

**Assistant Directors and Department Leads**

Working in association with the corporate operations team, departmental heads should:

- Ensure that where necessary, relevant department level plans, business impact analyses and training requirements are completed and maintained
- Support the management team in the response to emergency and business continuity incidents.
- Ensure that staff attend training and complete follow up actions relevant to their role.

**Governing Body**

The Governing Body should expect to:

- Receive assurance from the Integrated Governance and Performance Committee on contingency planning.

- Receive a report on the NHS England & NHS Improvement annual assurance outcome for the CCG, which they are required to formally acknowledge and accept, approving any related action plans where issues have been identified.

**Integrated Governance and Performance Committee (IGPC)**
The IGPC is recognised within its terms of reference as the Governing Body prime committee with responsibility for EPRR matters, and are expected to:
- Provide assurance to the Governing Body that all the CCG has adequate plans and procedures in place to address emergencies and disruption in business of the CCG
- Review and recommend the annual NHS England & NHS Improvement self-assessment as part of the annual assurance process to the Governing Body
- Ensure all relevant programmes are sighted on Emergency Planning policies and procedures of the CCG
- Obtain assurance that the CCG is meeting its obligations on obtaining assurance in relation to third party supplier contracts and GP business continuity plans.

**On Call Director**
The On Call Director is the first point of contact for any incident notification and holds the executive level responsibility for responding to incidents occurring outside of office hours.

**All employees**
All employees are required to:

- Familiarise themselves with and adhere to EPRR policies, procedures and plans designed to minimise the impact of disruption to service provision.
- Be aware of their local arrangements for business continuity and emergency response, including the alternatives which are available to their systems of work and working practices and which of these alternatives provides them with a suitable contingency for the local incidents and emergencies that they may reasonably anticipate.
- Cooperate and participate in the implementation of EPRR activities and take part in appropriate, related training and exercising.

## 5.3 Communications
The CCG will ensure that this policy and relevant plans are available to all staff via its intranet site. To support resilience, a hard copy of the plans will also be maintained by the Corporate Operations team.

The approach to incident communications will be detailed in the CCG EPRR and Business Continuity Plan, forming part of a dynamic communications strategy devised in response to the incident specifics. As part of its incident planning, the CCG will ensure it has a robust plan in place for communication and information sharing with staff, including the implementation of a communications cascade process.

## 6 Engagement with partners

The CCG acknowledges that one of the underpinning principles of good EPRR practice is positive engagement based on mutual trust and understanding to facilitate information sharing. NHS South East London CCG recognises the benefits and requirement of mutual trust and co-operation throughout the system in order to ensure an efficient response to any incident. Critical to this relationship building is maintaining good relationships with local health providers, partner NHS organisations, NHS England & NHS Improvement, service providers, the local authority, and other members of the Borough Resilience Forum.

To support this engagement, the CCG will ensure it has representation as far as is reasonably possible at any Borough Resilience Forum meetings, NHS England & NHS Improvement EPRR networking meetings, and NHS England London EPRR conferencing functions.

## 7. Documenting plans

The CCG will have an incident response and business continuity plan in place which will detail the operational response to an incident. This plan may be supplemented by additional incident specific plans but will include the following key elements:

- ➢ **Details** of the organisation to which the plan applies.

- ➢ **Key Functions** of the CCG which would need to continue in case of a Business Continuity incident. These are the functions the plan is based around and therefore must be all inclusive and classed according to the following categories:

| A | Activities which must be continued |
|---|---|
| B | Activities which could be scaled down if necessary |
| C | Activities which could be suspended if necessary |

- ➢ **Priority of Functions** to ensure the most critical functions are brought online first, and acceptable recovery times mandated.

- ➢ **People**:
  - ○ Roles and responsibilities, including delegation during the incident, will be defined by the plan.
  - ○ The plan will include a clear communication plan, covering both internal communication to ensure information and direction is cascaded all key stakeholders, including staff and governing body members, and processes to communicate with partner organisations and the wider population as required.
  - ○ The plan will list the officers of the CCG who can declare a business continuity internal incident where business continuity is disrupted or at risk of disruption.

- o The plan will identify team cover arrangements, recognising if certain staff members may have a specific knowledge or fields of expertise which need special mitigation when it's no longer available.
- o The health and safety of the workforce should be of paramount importance in the plan's implementation.

➤ **Alerting NHS England London Regional Team:** how and when

➤ **Premises**
  - o Any parts of the plan relating to the CCG premises will be developed in conjunction with the relevant local landlord.
  - o This section will cover contingent arrangements, in case the building becomes inaccessible following a business continuity or other incident.
  - o Alternative working arrangements may be team specific, e.g. work from home / alternative location and apply to both building and work area disruptions.
  - o Access to I.T servers and key I.T equipment will be covered by the ICT Disaster Recovery Plan.

➤ **ICT processes** will be included in a specific IT disaster recovery plan

➤ **Business continuity considerations,** including
  - o How to identify and escalate a business continuity issue
  - o Identification and prioritisation of key departments, people and process
  - o Key stakeholder analysis
  - o Completion of a Business Impact Assessment (BIA) establishing Recovery Time Objective (RTO), Minimum Business Continuity Objective (MBCO), and the Maximum Tolerable Period of Disruption (MTPOD).

➤ **Post incident actions** such as hot and cold debriefs, and review of logs. The plan must ensure provision of post-incident reviews is highlighted as an essential part of the incident management process.

## 8. Planning and review
The plans will be reviewed as a minimum on a bi-annual basis, or when new guidance is issued by NHS England & NHS Improvement.

Following the annual assessment process, any lessons or actions identified should be incorporated into future plans.

## 9. Risks
The Risk Management Framework adopted by the CCG will be used to identify, record and manage all risks relating to EPRR and Business Continuity for NHS South East London CCG to ensure relevant managers, executives and the Governing Body have full sight of all EPRR and Business Continuity Risks.

The National Risk Register, produced by the Cabinet Office, provides a national picture of the risks the UK faces. The relevant Borough Resilience Forum (BRF) will assess the hazards and risks presented in each borough, which will be collated onto a local risk register which is maintained by the appropriate local authority. Through membership of the BRF, the CCG will be able to influence and have input to this local risk register.

## 10. Training and exercising

The CCG acknowledges its obligations to meet, as a minimum, the core standards for training and exercising specified by NHS England and NHS Improvement, being:

- A communications exercise every six months
- A tabletop exercise to be carried out annually
- A command post exercise to be carried out annually
- A live exercise to be carried out every three years

This will be achieved through internal exercise planning and delivery, and collaborative working with local providers and NHS England & NHS Improvement to attend third party training and exercising opportunities. Internal exercising will be included in the CCG annual EPRR work plan.

Training unique to role – for example, directors on call and decision loggists – will be arranged as required. This will include annual mandatory refresher training for directors on call.

## 11. Equality Impact Assessment

The organisation aims to ensure that its policies meet the needs of its staff and customers and ensure they do not disadvantage any groups or individuals. Equality Impact Assessments (EIA) or Equality Analysis provides a systematic way to ensure legal obligations are met and are a practical way of examining new and existing policies and practices to determine what effect they may have on equality for those affected by the outcomes. The purpose of EIAs is to identify and address real or potential inequalities resulting from policy and practice development or service change.  Through this process, an organisation gains a greater understanding of its functions and is more able to be an equitable employer and service provider. This policy has been viewed to have no impact on protected characteristics and does not require a full EIA to be carried out.

## References and underpinning materials
- The Civil Contingencies Act 2004
- The Health and Social Care Act 2012
- NHS standard contract
- NHS England EPRR documents and supporting materials
- NHS England Emergency Preparedness Resilience and Response Framework 2015

- BSI PAS 2015 – Framework for Health Services Resilience
- ISO 22301 Societal Security - Business Continuity Management Systems - Requirements
- NHS Constitution