



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

Emergency Preparedness, Resilience and Response Framework



Supporting people in Dorset to lead healthier lives

PREFACE

To provide a framework for delivering emergency planning and business continuity for NHS Dorset Clinical Commissioning Group.

All managers and staff (at all levels) are responsible for ensuring that they are viewing and working to the current version of this procedural document. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches with that of the live version on the CCG intranet.

All CCG procedural documents are published on the staff intranet and communication is circulated to all staff when new procedural documents or changes to existing procedural documents are released. Managers are encouraged to use team briefings to aid staff awareness of new and updated procedural documents.

All staff are responsible for implementing procedural documents as part of their normal responsibilities, and are responsible for ensuring they maintain an up to date awareness of procedural documents.

A	SUMMARY POINTS
	<ul style="list-style-type: none"> This governance document lays out the principles underpinning EPRR, within the context of national legislation and guidance.
	<ul style="list-style-type: none"> NHS Dorset CCG aims to ensure that it is able to respond to significant incidents or emergencies of any scale in a way that delivers optimum care and assistance to those impacted, minimises the consequential disruption to healthcare services and brings about a speedy return to normal levels of functioning. It will do this by sustaining its capability to work as part of a multi-agency response across organisational boundaries.
	<ul style="list-style-type: none"> As a Category 2 responder, NHS Dorset CCG has a legal responsibility to ensure it is equipped to respond to significant incidents and emergencies and to manage recovery.

B	ASSOCIATED DOCUMENTS
	<p>State any CCG documents that need to be read in conjunction with this governance document.</p> <ul style="list-style-type: none"> NHS Dorset CCG Incident Response Plan NHS Dorset CCG, Risk Management Framework NHS Dorset CCG, Communications Incident Response Plan NHS Dorset CCG, Security Policy

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E VERSION CONTROL					
Date of issue	Version No	Date of next review	Nature of change	Approval date	Approval committee /group
01/03/2019	12	31/01/2020	Slight change of wording to align with the EPRR MOU with NHS England. The CCG is to coordinate Level 1 incidents only. Change to the EPRR Core Standard definition for Incident Coordination Centres, On Call Mechanism Risk Management & Assessment.	19/02/2019	Directors Performance Meeting

			Reference to health and social care system level debriefing now included. Inclusion of The Data Protection and Security Toolkit (DPST).		
11/03/2020	13	31/03/2021	Changes to terminology – Senior manager to Director on call. Inclusion of privacy impact assessment process.	17/03/2020	Directors Performance Meeting

F SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
Follow hyperlinks:	Civil Contingencies Act 2004 Health and Social Care Act 2012 NHS England Everyone counts: Planning for Patients 2014/15 to 2018/19 NHS England Emergency Preparedness Resilience and Response web page NHS England Emergency Preparedness Framework 2015 NHS England Business Continuity Framework (service resilience) 2013 NHS England Core Standards for EPRR The Dorset Local Resilience Forum Community Risk Register National Risk Register of Civil Emergencies 2015 edition NHS Standard Contract: Service Conditions 2016/2017	

	NHS Standard Contract: Service Conditions 2017/2018			
G	DISTRIBUTION LIST			
	Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
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1.0 GLOSSARY OF TERMS

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 Civil Contingencies Act (2004) an “emergency” means “(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”.

Incident

For the NHS, incidents are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

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

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. (NHS England EPRR Framework, 2015)

Cabinet Office Definition of a Major Incident:

An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies. (Civil Contingencies Secretariat 2016)

Category 1 Responder

The Civil Contingencies Act 2004 defines a Category 1 Responder as: “Those organizations at the core of the responses to most emergencies and subject to the full set of civil protection duties.” A wide range of public sector organisations are identified as category one responders, including all Acute and Ambulance NHS Trusts, Public Health England and the NHS England.

Category 2 Responder

The Civil Contingencies Act 2004 defines Category 2 Responders as “Cooperating bodies less likely to be involved in planning work but which will be heavily involved in incidents that affect their sector”.

Business Continuity Management (BCM)

Business Continuity Management is defined in ISO 22301:2012(E) as “holistic management process that identifies potential threats to an organization and the impacts to business operations those threats, if realized, might cause, and which provides a framework for building organizational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities”.

Incident Response Plan (IRP)

This plan provides an overview of NHS Dorset Clinical Commissioning Group’s (NHS Dorset CCG’s) response to an incident, including action cards for key response roles.

Incident Coordination Centre (ICC)

These are the rooms which are regularly tested and can be used to coordinate the NHS’s response to an incident at tactical level. NHS Dorset CCG has two of these rooms, one on third floor east at Vespasian House and one in Meeting Room 1 at Canford House.

Dorset Local Resilience Forum – (LRF)

The collective Category 1 and 2 emergency responders operating within the Dorset Police area. This forum oversees multi-agency aspects of the Civil Contingencies Act 2004.

Dorset Local Health Resilience Partnership (LHRP)

This forum oversees the resilience planning of the collective NHS agencies within the Dorset Clinical Commissioning Group area.

2.0 INTRODUCTION

This NHS Dorset CCG Framework for delivering Emergency Preparedness, Resilience and Response (EPRR), lays out the principles underpinning EPRR, within the context of national legislation and guidance. This is a governance document and not an Emergency Response Plan.

NHS Dorset CCG aims to ensure that it is able to respond to significant incidents or emergencies of any scale in a way that delivers optimum care and assistance to those impacted, minimises the consequential disruption to healthcare services and brings about a speedy return to normal levels of functioning. It will do this by sustaining its capability to work as part of a multi-agency response across organisational boundaries.

As a Category 2 responder, NHS Dorset CCG has a legal responsibility to ensure it is equipped to respond to significant incidents and emergencies and to manage recovery. NHS England was awarded “Category 1” responder status following the NHS reform in April 2013, and has therefore taken on the overall leadership of the local NHS in terms of planning and response. However, although NHS England is legally accountable for EPRR, Dorset CCG will assist NHS England (South West) in discharging these duties.

This arrangement is outlined in a Memorandum of Understanding (MOU). In summary NHS Dorset CCG will take on a command and control role for Level 1 incidents (see Figure 1). For Level 2 incidents and above, or if a Strategic Coordinating Group (SCG) is called, command and control will be passed over to NHS England (South West), with CCG playing a supporting role.

As an incident evolves, it may be described in terms of its level, as set out in figure 1 on the next page.

Incident levels

As an incident develops it may be described as per the levels shown below. For clarity these levels must be used by all organisations across the NHS when referring to incidents.

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.

Figure 1. NHS England Incident Levels (Source: [NHS England EPRR Framework 2015](#))

3.0 LEGISLATION AND GUIDANCE

3.1 Civil Contingencies Act (2004)

The NHS England EPRR Framework identifies CCGs as Category 2 responders as defined under the Civil Contingencies Act (2004).

A Category 2 responder is required to:

- **Co-operate** with other responder organisations to enhance coordination and efficiency when planning for an emergency;
- **Co-operate** with other responder organisations to enhance coordination and efficiency when responding to and recovering from an emergency;
- **Share information** with other local responder organisations to enhance coordination both ahead of and during an emergency;

CCGs are expected to provide support to NHS England in relation to the coordination of their local health economy.

NHS funded organisations can find specific Cabinet Office content on the Civil Contingencies Act (2004) [here](#)

3.2 Health and Social Care Act (2012) Section 46

- The Board (NHS England) and each clinical commissioning group must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency;
- NHS England must take such steps as it considers appropriate for securing that each relevant service provider is properly prepared for dealing with a relevant emergency;
- The steps taken by NHS England under subsection (4) must include monitoring compliance by the service provider with any requirements imposed on it by its service arrangements for the purpose of securing that it is properly prepared for dealing with a relevant emergency;
- NHS England may take such steps as it considers appropriate for facilitating a coordinated response to an emergency by the clinical commissioning groups and relevant service.

3.3 NHS Core Standards for Emergency Preparedness, Resilience & Response

NHS Dorset CCG is required to develop its EPRR capacity in accordance with the [NHS Core Standards Matrix](#) ensuring it has:

- Plans for sharing resources when required in the response to an incident (a mutual aid agreement)
- An incident response plan showing how the CCG will coordinate the local health response to a level 1 incident, and continue to assist and

liaise with NHS England (South West) who lead the NHS in the event of a level 2, 3 or 4 incident

- A training and exercise program linked to that plan including biannual tests of its arrangements to notify provider organisations of an incident
- An incident coordination centre or arrangements to share an incident coordination centre that can support the CCG's role in coordinating the local response to incidents
- A situation report template and the ability to receive, complete, authorise and submit situation reports (SitReps) and briefings
- Capacity to work with local providers of NHS funded care to manage demand and capacity issues within the CCG area
- Access to routine and out-of-hours contact details for all partners and commissioned services and routine and out-of-hours contact details for colleagues and support staff within the CCG.

3.4 Memorandum of Understanding (MOU) between NHS England (South West) and NHS Dorset CCG

The MOU outlines how NHS Dorset CCG will assist NHS England (South West) in the delivery of some of its Category 1 responsibilities.

NHS Dorset CCG will coordinate the response of local NHS providers to incidents that do not affect other CCG areas (Level 1 incidents as described in figure 1 on page 6 of this document. In so doing it will:

- Liaise with commissioned services and partner organisations to establish the effect of an incident on those services and identify what health sector resources are required to respond to the incident;
- Identify priorities for action by providers and commissioners of NHS funded care within the NHS Dorset CCG area;
- Liaise with local NHS providers and other partners to ensure those priorities for action are addressed to the fullest extent possible;
- Notify and liaise with primary care providers in an incident, recognising that outside working hours' contact will likely be limited to contracted out of hours general practice providers. NHS England (South West) and NHS Dorset CCG will work together to ensure both have access to a single and shared contact list for relevant primary care providers.

The CCG will provide tactical ('silver') leadership of the NHS in any Level 2, 3 or 4 incident, working with NHS England (South West) who will provide strategic leadership ('gold'). Specifically NHS Dorset CCG will:

- Manage information received from local providers, NHS England (South West) and other partners (within and outside working hours);
- Provide a collated situation report to NHS England (South West) on behalf of all local providers. In Level 2, 3 and 4 incidents this will be to a timetable determined by NHS England (South West) in consultation with NHS Dorset CCG when possible;

- Monitor [Resilience Direct](#) which will be populated with information relating to any ongoing incident. Local Resilience Forum level situation reports are shared via Resilience Direct.
- Advise NHS England (South West) on local priorities and resources required to support the local response from outside the CCG area. These resources may include specialist clinical advice, resources, staff or equipment and may in turn be escalated by NHS England (South West) to the NHS England National office;
- Coordinate the health sector media response to incidents in the NHS Dorset CCG area, with support from the NHS England communications team out of hours;
- Contribute to multi-agency recovery arrangements as described in the Local Resilience Forum Recovery Plan, adopting responsibilities previously undertaken by Primary Care Trusts.

3.5 NHS Standard Contract – Service Condition 30

Service Condition 30 in the NHS Standard Contract sets out what providers and commissioners are contractually required to deliver in relation to EPRR. The Service Conditions for the 2019/20 Standard Contract can be accessed [here](#).

3.6 Business Continuity Standards

The following International and British Standards provide further guidance and best practice for business continuity:

- ISO 22301:2012 – Societal Security – Business continuity management systems – Requirements;
- PAS 2015:2010 – Framework for health services resilience.

NHS Dorset CCG has a Business Continuity Plan which has been written to take into account key recommendations contained in these documents. The maintenance of this plan is led by the Engagement and Development Directorate.

Hard copies of these documents are held in the Engagement and Development office at NHS Dorset CCG at Vespasian House and Canford House, copies are also held at each reception area and are available via the CCG Intranet Policy Pages.

4.0 RISK MANAGEMENT

The preparations of emergency plans are informed by the assessment of risks within the national, regional and local area in addition to corporate risks to the CCG.

The [National Risk Register](#) has been produced by the Cabinet Office, Civil Contingencies Secretariat. It consists of a comprehensive list of all the current threats to the health and security of the population of the UK.

The Dorset Local Resilience Forum (LRF) have reviewed all hazards and threats that exist within Dorset and these are recorded in the county's [Community Risk Register](#). Many of the hazards on the local Community Risk Register also appear on the National Register. The Dorset Community Risk Register has specific mitigating measures employed by the various local responding agencies where appropriate. The local LRF oversees the management and mitigations on the Community Risk Register.

Risks that are specifically identified by the CCG's internal emergency planning and business continuity processes are captured and monitored through the NHS Dorset CCG [Dorset CCG Risk Management Framework](#).

Definition of risks and issues
RISK is any potential threat or occurrence which may prevent you from achieving your defined objectives it may affect, timescale, cost, quality or benefits.
A RISK becomes an ISSUE if it becomes active.
An ISSUE is something that has happened and either threatens or enhances the success of the objectives.

Organisational processes for post incident and exercise learning detailed in section 4.8, may also identify organisational risks for inclusion in Dorset CCG Corporate Risk Register.

4.1 Frequency and ownership of internal risk assessments

The NHS Core Standards for Emergency Preparedness Resilience and Response states that Clinical Commissioning Groups *“The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers”* and *“The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks”*. It is incumbent upon the Accountable Emergency Officer with the assistance of the Emergency Planning & Business Continuity Leads to identify where a specific function or service within the CCG is exposed to a risk which might affect the delivery of its functions.

It will be for the head of the respective function to take ownership of any risk, which is deemed necessary of inclusion on the CCG's Corporate Risk Register. Risks can be added to corporate register by completing a [CRR Assessment Form](#) (Annexe G of Framework).

5. PREPAREDNESS

5.1 Key Roles and Responsibilities

The responsibility and accountability for EPRR functions within NHS Dorset CCG lies with the organisations **Accountable Emergency Officer**, Dr Phil Richardson. Performance of EPRR is monitored by the Dorset CCG Directors on a quarterly basis against NHS England's Core Standards Matrix. The Core Standards template can be found on [NHS England's EPRR webpage](#).

It is the responsibility of the **Emergency and Business Continuity Planning Leads** to oversee the delivery of EPRR related activities required to address relevant legislation and the NHS England's Core Standards Matrix. The **Emergency Planning Lead** maintains a substantive EPRR three yearly Work Programme which details the intended timing of the following:

- Key document reviews
- Risk assessments
- Training and exercises
- Outcomes of learning from incidents, exercise and the annual assurance process

Both internal and multi-agency activities are featured in the work programme.

In the event of an incident, the **Director on-call (24/7)** has the delegated authority to act as the Strategic lead for NHS Dorset CCG. They may be responsible for either acting as the "Incident Coordination Centre Manager" or responding to Police Headquarters as the NHS Tactical Incident Manager as part of a Tactical Coordination Group. Other members of the Director on-call scheme can be contacted on a reasonable best endeavours basis to perform either of the above roles.

The **Senior Information Risk Officer** has overall responsibility for information risk, and must be familiar with information risks and the organisation's response to risk to ensure they can support the Executive Team. The Senior Information Risk Officer for NHS Dorset CCG is the Governing Body Secretary and General Counsel (Conrad Lakeman).

Information Asset Owners are directly accountable to the Senior Information Risk Officer, providing assurance that information risk is being managed effectively for their assigned information assets.

Incident Management Team (IMT). It may be necessary to mobilise an Incident Coordination Centre using the Incident Management Team. This may include all or some of the following roles: Incident Room Manager, Loggist, Admin Support, Resource, Coordinator and Communications representative. A procedure is in place

to enable the Director on-call to mobilise the IMT, details of which are contained within the Incident Response Plan and the Director on-call packs.

5.2 Incident Control Centre (ICC)

NHS Core Standards for EPRR states that *“The organisation has pre-identified an Incident Coordination Centre (ICC) and alternative fall back location. Both locations should be tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation”*.

NHS Dorset CCG has two ICC's. The primary location is at Vespasian House, Dorchester which is a dedicated area with equipment permanently in place. There is a backup facility at Canford House in the Board Room where the equipment is available for an ICC to be set up if required.

Guidance on the use of these centres is included in the CCG Incident Response Plan and both centres are subject to monthly equipment audits. The CCG's Training and Exercising Programme includes a three yearly live command post ICC exercise.

5.3 On-Call Process

The Core Standards framework for EPRR states that the CCG must have *“A resilient and dedicated EPRR on call mechanism in place 24/7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond or escalate notifications to an executive level”*. In addition, the EPRR MOU between NHS England (South West) and places NHS Dorset CCG as the first point of contact within the Dorset LRF area in the event of an incident cascaded via Operation Link.

NHS Dorset CCG has a 24/7 on-call rota in place which consists of 15 Directors who cover a seven-day shift from 0900 on a Tuesday to 0900 the following Tuesday. In the event of an incident, the Directors on-call is contactable via a single pager number which has been issued to all partner agencies within the LRF via the LRF Contacts directory.

On call staff training and exercising is provided to ensure they remain competent in their role. Induction and refresher training is provided by the Emergency Planning Lead with a module which is based on the National Occupational Standards for Civil Contingencies. The module includes the Joint Emergency Services Interoperability Principles, which are intended to guide members of the on call scheme on how to make informed decisions during and incident.

Furthermore, members of the on call scheme are also required to attend NHS England's Strategic Leadership in a crisis training and Multi-Agency Tactical Training, which is provided by the Dorset Civil Contingents Unit.

Records of on call Directors participation in training and exercise are captured in Continuous Professional Development documents.

5.4 Command and Control Arrangements

The nationally recognised command and control process consists of three levels:

- strategic – also known as gold command;
- tactical – also known as silver command;
- operational – also known as bronze command.

Strategic (gold) command has overall command of resources. They are responsible for liaising with partners to develop the strategy and policies and allocate the funding which will deal with any incident. They delegate tactical decisions to their tactical commanders.

Tactical (silver) command is responsible for directly managing their organisation's and/or health economy response to an incident. They develop the tactical plan which will achieve the objectives set by strategic command.

Operational (bronze) command refers to those responsible for managing the main working elements of the response to an incident. They will act on tactical commands.

Multi-agency command: If a significant incident or emergency is large or widespread, it may be necessary to coordinate the response of several organisations, through a Strategic Coordinating Group.

Further details of local command and control arrangements are set out in NHS Dorset CCG's Incident Response Plan and within the EPRR MOU between NHS England (South West) and NHS Dorset CCG.

5.5 Plans

NHS Dorset CCG's **Incident Response Plan** provides guidance to Dorset CCG staff involved in the response to major incidents, significant incidents or emergencies. It will be reviewed annually and updated as lessons are identified (See section 4.8). Together with its training and exercise programme, this plan ensures that NHS Dorset CCG can respond to incidents within the health community, support the response of partners, and take part in the regional or national response to incidents coordinated by NHS England and in conjunction with the wider Dorset LRF partners.

The **Business Continuity Plan** presents NHS Dorset CCG's strategy for ensuring ongoing organisational resilience. More details on business continuity are contained in Paragraph 5 of this document.

5.6 Finance

The CCG is committed that where appropriate financial constraints should not prohibit the organisation in meeting its EPRR responsibilities. Section 2.7 of the CCG's Incident Response Plan details the arrangements for access to unanticipated emergency expenditure. A cost code has been identified for the Director On Call to incur significant unplanned expenditure.

5.7 Recovery

NHS Dorset CCG may be required to sustain involvement in the wider local area recovery phase following a major incident. In these circumstances the CCG would act as the local representative with the Dorset LRF for the collective health provider's recovery plans, via any multi-agency Recovery Coordination Group or sub groups.

Post incident, NHS Dorset CCG must ensure that internal procedures are carried out to restock the Incident Coordination Centre and other equipment, debrief those involved, make recommendations for change, and adapt service protocols if needed.

NHS Dorset CCG also has a moral duty to consider staff's psychological needs after exposure to a potentially traumatic or major incident. Additionally, it makes economic sense to avoid loss of valuable personnel to the effect of psychological trauma. Any actions must be carried out in-conjunction with Occupational Health personnel.

5.8 Debriefing and evaluation

NHS Dorset CCG is prepared to invest time in a range of post incident and exercise debriefing and evaluation. See section 3.3 for the [NHS Dorset CCG Incident Response Plan](#) for further details. Dependent upon the level of incident the following activities will be arranged:

Hot debrief

The hot debrief is a group session which should occur immediately after an event to identify key issues. This session should ideally be less than 30 minutes long and should include all individuals working in a set location.

The hot debrief should include instructions to responders as to the next steps in the debrief process, which should include any details on arranging a personal debrief and the means for completion of the post incident debrief form (See Section 5 of the [NHS Dorset CCG – Incident Response Plan](#)).

Personal debriefs

Staff welfare is paramount following a significant incident. Service managers are encouraged to use existing management systems such as supervision and stress counsellors to ensure staff who need an opportunity to personally reflect on the incident are provided with one. Personal debriefs should be arranged at the earliest practicable opportunity and not left more than 72 hours from the incident.

Internal cold debrief

Each agency involved in an event is expected to take the time to formalise their own learning through an internal corporate cold debrief. Cold debriefs are intended to capture retrospective evaluation of the incident or exercise and can be facilitated by internal Director on call or the Emergency Planning Lead.

The outcomes of an Internal Cold Debrief will be considered in-conjunction with any post incident feedback, to make up NHS Dorset CCG's contribution to further multi-agency debriefing. Cold debriefs should have a note taker present so the outcomes can be documented in an internal debrief report, which should be completed by the debrief facilitator or Emergency Planning Lead.

If a responding service area can see the value in holding a service level sub debrief, to focus on a team's response, then this can be undertaken prior to the Internal Corporate Cold Debrief and without external support.

Corporate Cold Debriefs should occur no more than a month after the incident and be scheduled to last up to three hours, with numbers limited to no more than fifteen people. It is important to ensure all CCG services that responded to the incident or exercise are represented at an Internal Cold Debrief. One person per function is required to attend.

Health and social care system cold debrief

Following incidents with a notable impact on health and social care services, a specific forum such as the Local Health Resilience Partnership or Urgent and Emergency Care Delivery Board may request that a system level cold debrief be undertaken. In this instance the CCG should seek to appoint a suitable debrief facilitator and agree the expected level of debrief documentation. Ideally the debrief facilitator will have completed the Public Health England Structured Debrief Training.

Multi-agency cold debrief

The peak of the debrief process is to bring partner agencies back together to formally share their collective findings. The aim of the multi-agency debrief is to share the key learning and recommendations, which will improve future resilience. It is vital that NHS Dorset CCG focus on cross cutting issues where another agency and NHS provider should be aware of the CCG's decision making in relation to its roles and responsibilities.

A Multi-Agency Debrief can be requested by any category one responder via the Chair of the Dorset Local Resilience Forum (LRF) Business Management Group. The Multi-Agency Cold Debrief will typically be facilitated over a month after the incident by an external provider. Learning outcomes and recommendations from the debrief will be reported in a final debrief report to the Local Health Resilience Partnership and both the LRF Executive and Business Management Groups respectively.

5.9 Lessons learning and tracking

The NHS Dorset CCG Emergency Planning Lead is responsible for controlling a sustained and continuous process of identifying and tracking the progress of lessons learned from incidents and exercises affecting the organisation.

Relevant learning from debriefs and post incident evaluation will be recorded on the Corporate Post Incident and Exercise Lessons Tracker. Furthermore, both the Dorset Local Health Resilience Partnership and Local Resilience Forum maintain a

similar list of recommendations for incidents where there is a clear benefit to sharing learning with wider partner agencies.

This information provides an audit tool and is key information for assurance purposes. It is plausible that the lessons from an incident or exercise will lead to the recommendation to either improve and validate an area of planning or raise a corporate risk in order to meet a gap.

5.10 Management of organisational change

Change management is commonplace in NHS Dorset CCG. Where possible efforts should be made to consider where organisational changes may have implications for existing EPRR processes. The typical changes which are likely to routinely occur in NHS Dorset CCG include:

- Changes in business objectives and strategy,
- Changes of service function and directorate structure,
- Change of suppliers and contractors,
- Change of Government legislation or initiatives,
- Change of accommodation requirements.

Where the Accountable Emergency Officer, Emergency planning Lead or relevant senior lead within the organisation has highlighted an area of change which may impact on EPRR process, they should first review the [Organisational Change Management Policy](#). This document aims to provide clear guidance to managers and staff in relation to change management.

The CCG is structured to ensure that employees are flexible in the way they work and minor changes to EPRR processes should be made at the discretion of the Accountable Emergency Officer. However, where a significant change is anticipated a relevant senior lead within the organisation will be tasked to prepare a business case, which is then subject to consultation. It is during this consultation the changes which may have a detrimental impact on EPRR processes and the CCG's ability to meet its duties under the Civil Contingencies Act or comply with Core Standards should be formally highlighted.

5.11 Training and Exercising

NHS Dorset CCG is required to test its emergency and business continuity plans regularly using table top and live exercises. The Emergency Planning Lead is responsible for ensuring the following

- A communications exercise is held every 6 months,
- A table top exercise once a year,
- And a live command post exercise every 3 years.

Lessons learned and changes to the procedures or environment must be logged and actioned as per the process in Section 4.8. NHS Dorset CCG's annual training and exercising plan is incorporated in the EPRR Work Programme. This document is overseen by the Emergency Planning Lead, who also maintains a bespoke Training Needs Analysis for the organisation. The frequency and contents of training provided

to staff is based on the National Occupational Standards for Civil Contingencies and is provided by a range of external and internal trainers.

6.0 BUSINESS CONTINUITY

NHS funded organisations must have suitable, up to date business continuity plans which set out how they will:

- maintain continuity of key services when faced with disruption from either an identified local risk or via an internal incident; and
- resume services which have been disrupted by, for example, severe weather, IT failure, an infectious disease, a fuel shortage or industrial action.

Although the Business Continuity Response Plan is specific to NHS Dorset CCG, its implementation has implications on the Dorset health and social care community. There will be stakeholders on whom NHS Dorset CCG relies to fulfil its functions, and conversely, stakeholders who will rely on NHS Dorset CCG to fulfil their functions. Effective business continuity contributes to a more resilient society.

The CCG's plans are formulated in line with the process in the following table below:

Plan (Establish)	Establish business continuity plan, business impact analysis, business continuity response plans, objectives, controls, processes and procedures relevant to improving business continuity in order to deliver results that align with the organisation's overall policies and objectives
Do (Implement and operate)	Implement and operate the business continuity plan, review any response to an incident and amend if needed
Check (Monitor and review)	Monitor and review performance against business continuity objectives and plan, and determine and update actions for remediation and improvement of response plans
Act (Maintain and improve)	Maintain and improve the response plans by taking corrective actions, based on the results of testing and exercising and re-appraising the scope of the business continuity plan and objectives.

The organisational goals for business continuity planning are:

- to fully understand and map out the organisations core business and critical functions;
- to develop resilient business continuity response plans for maintaining critical functions; *and*
- to embed business continuity into everyone's day to day activity.

In NHS Dorset CCG, these goals will be realised through the delivery of the following initiatives:

- establishment of robust internal governance processes for business continuity;
- Seeking assurance from external providers regarding the robustness of their contracts and procurements processes;
- strengthening of executive level understanding and involvement;
- identification of senior business continuity leads for each Directorate; *and*
- development and testing of Directorate Business Continuity plans.

The Data Security and Protection Standards for health and care sets out the National Data Guardian's data security standards. Section 7 of the associated toolkit relates to business continuity planning for data security incidents. The CCG must ensure it meets the mandatory requirements as a minimum.

All General Practices are required to have a Business Continuity Plan, in accordance with their contract and CQC regulations. The CCG's Primary Care Team are working with the Local Medical Committee and all Dorset GP practices, to ensure that robust Business Continuity Plans are in place at practice and locality level. Business Continuity activity in secondary care is include in the scope of the EPRR Assurance Process – See Section 7.

7.0 ASSURANCE

NHS Dorset CCG will be required to provide assurance to NHS England, via the NHS England (South West) performance and assurance process, that satisfactory EPRR arrangements are in place; not only for itself as a CCG but also for providers with whom it contracts for the provision of healthcare services.

NHS Dorset CCG will use the consolidated quarterly reports that it provides to the Directors to provide assurance to NHS England (South West) to support their assurance requirements. Quarterly reports to directors also provide an opportunity to raise issues regarding the EPRR assurance level of each provider and identify risks for inclusion on the CCG's Corporate Risk Register.

The EPRR requirements for providers of healthcare services are included within the 2016/17 and 2017/18 NHS Standard Contract Service Conditions (SC30) and this has been used for all the CCGs provider contracts where appropriate.

NHS Dorset CCG will establish resilient commissioning and contracting processes with providers to ensure all service providers commissioned by NHS Dorset CCG are capable of providing services at an agreed level, and that business continuity processes are in place to enable them to operate on a 24 hour 7 day per week basis.

The schedule of contract review meetings, agendas and minutes will provide evidence and assurance to NHS England (South West) that NHS Dorset CCG is assuring itself that its providers are meeting their requirements.

Where NHS Dorset CCG believes that there is non-compliance (red) or prolonged partial compliance (amber) with a particular EPRR Core Standard, this will be raised with the CCG's Quality lead for the respective provider's contract. Any gap(s) will then be highlighted at the providers next contract meeting.

This will be further evidenced at the Local Health Resilience Partnership meetings which are co-chaired by NHS England (South West) and which are attended by senior representatives from each of the main healthcare provider organisations in Dorset.

8.0 COLLABORATION, COMMUNICATION AND ENGAGEMENT

Good practice suggests that all interested parties must be identified and their needs and expectations understood. Interested parties include patients, the wider community, other NHS organisations, the emergency services, local authorities and suppliers. Regular communication should occur with partner organisations and other interested parties, particularly in the lead up to known or anticipated disruptions such as winter weather. NHS Dorset CCG remains suitably prepared to contribute to the collaboration of the Local Resilience Forum via Resilience Direct.

It is particularly important for NHS funded organisations to ensure their ability to work as part of a multi-agency response across organisational boundaries. NHS Providers routinely communicate during incidents via teleconferencing and at by the regional and local level as required.

NHS Dorset CCG has an Incident Response Communications Plan to support its EPRR arrangements which is held by the NHS Dorset CCG Communications Team.

8.1 Local Resilience Forum (LRF)

In order to plan and mitigate against the risks identified on the Community Risk Register, representatives from Category 1 and 2 organisations come together at LRF meetings. This enables organisations to share information and co-operate, working together to produce multi-agency plans. LRFs lead the multi-agency planning for

any emergency, significant or major incident, whether or not they relate to, or impact on, health.

8.2 Local Health Resilience Partnership (LHRP)

LHRPs provide strategic forums for joint EPRR planning across a geographic area and support the health sector's contribution to multi-agency planning through the LRF. These forums will be co-chaired by NHS England and local lead Director of Public Health (DPH).

- LRFs lead the multi-agency planning for any incident. LHRPs coordinate EPRR across their operational area and provide health input into LRFs.
- LHRPs will ensure coordinated strategic planning for incidents impacting on health or continuity of patient services and effective engagement across LHRP and local health economies.
- The DPH co-chair will have a specific responsibility to provide public health expertise and coordinate public health input.
- The NHS England co-chair will provide local leadership on EPRR matters to all providers of NHS funded services and maintain engagement with CCGs to ensure resilience is commissioned effectively, reflecting local risks.
- The LHRP should consider, and contribute to, the Community Risk Register developed by the LRF. These assessments should inform the planning and strategy set by the LHRP
- The LHRP will coordinate health input to NHS England, Public Health England and local government in ensuring that member organisations develop and maintain effective health planning arrangements for incidents. Specifically, they must ensure:
 - That the arrangements reflect strategic leadership roles, ensuring robust service and local health economy response at the tactical level to incidents
 - Coordination and leadership across health organisations within local health economies is in place
 - That there is opportunity for coordinated training & exercising
 - That the health sector is integrated into appropriate wider EPRR plans and structures of civil resilience partner organisations within the LRF area(s) covered by the LHRP

Accountability

- LHRPs are not statutory organisations and accountability for EPRR remains with individual organisations;
- Each constituent organisation remains responsible and accountable for their effective response to incidents in line with their statutory duties and obligations. The LHRP provides a strategic forum for joint planning and preparedness for incidents, supporting the health sector's contribution to multi-agency planning and preparation through LRFs.

Membership

- Members of LHRPs will 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 be authorised by their employing organisation to act in accordance with their organisational governance arrangements and their statutory status and responsibilities.

Working groups

- Due to the strategic nature of the LHRP the co-chairs will determine the need for any specific working groups and/or local health economy sub-groups to reflect locally identified risks and to ensure effective tactical and operational planning/response arrangements.
- It is for the co-chairs of the LHRP and the chair of the corresponding LRF to agree the coordinated approach to health planning between any LRF sub-groups and LHRPs to avoid any duplication.

9.0 MUTUAL AID

Successful response to incidents has demonstrated that joint working can resolve very difficult problems that fall across organisational boundaries.

Mutual aid arrangements should exist between NHS funded organisations and also their partner organisations and these should be regularly reviewed and updated.

Clinical networks will retain a key role in coordinating their specialist capacity. The Dorset NHS Inter-Organisational Assistance (or Mutual Aid) Plan is available in the CCG's EPRR MS Team Site.

10.0 INFORMATION SHARING

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

NHS services should formally consider the information that will be required to plan for, and respond to, an emergency. They should determine what information can be made available in the context of the Civil Contingencies Act (2004). The organisation's Information Governance policies and procedures should cover the requirements of EPRR.

Further guidance can be obtained from the Data Protection and Sharing Guidance for Emergency Planners and Responders [here](#).

11.0 SYSTEMS RESILIENCE

The CCG's EPRR and Systems Resilience functions are collocated in the Urgent and Emergency Care team which sits in the System Integration Directorate. Dr Phil Richardson, the CCG's Accountable Emergency Officer oversees both functions and where possible aspects of the two functions are combined to avoid duplication. For example, discussing winter preparedness during EPRR assurance meetings.

12.0 LEGAL FRAMEWORK, PUBLIC INQUIRIES, CORONERS INQUESTS AND CIVIL ACTION

The day to day management of people and patients in the NHS is subject to legal frameworks, duty of care, candour and moral obligation. This does not change when responding to an incident however these events can lead to greater public and legal scrutiny.

12.1 Logging and record keeping

NHS funded organisations must have appropriately trained and competent loggists to support the management of an incident. Loggists are an integral part in any incident management team. It is essential that all those tasked with logging do so to best practice standards and understand the importance of logs in the decision making process, in evaluation and identifying lessons and as evidence for any subsequent inquiries. Following an incident, a number of investigations or legal challenges may be made. These may include Coroners inquests, public inquiries, criminal investigations and civil action.

When planning for and responding to an incident it is essential that any decisions made or actions taken are recorded and stored in a way that can be retrieved at a later date to provide evidence. It may be necessary to provide all documentation, therefore robust and auditable systems for documentation and decision making must be maintained. The organisation's Document Retention policies and procedures should cover the requirements of EPRR.

NHS Dorset CCG maintain a trained loggists scheme which can be requested to mobilised via the Page One Connect process described in the on-call Directors Action Cards.

EQUALITY IMPACT ASSESSMENT (October 2013)

The framework is aligned to the CCGs and NHSE&I equality policy. Impact assessments are undertaken periodically.

APPENDIX B

PRIVACY IMPACT ASSESSMENT

Privacy impact assessment completed and approved by the DSP group on 20.7.2019.