

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP

EMERGENCY PLANNING RESILIENCE AND RESPONSE FRAMEWORK

**VERSION 5
AUGUST 2020**

(FOR FORMAL RATIFICATION BY CCGGB 8.09.2020)

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DOCUMENT PROCESS AND CONTROL

Title:	Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) EPRR Framework			
Synopsis:	This Plan details Cambridgeshire and Peterborough CCG's responsibilities as a Category 2 Responder and in line with the NHS England/Improvement Core Standards for Emergency Preparedness, Resilience and Response (EPRR) for Major Incident planning and the specific actions to be taken in the event of a Major Incident.			
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GLOSSARY

CCA	Civil Contingencies Act
CCC	Cambridgeshire County Council
CCG	Clinical Commissioning Group
CCS	Cambridgeshire Community Services
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust
CPLRF	Cambridgeshire & Peterborough Local Resilience Forum
CPPE	Chemical Personal Protective Equipment
DOC	Director on Call (Strategic and Tactical)
DOH	Department of Health
EPO	Emergency Planning Officer
EPRR	Emergency Preparedness, Resilience & Response
HEPO	Health Emergency Planning Officer
HPA	Health Protection Agency
HPU	Health Protection Unit
LA	Local Authority
MERIT	Medical Emergency Response Incident Team
METHANES	A Mnemonic used by the Ambulance Service and other NHS Organisations to assist in passing information regarding facts about a Major Incident (a form of SITREP)
MIP	Incident Response Plan
NHS	National Health Service
NHSE/I	NHS England/Improvement
NHS EE	NHS England East
PCC	Peterborough City Council
PHE	Public Health England
PPE	Personal Protective Equipment
REG	Resilience Escalation Guidance
Reception Centre	Short term shelter where evacuees can make their own accommodation arrangements or be moved to a rest centre
Rest Centre	Short term accommodation for residents displaced by an incident
RWG	Recovery Working Group
SCG	Strategic Co-ordinating Group
SITREP	Situation Report
STAC	Scientific and Technical Advisory Cell
TCG	Tactical Coordinating Group

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1. PURPOSE

1.1 Framework

This document establishes the framework for Cambridgeshire and Peterborough Clinical Commissioning Group's (CP CCG) activities in relation to emergency planning resilience and response. It supports the CCG to understand its responsibilities should an emergency situation occur and takes account of emergency planning arrangements outlined in the following documents:

- Civil Contingencies Act 2004
- The NHS Emergency Planning Guidance 2005
- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- NHS England EPRR Framework (Revised 2015)
- Health and Social Care Act 2012

1.2. Civil Contingencies Act 2004

The purpose of the Civil Contingencies Act 2004 (CCA 2004) is to deliver a single framework for Civil Protection in the UK to meet the challenges of the twenty-first century.

The CCA 2004, and accompanying guidance and regulations, set out clear expectations and responsibilities for front line responders at local level to ensure that they are prepared to deal effectively with the full range of emergencies from localised incidents through to catastrophic emergencies. It divides local responders into two categories – Category 1 and Category 2. Although the CCG is designated as a Category 2 Responder, it is required to have both an Incident Response Plan and Business Continuity Plans as set out in the NHSE Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

1.3 NHS Emergency Planning Guidance 2005

The Department of Health's (DoH) NHS Emergency Planning Guidance 2005, describes a set of general principles to guide all NHS organisations in developing their ability to respond to a Major Incident(s) and to manage recovery whether the incident(s) has effected locally, regionally, or nationally within the context of the requirements of the Civil Contingencies Act 2004.

1.4 NHS England's Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

The main aim is to clearly set out the minimum EPRR standards expected of each NHS organisation and provider of NHS funded care. However, the standards will also:

- enable agencies across the country to share a purpose and co-ordinate activities; and
- provide a consistent framework for self-assessment, peer review and more formal control processes carried out by NHSE/I and regulatory organisations.

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1.5 How will the core standards be used?

- These are the minimum standards which NHS organisations and providers of NHS funded care must meet.
- The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.
- All NHSE/IEPRR framework guidance will include relevant extracts from these standards. The EPRR control processes will require evidence that the standards are being met.
- We may update these standards from time to time as lessons are learnt from testing, practical use and control processes.

1.6 The NHS England adopts the Department of Health definition of a Significant / Major Incident as:

‘Any occurrence that presents serious threat to the health of the community, disruption to the service, or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations’.

1.7 The extent of a Significant /Major Incident will also be categorised by the following:

- Major:** A large scale incident affecting a large number of people, potentially in the tens to circa a hundred, which will require a significant response from NHS services such as Ambulance, Trauma and Emergency Departments;
- Mass:** Much larger scale events affecting potentially hundreds of people rather than tens of people such as a major terrorist incident.
- Catastrophic:** Events of such magnitude that they severely disrupt health and social care and other critical functions within the UK.
- National:** Events which affect the whole of the UK, affecting the ability to provide services or increasing demand for services such as a blood shortages, fuel strike, pandemic or multiple events that require the collective capacity of the NHS nationally.

2. EMERGENCIES

2.1 The CCG notes that that at times the terms major incident and emergency are used interchangeably. It should also be noted that the term emergency is defined by the Civil Contingencies Act 2004 as:

‘Any 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’

2.2 For the NHS, incidents are classed as either:

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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. This could be a surge in demand requiring resources to be temporarily redeployed.

Critical Incident - 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 - 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.

Each may impact on service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented.

Types of Incident

2.3 The CCG recognises that significant incidents may manifest in a number of different ways, including but not restricted to:

- **Big Bang:** A serious transport or industrial accident, or series of smaller unforeseen incidents e.g. a train crash or explosion at a gas storage depot.
- **Rising Tide:** A developing infectious disease epidemic or outbreak e.g. Pandemic Flu / Pandemic Disease such as Covid-19.
- **Cloud on the Horizon:** A serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action e.g. Chernobyl.
- **Headline News:** Public or media alarm over a health issue/scare e.g. reaction to the MMR Vaccine.
- **Act of Terrorism:** The calculated use of violence or explosives against civilians or the government e.g. 7/7 London Bombings.
- **CBRN Incident:** The intentional release of Chemical, Biological, Radiological or Nuclear material either real or hoax e.g. Sarin, Anthrax or Polonium poisoning. This may also involve the existence of an explosion with the potential for contaminated casualties; this may then be described using the term CBRNE where the suffix "E" refers to Explosion.
- **Hazmat Incident:** The unintentional release of a Chemical, Biological, Radiological or Nuclear material through an industrial accident e.g. Chlorine release.
- **Mass Casualty:** typically events (such as 7/7, 9/11) with casualties in the 100s (NB: in rural areas, the threshold may be lower, i.e. rural East of England is 100).
-
- **Severe Weather Incidents:** Any dangerous or extreme meteorological events e.g. severe flooding, heat wave or snow.
- **Pre-Planned Major Events:** Demonstrations, sports fixtures, air shows or music concerts which have the potential to increase demand for NHS Services.

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- **Surge:** An increase (prolonged or otherwise) of demand for capacity in general or specialist services which requires special arrangements to be made to manage demand and or capacity.
- **Cyber Attack:** a cyber attack such as the 2017 Wannacry Incident which had a significant impact on the NHS. Attacks may be on infrastructure, data confidentiality or related to software updates.
- **Prison Incidents** - incident within prison estate (common referred to as rioting).
- **Evacuation and Shelter** - incident requiring evacuation of a hospital site, building or facilities housing patients / vulnerable people.
- **Marauding Terrorist Attack (MTA)** - a terrorist attack involving the use of firearm(s), explosive device, bladed weapons or Vehicle as a Weapon (VAW) resulting in casualties.

Incident Levels	
Level 1	An incident that can be responded to and managed by a local 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 coordination by the local commissioner(s) in liaison with the NHS England and NHS Improvement local office
Level 3	An incident that requires the response of a number of health organisations across geographical areas within NHS England and NHS Improvement region. NHS England and NHS Improvement to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England and NHS Improvement National Command and Control to support the NHS response. NHS England and NHS Improvement to coordinate the NHS response in collaboration with local commissioners at the tactical level.

2.4 National Threat Levels

National threat levels are designed to give a broad indication of the likelihood of a terrorist attack and are set by the Joint Terrorism Analysis Centre and the Security Service (MI5). The National threat levels are:

- **Critical** - an attack is expected imminently
- **Severe** - an attack is highly likely
- **Substantial** - an attack is a strong possibility
- **Moderate** - an attack is possible but not likely
- **Low** - an attack is unlikely

The latest threat level can be found at:

<http://www.homeoffice.gov.uk/counter-terrorism/current-threat-level/>

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3. KEY ROLES AND RESPONSIBILITIES

3.1 Duties of Category 1 Responders

Category 1 Responders are required to:

- Assess local risks and use this to inform emergency planning.
- Put in place emergency plans.
- Put in place Business Continuity Management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of any emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.
- Provide advice and assistance to businesses and voluntary organisations about Business Continuity Management (Local Authorities only).

3.2 Duties of Category 2 Responders

Category 2 Responders are required to:

- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

Although the CCG, as a Category 2 responder in accordance with the CCA 2004, is not required to have an Incident Response Plan, and a Business Continuity Plan, the NHSE/I Core Standards clearly requires that the CCG does have a MIP and BC Plan. Therefore, it is incumbent on the CCG to have virtually the same requirements as a Category 1 responder and these are further elaborated on below.

The CCG is also required to:

- Ensure that contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements.
- Support NHSE/I in discharging its EPRR functions and duties locally. This is formally established through an MOU with NHSE/I.
- Provide a route of escalation for the LHRP should a provider fail to maintain necessary EPRR capacity and capability.
- Fulfil the responsibilities as a Category 2 responder under the CCA including maintaining Major Incident and Business Continuity Plans for their own organisation.
- Be represented on the LHRP on their own behalf at the appropriate level.

3.3 NHSE/I CORE STANDARDS FOR EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)

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CP CCG's responsibilities in planning for a Major Incident include:

- Fulfil the requirements as a Category 2 responder under the CCA 2004.
- Co-ordinate a local NHS response to a Major Incident.
- Be accountable to the NHSE East.
- Being a member of the LHRP.
- Develop a Command and Control structure that allows appropriate linkages to, membership of, communication with and other responses to local resilience arrangements including strategic, tactical and operational commands.
- Implement national policy and guidance in a local context.
- Demonstrate high level of preparedness of Out of Hours care and community services and ensure that they can respond at any time.
- Mobilise community care resources to support Acute Trusts and non- Acute Trusts.
- Ensure that CP CCG staff, Out of Hours staff and Community Care staff are appropriately trained and competent to plan for and to respond to a Major Incident with the induction process for staff including both general and specific guidance on planning and responding to major incidents.
- Ensure that the CP CCG's escalation plans for dealing with pressures recognise the higher-level requirements of a Major Incident.
- Develop contingency plans for business continuity in the event of a protracted incident
- Ensure the resilience of its own estate, facilities and systems.
- Establish and maintain working relationships with other emergency services, local major organisations and other key stakeholders.
- Train and exercise in conjunction with local NHS partners and external multi-agency partners to an agreed schedule with the Cambridgeshire and Peterborough Local Resilience Forum (CPLRF)
- Take into account the needs of vulnerable groups of patients. This is particularly important in the event of a sustained Major Incident.
- Participate in Local and Regional Resilience Emergency Planning Fora.
- Maintain, test and review internal capacity and emergency plans.

3.4 CP CCG

In accordance with Core Standards, and in agreement with the NHS NHSE/I East, CP CCG is a Category 2 responder. However, it is required to have an Incident Response Plan to support the NHSE/I East and also have a Business Continuity Plan. On behalf of the NHSE/I East, CP CCG co-ordinates, facilitates and oversees the emergency planning functions and Major Incident responses of the Cambridgeshire and Peterborough Health Systems.

As a Category 2 responder, it is incumbent on the CCG to actively participate, when invited to attend, in the Cambridgeshire and Peterborough Local Resilience Forum, Core Working Groups/Sub Groups and Task and Finish Groups and the **LHRP and its sub groups**. The CCG should nominate representatives and deputies as required. The CCG should be represented on the CPLRF Health and Social Care Emergency Planning Group and CPLRF Pandemic Influenza Working Group. The CCG will:

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- Activate the Incident Response Plan if required.
- Implement national policy and guidance in a local context. Ensure that the CP CCG escalation plans for dealing with pressures recognise the higher-level requirements of a Major Incident. If required, implement Business Continuity plans for business continuity in the event of a protracted incident
- Redeploy available staff to ensure provision of Critical Services
- If required, activate internal Business Continuity Plans to make best use of resources available through the daily management process to do the “Maximum Good”
- Ensure that communications strategies and procedures are in place to deal with any incident within the scope of a Major Incident and service continuity planning.
- Represent the Cambridgeshire and Peterborough Health Systems in multi-agency planning and exercising including liaison with police and local authorities if invited or directed by the NHSE/IEast.
- Lead the Cambridgeshire and Peterborough Health Systems response to support the NHSE/I East in line with the Memorandum of Understanding with NHSE/I.
- Liaise with the NHSE/I East for wider NHS assistance during Major Incidents.
- Assist the NHSE/I East with any independent emergency planning reviews.

3.5 CCG Accountable Officer

The CCG’s Accountable Officer is accountable for ensuring that CP CCG has an Incident Response Plan that is built on the principles of risk assessment, co-operation with partners, emergency planning, communicating with the public and information sharing.

3.6 Accountable Emergency Officer

The Director of Governance is the CCG’s Accountable Emergency Officer and will ensure that the Integrated Performance and Assurance Committee / Governing Body receives regular reports, at least annually, regarding emergency preparedness including reports on exercises, training and testing undertaken by CP CCG, and that appropriate resources are made available to allow discharge of these responsibilities.

3.7 Corporate Services and Resilience Manager

The CCG’s Corporate Services and Resilience Manager is responsible for ensuring implementation of the Incident Response Plan, supported by the Health Emergency Planning Officer with the Local Authorities.

3.8 CP CCG Emergency Preparedness, Resilience & Response (EPRR) Sub-Group (CCG EPRRSG)

The CP CCG Emergency Preparedness, Resilience & Response (EPRR) Sub-Group is responsible for reviewing, testing and updating the CP CCG’s Incident Response Plan. This includes development of a training programme that meets national requirements, ensuring that mechanisms are in place to review outcomes from exercises and incidents, and that appropriate Major Incident reports are

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produced for the Chief Officer Team, CP CCG Integrated Performance and Assurance Committee and CP CCG Governing Body. The Terms of Reference for the **CCG EPRRSG** are set out at **APPENDIX 1**.

3.9 Directors on Call (Strategic and Tactical)

Members of the Chief Officer Team are required to participate in the Director on Call Strategic Rota. It is anticipated that all Band 8c – Band 9 staff are asked to participate in the Director on Call Tactical Rota.

3.10 CP CCG Staff

On appointment, and periodically thereafter, it is the responsibility of all members of staff to familiarise themselves with the general outline of this Plan, the location to which they should report when an emergency is declared and the emergency roles and responsibilities as detailed in the **Action Cards**.

Individual members of staff are responsible for reporting any changes in their home address or telephone number to their manager to enable out of hours contact lists to be maintained.

3.11 Acute, Community and Mental Health Services Providers

In line with its Commissioning Responsibilities, the CCG is required to ensure that contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements. The details set out in the CCG's contracts with providers are described in **APPENDIX 2**.

4. CP CCG's STRUCTURES FOR EMERGENCY PLANNING

4.1 CP CCG

The role of the CP CCG is to

- Ensure that contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements.
- Support NHSE/I East in discharging its EPRR functions and duties locally.
- Provide a route of escalation for the LHRP should a provider fail to maintain necessary EPRR capacity and capability.
- Fulfil the responsibilities as a Category 2 responder under the CCA including maintaining Major Incident and Business Continuity Plans for their own organisation.
- Be represented on the LHRP on their own behalf.

Overall responsibility for emergency planning rests with the NHSE/I East through the CP CCG, whilst Providers will be expected, and contracted, to provide specific functions or services in the event of a Major Incident as detailed above.

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The CCG has a structure in place to enable it to address emergency planning issues. CCG representatives participate in local and Regional Resilience Emergency Planning Fora, insofar as they continue to exist, which are set out at **APPENDIX 3**.

CP CCG is required to be able to respond to, manage and recover from a Major Incident and establish an appropriate incident management structure. This is set out in the CCG's Incident Response Plan which is an OFFICIAL – SENSITIVE document and has a restricted circulation.

5. RISK/HAZARD ASSESSMENTS

5.1 To inform the CCG's emergency planning process, the following risks have been identified as either High Risk or Significant Risk:-

5.1.1 High Risk

Communicable Diseases – The Cambridgeshire & Peterborough Joint Infectious Disease Outbreak Plan is set out at **ANNEX A**.

Ebola which is a rare viral haemorrhagic fever (VHF) based infection is set out at **ANNEX A.1, A.2 and A.3**.

The CP Local Outbreak Control Plan is set out at **ANNEX A.3**. The CCG's Local Outbreak Plan is set out at **ANNEX A4.3**.

Pandemic Flu – A Cambridgeshire-wide Pandemic Flu Plan has been developed and is set out at **ANNEX B** and CP CCG Flu Plan is set out at **ANNEX B.1**.

Localised Flooding – A Cambridgeshire and Peterborough LRF Flood Plan has been developed. A copy of this Plan is set out at **ANNEX C**.

Conventional Terrorism – A new system has been created to keep the public informed about the level of threat to the UK from terrorism. The system also helps the police and other law enforcement agencies determine how they should respond to and prepare for a terrorist incident. The threat levels are:

- **Critical** - an attack is expected imminently
- **Severe** - an attack is highly likely
- **Substantial** - an attack is a strong possibility
- **Moderate** - an attack is possible but not likely
- **Low** - an attack is unlikely

Evacuation and Shelter - incident requiring evacuation of a hospital site, building or facilities housing patients / vulnerable people – Individual Providers have their own Business Continuity Plans.

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5.1.2 Significant

Heatwave/Cold Weather– The Department of Health Heatwave / Cold Weather Plans have been disseminated across the Cambridgeshire and Peterborough Health System. In the event of a Heatwave or Cold Weather event being declared, the Plans would be implemented. They are set out at **ANNEX D and ANNEX E**.

Service Closure – the CCG’s Business Continuity Plans is set out at **ANNEX F**. Individual Providers also have their own Business Continuity Plans.

IM&T Cyber Attack / Failure (including Data security incident failure or compromise– Egton manages IM&T Services on behalf of the CCG. A copy of the *EGTON Emergency Plan and Business Continuity Plan* is set out at **ANNEX G**. CCG Business Continuity Plan. CPLRF Cyber Plan Primary Care plans through Primary Care Networks and Federations

Fuel Shortages – A National Emergency Plan for Fuel published. **The CCG** will co-ordinate the Fuel Plan in line with guidance from the Local Resilience Forum and associated Cambridgeshire and Peterborough NHS Health System Fuel Framework. The CPLRF Fuel Plan is set out at **ANNEX H**. The CPLHRP Response Framework is set out at ANNEX H.1

Terrorism (CBRN) – Existing plans, dependent on the nature of the attack, would be implemented. CPLRF CBRNE plan is set out at **ANNEX I**.

Utilities Disruption –CPLRF Loss of Utilities Plan is set out at ANNEX J.

Mobile Phone Failure – A Communications Business Continuity Plan is developed to address this risk.

5.1.3 Supporting Plans

Supporting plans, dependent on the nature of the incident, would be implemented. These Plans are detailed in **APPENDIX 5**. Copies of these documents are available at the Incident Co-Ordination Centre.

5.2 Community Risk Register

In addition, the CCG contributes to the Cambridgeshire and Peterborough Resilience Forum’s Community Risk Register, which focuses upon those hazards that may present risks that could impact the Cambridgeshire & Peterborough Local Resilience Forum emergency planning priorities over the next three years. Risks will be reviewed using the 2019 National Security Risk Assessment methodology.

VERY HIGH Risk (Red) is classed as primary or critical risks requiring immediate attention. They may have a high to medium-low likelihood of occurrence, but their potential consequences are such that they must be treated as a high priority. This may mean that strategies should be developed to reduce or eliminate the risks, but also that mitigation in the form of (multi-agency) planning, exercising and training for

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these risks should be put in place and the risk monitored on a regular basis. Planning should be specific to the risk rather than generic.

HIGH Risk (Amber) is classed as significant. Their potential consequences are sufficiently serious to warrant appropriate consideration after those risks classed as 'very high'. Consideration should be given to the development of strategies to reduce or eliminate the risks, but also mitigation in the form of, at least (multi-agency) generic planning, exercising and training should be put in place and the risk monitored regularly.

MEDIUM Risk (Yellow) is considered to be less significant but may cause disruption in the short term. These risks should be monitored to ensure that they are being appropriately managed and be subject to generic arrangements.

LOW Risk (Green) is unlikely to occur and/or have limited or minor impacts. They should be managed using normal or generic arrangements and require minimal monitoring and control unless subsequent risk assessments show a substantial change, prompting

The CCG has worked with partners through the Health and Social Care Emergency Planning to map our capabilities against the Very High, High and Medium Risks. The outputs of this work will continue to inform the CCG's EPRR Work Plan.

Copies of the specific Plans are included in CCG's Major Incident Response Folders on Sharepoint and are available to all Directors on Call and Incident Response staff. The CCG will work with partners to further develop plans.

6. FINANCIAL PLANNING

The CCG will be part of a Mutual Aid Agreement or Memorandum of Understanding within the East of England. The Mutual Aid Agreement is at **ANNEX K** and details the arrangements to be invoked in circumstances where one or more of the health system's partners require mutual aid support from one or more of the other Cambridgeshire and Peterborough NHS Trusts, or Partnerships, during a declared Major Incident.

7. TRAINING AND EXERCISING

7.1 Training Responsibilities

In accordance with

- the CCA 2004
- the NHS Emergency Planning Guidance 2005,
- Emergency Planning Framework (2013);
- Command and Control Framework for the NHS during significant incidents and emergencies (2013)
- NHS EPRR Core Standards
- Business Continuity Management Framework (service resilience) (2013)

The CCG's Training and Exercise Plan has been developed by the CCG's Emergency Planning Resilience and Response Sub-Group to reflect the requirements of the CCG and aligns to the various documents set out above. The

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training plan is a mix of informal workshops and formal courses of instruction at local, regional and national levels and uses internal training sessions and external providers of training.

The Training Plan falls into several categories and is designed to introduce new staff to emergency planning, refresh existing members of staff and train those with specific roles and responsibilities in the event of a Major Incident. Details of the Training Plan are set out in **APPENDIX 4. (Last updated July 2020)**

7.2 Exercising

The NHS Emergency Planning Guidance 2005 and Emergency Planning Framework (2013) require NHS organisations to undertake:

- A test of communications cascades every 6 months.
- A table top exercise every year.
- A 'live' exercise every 3 years.

The CCG participates in local communications tests and also the regional NHS communications tests

The CCG conducts internal workshops and table top exercises and participates in county, regional and national table top exercises at least annually.

The CCG participates with CPLRF and LHRP partners in 'live' exercises at least every 3 years.

All records of staff training and exercising are kept for audit purposes.

8. AUDIT AND REVIEW PROCESS

8.1 Guidance and Legislation

In accordance with national guidance and legislation, all Incident Response Plans are to:

- Meet the requirement of necessary legislation and guidance particularly the CCA 2004.
- Be fit for purpose and appropriate for the organisation preparing the plan and the locality covered.
- Incorporate in its entirety a complete response to a Major Incident and incorporate the principles of Integrated Emergency Management (Assessment, Prevention, Preparation, Response, Recovery).
- Demonstrate multi-agency working, external links to police, fire, military, local authorities, voluntary organisations (VOs) and Local Resilience Fora (LRF) and links to the media.
- Demonstrate where specialist advice could be obtained.
- Describe local Command, Control and Co-ordination processes.
- Demonstrate Service Continuity Planning has been developed and is in place.
- Compile risk and threat assessments to underpin the planning process.
- Be compatible with neighbours and provide support in the event of the need for mutual aid.

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- Be regularly tested, reviewed and presented to the Governing Body.

8.2 Local Arrangements for Audit and Review

The CCG's Incident Response Plan will be subject to audit in the following ways:

- Internally and annually via the CCG's Emergency Planning Resilience and Response Sub-Group.
- Independently and annually via the NHS England East using the EPRR Core Standards.
- Post Major Incident, a review of the Plan or national, regional or local guidance.
- Internal Audit.

8.3 Routine Responsibility

Routine responsibility for ensuring the Incident Response Plan is up to date and fit for purpose rests with the CP CCG Emergency Preparedness, Resilience & Response (EPRR) Sub-Group, on behalf of the Chief Officer Team

8.4 Reporting Arrangements

The CP CCG Emergency Preparedness, Resilience & Response (EPRR) Sub-Group will report to the Chief Officer Team on a quarterly basis, and annually to the Governing Body.

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**NHS CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP
EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE SUB-GROUP**

TERMS OF REFERENCE

1. PURPOSE OF GROUP

The purpose of the Emergency Preparedness, Resilience & Response (EPRR) Sub-Group is to lead the emergency planning process ensuring that NHS Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) fulfil its duties as a Category 2 responder in line with the duties set out in the Civil Contingencies Act 2004 and the NHS England's following documents: -

- NHS Emergency Planning Framework
- Command and Control Framework for the NHS during significant incidents and emergencies
- EPRR Core Standards & Self-Assessment Process
- Business Continuity Management Framework (service resilience) (2013)
- <https://www.dsptoolkit.nhs.uk/>

2. OBJECTIVES

The key objectives of the EPRR Sub-Group are: -

- To co-ordinate the CCG's emergency preparedness, planning resilience to ensure that we comply with the NHSE/I's EPRR Core Standards.
- To ensure that the Incident Response Plan is tested at least annually and outcomes for review are cascaded throughout the organisation.
- To ensure that appropriate risk assessments are undertaken and incorporated within the Incident Response Plan and linked to the CCG's Assurance Framework and Risk Register.
- To ensure that the services, which the CCG commissions, have robust plans and systems in place to meet their own duties under the Civil Contingencies Act 2004
- To ensure that the CCG maintains an effective and responsive 24/7 on-call rota.
- To ensure that NHSE Escalation Protocols are implemented effectively and effectiveness is reviewed on a regular basis.
- To oversee implementation of the Training and Development Programme for staff within the CCG.
- To oversee the development and maintenance of the CCG's Business Continuity Plan.
- To ensure that providers fulfil duties under the Service Level Agreement and provides robust Business Continuity Plans, which are tested on an annual basis and findings reported and acted upon.
- To provide emergency preparedness, resilience and response communications to Cambridgeshire & Peterborough providers and stakeholders
- To link to the Cambridgeshire and Peterborough Local Resilience Forum and Local Health Resilience Partnership

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- To provide the interface between the differing strands of emergency planning including primary care, community services, acute services and social care within the Cambridgeshire & Peterborough Health System.

3. MEMBERSHIP

Core Membership

CCG Accountable Emergency Officer (- Chair
 CCG Chief Nurse (or Deputy)
 CCG Urgent Emergency Care Lead
 CCG Primary Care Lead
 CCC & PCC Health Emergency Planning Officer
 CCG Communications Representative
 Corporate Services and Resilience Manager

Corresponding Member

CCG Accountable Officer

Co-opted Members

Representative from EGTON (IT support)
 Members from other Directorates as requested by the Chair.
 CCG Medical Director

If any members are unable to attend, a nominated person is to deputise

4. QUORUM

A quorum membership will consist of four people which should include a Director from the Chief Officer Team.

5. FREQUENCY OF MEETINGS

The EPRR Sub-Group will meet quarterly. Additional meetings can be called at the discretion of the Chair.

6. STANDING ITEMS

EPRR Quarterly Report
 EPRR Work Plan
 EPRR Core Standards and Self-Assessment Process and Action Plan
 Training and Exercises
 Outcomes for Review Action Plans as appropriate
 Incident Response Plan Annual Review
 Business Continuity Plan – Annual Review
 Other Incident Reports/Progress Reports

For Information
 Cambridgeshire and Peterborough Health and Social Care Emergency Planning
 Group Updates

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7. SUB-GROUPS

The Business Continuity Champions Sub-Group which will meet on a quarterly basis. A copy of their Terms of Reference is set out at Appendix A.

8. REPORTING

The EPRR Sub-Group will report directly to Integrated Performance and Assurance Committee (IPAC), which reports to the CCG Governing Body. This will be by providing an overview report to IPAC and reporting via the Accountable Officer Report to the Governing Body on any exceptions.

9. ADMINISTRATION

The CCG Corporate Services and Resilience Manager will take responsibility for preparing the Agenda and collating papers for each meeting. Papers will be distributed 5 days before the meeting.

The CCG Corporate Services and Resilience Manager will ensure that secretarial cover is provided for minute-taking.

1-. REVIEW

The Terms of Reference will be reviewed annually.

AUTHOR: *Director of Governance - CCG Secretary*

Approved by: EPRR Sub-Group – 14 August 2020

Endorsed by: IPAC – 14 August 2020

Reviewed by: EPRR Sub-Group



C&P CCG Contract Details

SC30 Emergency Preparedness, Resilience and Response

30.1 The Provider must comply with EPRR Guidance if and when applicable. The Provider must identify and have in place an Accountable Emergency Officer.

30.2 The Provider must notify the Co-ordinating Commissioner as soon as reasonably practicable and in any event no later than 5 Operational Days following:

30.2.1 the activation of its Incident Response Plan;

30.2.2 any risk, or any actual disruption, to CRS or Essential Services; and/or

30.2.3 the activation of its Business Continuity Plan.

30.3 The Commissioners must have in place arrangements that enable the receipt at all times of a notification made under SC30.2.

30.4 The Provider must at the request of the Co-ordinating Commissioner provide whatever support and assistance may reasonably be required by the Commissioners and/or NHS England and/or Public Health England in response to any national, regional or local public health emergency or incident.

30.5 The right of any Commissioner to:

30.5.1 withhold or retain sums under GC9 (Contract Management); and/or

30.5.2 suspend Services under GC16 (Suspension), will not apply if the relevant right to withhold, retain or suspend has arisen only as a result of the Provider complying with its obligations under this SC30.

30.6 The Provider must use its reasonable efforts to minimise the effect of an Incident or Emergency on the Services and to continue the provision of Elective Care and Non-elective Care notwithstanding the Incident or Emergency. If a Service User is already receiving treatment when the Incident or Emergency occurs, or is admitted after the date it occurs, the Provider must not:

30.6.1 discharge the Service User, unless clinically appropriate to do so in accordance with Good Practice; or 30.6.2 transfer the Service User, unless it is clinically appropriate to do so in accordance with Good Practice.

30.7 Subject to SC30.6, if the impact of an Incident or Emergency is that the demand for Non-elective Care increases, and the Provider establishes to the satisfaction of the Co-ordinating Commissioner that its ability to provide Elective Care is reduced as a result, Elective Care will be suspended or scaled back as necessary for as long as the Provider's ability to provide it is reduced. The Provider must give the Co-ordinating Commissioner

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written confirmation every 2 calendar days of the continuing impact of the Incident or Emergency on its ability to provide Elective Care.

30.8 During or in relation to any suspension or scaling back of Elective Care in accordance with SC30.7:

30.8.1 GC16 (Suspension) will not apply to that suspension;

30.8.2 if requested by the Provider, the Commissioners must use their reasonable efforts to avoid any new referrals for Elective Care and the Provider may if necessary change its waiting lists for Elective Care; and

30.8.3 the Provider must continue to provide Non-elective Care (and any related Elective Care), subject to the Provider's discretion to transfer or divert a Service User if the Provider considers that to be in the best interests of all Service Users to whom the Provider is providing Non elective Care whether or not as a result of the Incident or Emergency (using that discretion in accordance with Good Practice).

30.9 If, despite the Provider complying fully with its obligations under this SC30, there are transfers, postponements and cancellations the Provider must give the Commissioners notice of:

30.9.1 the identity of each Service User who has been transferred and the alternative provider;

30.9.2 the identity of each Service User who has not been but is likely to be transferred, the probable date of transfer and the identity of the intended alternative provider;

30.9.3 cancellations and postponements of admission dates;

30.9.4 cancellations and postponements of out-patient appointments; and

30.9.5 other changes in the Provider's list.

30.10 As soon as reasonably practicable after the Provider gives written notice to the Coordinating Commissioner that the effects of the Incident or Emergency have ceased, the Provider must fully restore the availability of Elective Care.

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LRF FORA

Please refer to the LRF Web-site and Resilience Direct

www.resilience.gov.uk

<https://www.cambsfire.gov.uk/community-safety/be-prepared-for-an-emergency/cambridgeshire-and-peterborough-local-resilience-forum-cplrf/>

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Cambridgeshire & Peterborough Clinical Commissioning Group

EPRR Training Plan and Training Needs Analysis (incl. training & exercise diary)

V5 July 2020

Engaged Prepared Resilient

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Version Control

Title:	Cambridgeshire & Peterborough CCG Training Needs Analysis		
Owner:	Cambridgeshire & Peterborough CCG		
Version:	Version 0.2	Approved as part of MIP	Date Developed: 12/12/2014
	Version 0.3	Revised & Updated for inclusion in Incident Response Plan. Includes updated Exercise Diary	24/9/2014
	Version 0.4	Revised and updated to take into account learning from Peer Review.	Draft for approval at next EPRR Sub-Group
	Version 0.5	Revised updated Exercise Diary	EPRR Sub Group approval in March 2015
	Version 0.6	Revised updated training plan	May 2015
	Version 0.7	Revised updated Exercise Diary and training plan	25 June 2015
	Version 0.8	Revised updated Exercise Diary	8 September 2015
	Version 0.9	Revised updated Exercise Diary	3 March 2016
	Version 0.10	Updated exercise diary	31 May 2016
	Version 2	Updated exercise diary	August 2017
	Version 3	Updated exercise diary	August 2018
	Version 4	Updated exercise diary	March 2019
	Version 5	Updated and reviewed.	July 2020

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		Exercise Diaries archived for 2015-16 and 2016-17	
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Introduction

1.1 Aim and objectives

This document is based on the overarching strategic Training Needs Analysis (TNA) to ensure a commonality of competencies for key and generic roles across the **Cambridgeshire & Peterborough Local Health Resilience Partnership (CP LHRP)**.

This CCG has adapted this document for use and it focuses on the requirements to fulfil its response role to support the organisations in both the CP LHRP and the **Cambridgeshire and Peterborough Local Resilience Forum (CPLRF)**

This TNA will achieve its aim by:

- Defining key emergency response roles in the CP CCG;
- Summarising essential and desirable training requirements for these roles;
- Constructing a directory of appropriate training including access routes;
- Contributing to annual CP LHRP training and exercise diary.
- Contributing to the Personal Development Plans of Directors on Call (Strategic and Tactical) and other staff who are involved in emergency planning, resilience and response activities for the CCG.

1.2 Background

NHS England Command and Control Framework identifies a requirement for all NHS staff with a role in incident response to complete training in line with the required competencies for that role. This includes the core standards for NHS Command Training set out in the Skills for Justice National Occupational Standards Framework as well as control room familiarisation and Loggist training.

1.3 CP LHRP Three Year Strategic Plan

A strategic intention of the CP LHRP is that *“the CP LHRP will provide the leadership for the development of Emergency Preparedness Resilience and Response (EPRR) competencies and capabilities within the Cambridgeshire & Peterborough local Health Community”* with the subsequent outcome of, *“A trained and competent local Health Community that is able to respond effectively to emergencies and have validated health community response plans in place.”*

(CP LHRP Three Year Strategic Plan)

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2 CP CCG Training Matrix

	In House					NHS England Provided				Ambulance/ Local Resilience Forum			Other		Security Vetting	
	On Call 1:1 / Group Training	EPRR	ICC Familiarisatio	Support Staff Training	Loggist Incl. annual refresher	Integrated Strategic Incident Management for Health	Surviving Public Enquiries	Dynamic Risk Assessment	Tactical Leadership Crisis	LRF Strategic	LRF Tactical	LRF Operational	Dip. Health Emergency Planning	Project Argus	Security Checked (SC)	Non Police personnel Vetting Level 2 (NPPV2)
All staff	E	E											D			
On call Strategic/ Tactical			E		D	E	D	E	E		D					
Operational Managers				E							D					
Communications Staff			E						D	D						
EPRR Staff **			E	E	D	D	D	D	E	D	E	D	D	D	D	
Loggist			E	E	E											
ICC Support Staff			E	E	D						D					

Legend - E = Essential D = Desirable * For Strategic Co-ordination Group attendees where applicable, ** Subject to local working arrangements and levels of appointment

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3. Next Steps

The CCG will undertake a competency-based self-assessment training needs analysis for each of its staff that are undertaking EPRR Activities. This will be based on the NOS Standards and EPRR Guidance issued by NHSE/I.

The CCG will ensure that the outcomes of the TNA and are incorporated into the Annual Appraisal Process.

4. Regular Review

This Plan will be reviewed on a quarterly basis by the CCG's EPRR Sub-Group.

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Description of training packages

On call 1:1/Group Training

Description of training	
<p>To provide on call staff with an in depth understanding of EPRR. Training will equip staff with the knowledge and skills to enable them to perform their on-call duties for their organisation and should be in line with Skills for Justice National Occupational Standards for Civil Contingencies.</p>	
Audience	
<p>All staff with on-call responsibilities. Training will be tailored to the individual's level of on-call responsibility.</p>	
Training Provider	
<p>Individual Trusts Emergency Planning Lead</p>	
For further information contact	
<p>Individual Trusts Emergency Planning Lead</p>	
SFJCCAG1 Respond to emergencies at the Strategic (Gold) level	
<p>Knowledge and understanding:</p> <ul style="list-style-type: none"> • G1 current, relevant legislation, policies, procedures, codes of practice and guidelines in relation to emergency response • G2 the principles of Integrated Emergency Management (IEM) • G3 the principles of effective response and recovery • G4 the principles of command, control and co-ordination • G5 the roles and responsibilities of partner organisations involved in response and recovery • G6 how partner organisations are organised; their broad structures, methods of communication and decision making processes • G7 the culture, priorities and constraints of partner organisations • G8 relevant emergency plans and arrangements including pre-determined procedures for involvement of other organisations • G9 how to engage effectively in the political decision making process • G10 how to establish the policy and strategic framework within which the tactical (silver) level will work • G11 how to review the effectiveness of the strategy and update or vary the strategy in response to changing situations or information 	

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- G12 factors relevant to setting and reviewing the strategy including assessments of risk, community impact and the longer term recovery process
- G13 the availability of relevant resources
- G14 the financial arrangements which need to be in place for responding to emergencies
- G15 sources of technical and professional advice
- G16 how to develop and implement an effective communications strategy
- G17 how the media may be used provide information to communities
- G18 how to collect and analyse relevant information at strategic level
- G19 the potential strategic implications of emergencies e.g. long-term recovery or wide-area issues
- G20 the potential impact of emergencies on the environment
- G21 how to assess the short and long term human impact of the emergency and identify the most vulnerable groups
- G22 how to ensure provision of continued support for individuals affected by emergencies
- G23 the purpose of recording information and the types of records that must be kept

SFJCCAG2 Respond to emergencies at the Tactical (Silver) level

Knowledge and understanding:

- S1 current, relevant legislation, policies, procedures, codes of practice and guidelines in relation to emergency response
- S2 current, relevant legislation and organisational requirements in relation to health, safety and welfare
- S3 relevant emergency plans and arrangements
- S4 the principles of Integrated Emergency Management (IEM)
- S5 the principles of command, control and co-ordination
- S6 how to identify the strategic aim of a response
- S7 the range of tactical options and how they should be communicated
- S8 how to formulate an action plan which takes account of all available information
- S9 how to monitor and review the implementation of the tactical options
- S10 the relevant others that should be involved in reviewing the tactical options
- S11 circumstances where expertise or co-ordination are required beyond the tactical (silver) level
- S12 the type of resources which may be required and how they can be obtained
- S13 the roles and responsibilities of partner organisations involved in response and recovery at local, regional and national level
- S14 the culture, priorities and constraints of partner organisations

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- S15 how partner organisations are organised; their broad structures, methods of communication and decision making processes
- S16 how to communicate with individuals affected by emergencies in a manner which promotes understanding
- S17 the potential impact of emergencies on the environment
- S18 how to assess the short and long term human impact of the emergency and identify the most vulnerable groups'
- S19 the information needs of the various organisations involved in the response
- S20 how to conduct briefings and de-briefings
- S21 how to evaluate the effectiveness of tactics
- SS22 the purpose of recording information and the types of records that must be kept

SFJCCAG3 Respond to emergencies at the Operational (Bronze) level

Knowledge and understanding:

- B1 current, relevant legislation, policies, procedures, codes of practice and guidelines in relation to emergency response
- B2 current, relevant legislation and organisational requirements in relation to health, safety and welfare
- B3 relevant emergency plans and arrangements
- B4 the principles of effective response and recovery
- B5 the principles of command, control and co-ordination and the potential flexibility between levels of response
- B6 the potential impact of emergencies on individuals, communities and the environment
- B7 how to make and apply decisions based on the assessment of risk
- B8 the roles, responsibilities and information needs of organisations involved in response
- B9 how to communicate with individuals affected by emergencies in a manner which promotes understanding
- B10 the type of facilities which may be established to meet the needs of individuals affected by emergencies
- B11 your organisation's policy for dealing with the media
- B12 the actions to take where there are limitations on the availability and use of resources
- B13 the correct procedures for handing over responsibility
- B14 how to conduct briefings and de-briefings
- B15 the purpose of recording information and the types of records that must be kept

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Loggist Training & Annual Refresher

Description of training

Every organisation must maintain a register of trained Loggists to be called upon in a Major Incident (NHS England EPRR Framework 2013).

The course will provide delegates a comprehensive understanding of the importance of contemporaneous record keeping and their evidential value in any post-incident legal proceedings.

Objectives:

- Establish the context and set the scene for emergency response
- Undertake the role of decision Loggist in a major incident scenario.
- Explain and evaluate the importance of the legal aspects of records and documents
- Demonstrate an understanding of appropriate decision logging methods
- Practical record keeping exercise

Audience

On call staff, on call staff administrative support, Incident Coordination Centre Staff.

Training Provider

PHE provide Training

Public Health England delivers Loggist training at a Level 2 BTEC course.

For further information contact

Public Health England: www.ehealthlearning.org.uk

Email: ehealth.training@phe.gov.uk

Incident Response-Support Staff Training

Description of training

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To provide delegates with a detailed understanding of local command and control arrangements and the support roles required during a major incident response.

Objectives:

- Establish the context and set the scene for emergency response
- Identify organisational responsibilities and functions
- Establish organisational response in context of wider health and multi-agency setting
- Identify specific response roles
- Explain organisational response processes and plans
- Establish the Incident Control Centre

Audience

All staff with a supporting role in a major incident response, such as:

- On call managers
- Incident Room Manager
- Incident Room Support
- Staff Officer
- Incident Room administrative support

Training Provider

CCG Resilience Team

For further information contact

CCG Resilience Team

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Corporate Staff Induction-EPRR component

Description of training
<p>Brief introduction to EPRR to be delivered to all staff as part of a corporate induction.</p> <p>Objectives:</p> <ul style="list-style-type: none">• Identify core organisational requirements in terms of EPRR.• Summaries key policies, plans and arrangements for EPRR.• Explain staff individual responsibility in terms of EPRR.• Signpost avenues for further information and involvement.
Audience
All staff
Training Provider
CCG Governance Directorate
For further information contact
CCG Governance Directorate

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Tactical Leadership in a Crisis

Description of training

This training is designed to improve the organisation's response to major incidents, by effectively supporting the strategic management team.

Objectives

1. Discuss the requirements of the Civil Contingencies Act 2004
2. Compare their specialist functions under major incident conditions with the requirements of the strategic team
3. Examine the requirement of other responding agencies
4. Discuss "best practice" in record keeping
5. Consider the UK Command and Control model of incident management

Audience

Staff who will take on a tactical (Silver) role for their organisation as part of major incident response.

Training Provider

TBA

For further information contact

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Strategic Leadership in a Crisis incl Dynamic Decision Making (Updated to Integrated Strategic Management for Health – 2017)

Replaced by NHSE East Integrated Strategic Incident Management Course – 2017 onwards

Description of training
<p>The aim and objectives of this training are:</p> <p>Aim - To prepare the delegate for emergency management at the local strategic level.</p> <p>Objectives:</p> <ul style="list-style-type: none">• Identify the strategic issues• Build on pre-existing knowledge• Offer clarity in role and purpose• Offer tools to manage an incident• Understand requirements for logging and record keeping• Make strategic decisions in a table-top discussion scenario• Begin mapping to National Occupational Standards for Gold and Silver Commanders• Promotes the starting of a portfolio of achievements and evidence of competence as required in the NHS England Core standards audit
Audience
<p>All staff who will take on a strategic role in emergency response i.e. Directors on call</p>
Training Provider
NHSE/I, Regional Team and EPRR Leads
For further information contact
<p>NHSEI / CCG Facilitated</p>

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Award / Certificate / Diploma in Health Emergency Planning

Description of training

This qualification is designed principally for senior supervisors and managers who require the knowledge and understanding necessary to participate in the development, evaluation and operation of emergency plans. The qualification concentrates on the need for emergency management, the design and construction of emergency plans and the operation of emergency plans.

This programme is part of the Public Health England funded programme directed by the EPRR Partnership Board chaired by the Department of Health. For students to be considered for funding, they must be employed by the NHS in England in an emergency planning role. Applicants who do not meet these criteria will be required to self-fund or secure funding from their organisation.

Objectives:

1. Understand the requirements relating to collaborative working between different organisations involved in emergency planning, by being able to:
 - State the legislative and governance requirements that relate to organisations concerned with emergency planning
 - Describe the structure of three organisations that have a role in emergency planning; to include two that are Category 1 and one that is Category 2
 - Explain one positive and one negative factor that may affect collaborative working between organisations
2. Understand the principles governing sharing of information between organisations, by being able to:
 - Explain how legislation, procedures and protocols control the sharing of information between organisations
 - State the benefit for preparedness, response and recovery of organisations sharing information
 - Describe the sources and types of information that can be shared between organisations with reference to one of the following: information prejudicial to national security. Information prejudicial to public safety, commercially sensitive information and personal information.

Audience

EPRR professionals.

Training Provider

Public Health England /

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ehealth.training@phe.gov.uk

Security Vetting

Where required, for staff attending a Strategic Co-ordinating Group, vetting will be carried out to:

1. National Security Vetting to Security Checked (SC) level.
2. Non Police Personnel Vetting Level 2 (NPPV2).

Currently the CPLRF does not require attendees to the SCG to be Security Vetted.

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Training and Exercise Diary 2017-2018

Month	Training	Exercise
April	Corporate Induction as Req'd Appraisals (inc. training needs analysis for Directors) Resilience Direct Training 27 April 2017	
May	Corporate Induction as Req'd Managers Briefings – Focus on EPRR & Business Continuity	Incident Control Room set up, 03 May 2017 Exercise Falmouth 2– TableTop – 19 May 2017
June	Corporate Induction as Req'd Briefing to new Directors on Call CPLRF Training & Exercise Group 14 June 2017	PPC Directorate – Mini BCP Table-top 01 June 2017
July	Corporate Induction as Req'd Loggist Training 26 July 2017 MET office Emergency Responders Course 26 July 2017	Exercise Starlight 03 July 2017 Exercise Alamein 06 July 2017 Incident Control Room Set up for loggists 13 July 2017 UEC Directorate – Mini BCP Table-top 27 July 2017
August	Corporate Induction as Req'd Integrated Strategic Management for Health Training Programme 09 August 2017	
September	Corporate Induction as Req'd Briefing to new Directors on Call Directors on Call Refresher 13 September 2017	½ Day Table Top Exercise to test IRP/Loggists, 06 September 2017 Half day Table Top Exercise to test BCP 27 September 2017 LHRP Mass Casualties Plan Walk through 07 September 2017
October	Corporate Induction as Req'd Appraisals review Integrated Strategic Management for Health Training Programme 23 October 2017	CPLRF Mass Casualty Plan Validation Exercise 20 October 2017
November	Corporate Induction as Req'd Emergency Planning Tactical Management Training Event	Exercise Starlight 14 November 2017

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December	Corporate Induction as Req'd	
January	Corporate Induction as Req'd Briefing to new Directors on Call	
February	Corporate Induction as Req'd 07 February 2018. Director on Call refresher 07 February 2018. New Director on Call training	
March	Corporate Induction as Req'd Prepare for Appraisals and PDP Briefing to New Directors on Call 28 March 2018 Move to Critical Workshop and Exercise	

Training and Exercise Diary 2018-2019

Month	Training	Exercise
April	Corporate Induction as Req'd Appraisals (inc. training needs analysis for Directors) 16 April 2018 EPRR Practitioners Workshop 20 April 2018 CPLRF Strategic Incident Command Training 23 April 2018 Director on Call UEC Protocols for safe handover training and overview 25 April 2018 – 26 April 2018 DipHep, unit 1	30 April 2018 CPLRF Pandemic Influenza Confirm and Challenge session
May	Corporate Induction as Req'd 10 May 2018, CBRN Awareness Session	Exercise Starlight 14 May 2018
June	Corporate Induction as Req'd Briefing to new Directors on Call	
July	Corporate Induction as Req'd Business Continuity Training and Exercise for the CSI Directorate	12 July 2018 Exercise Boudica 13 July 2018 CPLRF Excess Death Validation Event 24 July 2018 Exercise GALLUS, CPLRF Pandemic Influenza Exercise
August	Corporate Induction as Req'd	
September	Corporate Induction as Req'd Briefing to new Directors on Call as req'd	Quarterly – Testing of all dedicated lines and operability of inboxes for Directors on Call and ICC Members

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	Resilience Direct Response Training in preparation for Exercise Green Cloud – 5 September 2018	18/19 September 2018 CPLRF Exercise Green Cloud
October	Corporate Induction as Req'd Appraisals review Director on call training and refresher, winter planning – 26 October 2018 CPLRF Resilience Direct Training 15/16 October 2018	Full Set up of Incident Control Room by Admin Team. Exercise Blue Peter 18 October 2018 Exercise Black Hat 31 October 2018
November	Corporate Induction as Req'd Integrated Strategic Management for Health Training Programme 23 November 2018	Full set up of Incident Control Room by Director on Call. Exercise Starlight 27 November 2018
December	Corporate Induction as Req'd	
January	Corporate Induction as Req'd Briefing to new Directors on Call as req'd CCG Director on Call Training 10 January 2019	
February	Corporate Induction as Req'd	CCG Business Continuity Table Top Exercise Supply Chain and Cyber Attack – 13 February 2019 EU Exit System wide table top exercise – 25 February 2019
March	Corporate Induction as Req'd Prepare for Appraisals and PDP Loggist Training – 06 March 2019 Director on Call Refresher and Briefing 21 March 2019 CPLRF Fuel Contingency Plan debrief – 14 March 2019	Quarterly – Testing of all dedicated lines and operability of inboxes for Directors on Call and ICC Members

Training and Exercise Diary 2019-2020

Month	Training	Exercise
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April	Corporate Induction as Req'd Appraisals (inc. training needs analysis for Directors)	
May	Corporate Induction as Req'd CPLRF TCG SCG Command and Control Plan/JESIP refresh/initial – 10 and 17 May 2019 Integrated Strategic Management for Health Training Programme 13 May 2019	
June	Corporate Induction as Req'd New Directors on Call training – 20 June 2019 Integrated Strategic Leadership Training, Ipswich – 27 June 2019	County Hospital Evacuation Table Top Exercise – 10 June 2019
July	CPLRF Recovery Plan Familiarisation session – July 2019	
August	Corporate Induction as Req'd	
September	Corporate Induction as Req'd Regional Eu Exit workshop – 16 September 2019 Director on call briefing and new DOC training – 17 September 2019 BTEC Level 4 Education and Training – 30 September – 04 October 2020	Quarterly – Testing of all dedicated lines and operability of inboxes for Directors on Call and ICC Members Exercise Confluence – 09 September 2019 CPLRF EU Exit Tabletop Exercise – 24 September 2019
October	Corporate Induction as Req'd Appraisals review BTEC Level 4 Education and Training – 30 September – 04 October 2020 DOC Shrewd Training – 08 October 2019 National Cyber Security Programme Pathfinder 4 – 16 October 2020	Full Set up of Incident Control Room by Admin Team Business Continuity Exercise and overview to CCG Primary Care Team. Exercise Horus – 16 October 2019
November	Corporate Induction as Req'd Director on Call refresh – 01 November 2019	Full set up of Incident Control Room by Director on Call.

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	Strategic Director on Call brief – 08 November 2019 Integrated Strategic Leadership Training – 07 November 2019	
December	Corporate Induction as Req'd	Exercise Stallion (COMAH)– 03 December 2019 Exercise Starlight
January	Corporate Induction as Req'd Briefing to new Directors on Call as req'd Integrated Strategic Leadership Training – 15 January 2020 EU Exit ADASS Planning workshop – 23 January 2020 Director on call briefing – 27 January 2020	Exercise Foxbrook CPLRF Recovery – 07 January 2020 NWAFT Evacuation Plan Tabletop – 13 January 2020
February		
March	Prepare for Appraisals and PDP	ICC set up (Covid19 incident response) Exercise Novus Coronet – March 2020

Training and Exercise Diary 2020-2021

Month	Training	Exercise
April	New DoC training – 09 April 2020 and 15 April 2020 Weekly Briefing to Directors on Call	Incident Response
May	Weekly Briefing to Directors on Call EOE National Business Response Network Webinar LRF – 12 May 2020	Incident Response
June	Weekly Briefing to Directors on Call Webinar – working safely	
July	EPC Online Learning lessons – 23 July 2020	Exercise Rapid Response 20 July.2020

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	EPC Online Concurrent Events – 28 July 2020 EPC Online Recovery – 29 July 2020	Exercise Old Gold 22 July.2020
August		Exercise Satellite 25 August 2020
September	Corporate Induction as Req'd	Quarterly – Testing of all dedicated lines and operability of inboxes for Directors on Call and ICC Members
October	Corporate Induction as Req'd Appraisals review	
November	Corporate Induction as Req'd	
December	Corporate Induction as Req'd	
January	Corporate Induction as Req'd	
February	Corporate Induction as Req'd	
March	Corporate Induction as Req'd Prepare for Appraisals and PDP	Quarterly – Testing of all dedicated lines and operability of inboxes for Directors on Call and ICC Members

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Training Needs Analysis for Directors on Call

Name : _____

Date _____

	Essential / Desirable	Course	One off / Annual	Provider	Date Completed
In House	E	On call 1:1/EPRR/Group Training/Buddy (Directors on Call)	One Off	Emergency Planning Lead	
	E	Incident Co-Ordination Centre Familiarisation / set up	One Off	Corporate	
	D	Role of Loggist	One Off	Corporate	
NHS England Provided	E	Integrated Strategic Management for Health Training Programme	Every 2 years	NHS	
Other	D	Trust AED Familiarisation		Corporate /Trust	
	E	Resilience Direct Training		LRF/Corporate Affairs	
	E	Shrewd Training and UEC training including OPELS	One Off	Corporate	

	Competency <i>To meet the competence, you need to know and understand</i>	Examples <i>Examples include, areas of focus: What this looks like</i>	Fully Understood <i>This element is fully understood</i>	Partially Understood <i>This element is partially understood</i>	Evidence <i>What evidence have you got? Courses, exercises, incidents and training?</i>
1	Understand current, relevant legislation, policies, procedures, codes of practice and guidelines in relation to emergency response	Civil Contingencies Act, Health and Social Care Act, EPRR Guidance			
2	Understand the principles of integrated emergency management (IEM)	Six related activities, process of contingency and emergency planning			
3	Understand the principles of effective response and recovery	Multi agency response and multi-agency working			
4	Understand the principles of command, control and co-ordination	Gold Silver Bronze roles, who leads response, and structures			
5	Understand the roles and responsibilities in partner organisations involved in response and recovery.	Roles of partner organisations in responding to emergencies			
6	Be aware of relevant emergency plans and arrangements including pre-determined procedures for involvement of partner agencies	Business Impact Analysis, Strategic Commissioning Plan, Business Continuity Plan and Major Incident and Mass Casualties Plans			
7	Obtain and analyse appropriate information to inform planning and decision making within a multi-disciplinary and multi-agency environment	Know that all decisions affect individuals and communities during and after a Major Incident			
8	Chairing of meetings	Directors to provide effective chairing of Incident Control in emergencies at both Tactical and Strategic Level			
9	Risk Assessment	Directors to be able to undertake initial risk assessment in line with current protocols and procedures			

Supporting Plans

- Annex A PHE JCD Incident Outbreak Management Plan June 2019
PHE Template EoE Joint Communicable Disease Incident Outbreak Plan June 2019
NHSE/I East of England High Consequence Infectious Disease Plan V1, June 2020
- Annex B CPLRF Pandemic Influenza Linking Document V2.0
- Annex B.1 CCG Pandemic Flu Plan V??
- Annex C CPLRF East Coast Flood Plan (available on RD)
- Annex D Public Health England Heatwave Plan for England 2020
- Annex E Public Health England Cold Weather Plan (October 2018)
- Annex F C& P CCG Business Continuity Plan)
- Annex G EGTON Business Continuity Statement
- Annex H CPLRF Fuel Shortage Plan V1 September 2019 (available on RD)
- Annex I PHE Chemical Biological Radiological Nuclear Handbook 2018 (CBRN)
- Annex J C&P CCG EPRR Work Plan
- Annex K East Anglia Mutual Aid Agreement (August 2014 v1)
- Annex L CPLRF Mass Casualty Plan (December 2018)
Mass Casualty Concept of Operations 2020 – East of England region, V1.7 Draft July 2020

Associated Cambridgeshire and Peterborough Local Resilience Forum Plans available on Resilience Direct