

V-OM 844

Vocare / Urgent Care Division

Emergency Preparedness, Resilience and Response Policy

1. Document Control.

1.1. Document Approval

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1.2. Document History

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2.1	30/8/2021	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	<ul style="list-style-type: none"> Updated to refer to ISO 22301:2019 and BCMS. Section 5.1: EPRR. Infrastructure chart added. Updated links to 2020/21NHS Standard Contract and EPRR Core Standards. Updated to bring UCD into Scope

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2. Introduction/Background

2.1 The Urgent Care Division (including Vocare) Emergency Preparedness Resilience and Response (EPRR) Policy is to have a very limited, but infinitely flexible, number of generically applicable response systems to a range of threats which can be applied to a range and combination of problems and disruptive scenarios. 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”.

2.2 The benefits are; treatment of *the emergency* as an extrapolation of *the routine*, to minimise untried and obscure systems¹: minimising a bulk of costly, hard-to-find and ineffective large paper plans: a high level of senior staff familiarity: greater facility to deal with combinations of problems, which is a characteristic of incident management: a high level of integration of emergency preparedness with other functions: and a direct link between ‘just in time’ philosophy of NHS target achievement and business continuity.

2.3 The approach, validated by testing in other NHS organisations involving the Civil Contingencies Secretariat, is

- basic framework plans
- with modular detail, and
- flexibility in application by a skilled and practiced command cadre.

¹ Key to this is Scenario A7 of the EPRR Plan on service escalation

2.4 The mission of Vocare is to provide clinically led services and 24/7 urgent care in hospitals, at our centres and at home, as well as leadership around care policy development and service regulation. The March 2017 mission statement for Vocare is:

- Vocare will provide the highest quality services to support the delivery of a full range of urgent care for the NHS.
- Optimal, innovative, and patient-centred care delivery will be at the core of its activities, using appropriate skill mix and modern technological, administrative and management systems.
- Vocare will promote excellence in all areas of its activities, supporting and developing happy and effective teams in which all staff feel valued and develop their full potential.
- Vocare will support multidisciplinary working across all NHS care interfaces to promote truly integrated urgent care in which NHS resources may be effectively utilised to the benefit of all patients.

2.5 The strategic objectives behind all incident response will be:

- the saving of life
- maintenance of safe clinical practice and critical service provision
- the protection of Vocare staff, assets, and finances
- co-operation with other responders under the Civil Contingencies Act
- warning and informing the public.

These objectives may be amended by the Gold Commander in any response according to circumstances prevailing. The Gold Commander will also ensure the integrity of Incident Control and set in train any recovery activity necessary.

2.6 There are specific service level and recovery time objectives set by Vocare and departmental Emergency Preparedness Resilience and Response plans, based on business impact analysis of 'just in time' requirements. Recovery from incidents is subject also to programme management at the recovery stage, and also subject to specific contractual requirements between Vocare and Commissioners. We will endeavour to return to normal working as soon as possible.

2.7 This is a policy. It is operationalised by an organisation-wide Emergency Preparedness Resilience and Response Plan and VC Room Protocol which sets out how the Incident Control Room function will operate, and departmental plans.

3. Scope of Policy

3.1 This policy applies to all Urgent Care Division (including Vocare) staff and applies to the premises and locations from which the service is delivered within the areas covered by the Division. For simplicity of language the term Vocare is used throughout this document to apply to all services of the Urgent Care Division.

4. EPRR - Key success criteria

4.1 Within the NHS Family, the assessment of Emergency Preparedness Resilience and Response arrangements is made by means of reference to the NHS EPRR Core Standards². Commissioners will seek assurances on this performance. Vocare will endeavour to achieve the highest ratings in respect of the Core Standards.

4.2 In 2012, the UK Civil Contingencies Secretariat, a part of the Cabinet Office, established the Joint Emergency Services Interoperability Programme³ (JESIP) to address the recommendations and findings from several major incident reports. JESIP established key best practice used across the UK emergency planning community and rolled it out across all responders to the Civil Contingencies Act 2004⁴, including the following key components:

- the Joint Decision Model⁵
- the METHANE reporting system⁶.

4.3 The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. <https://www.england.nhs.uk/nhs-standard-contract/previous-nhs-standard-contracts/20-21/>⁷.

² <https://www.england.nhs.uk/ourwork/epr/gf/#core>

³ <http://www.jesip.org.uk/home>

⁴ <https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others>

⁵ <http://www.jesip.org.uk/joint-decision-model>

⁶ <http://www.jesip.org.uk/methane>

⁷ <https://www.england.nhs.uk/nhs-standard-contract/previous-nhs-standard-contracts/20-21/>

4.4 ISO 22301:2019 specifies requirements to plan, establish, implement, operate, monitor, review, maintain and continually improve a documented management system to protect against, reduce the likelihood of occurrence, prepare for, respond to, and recover from disruptive incidents when they arise. The requirements specified in ISO 22301:2019 are generic and intended to be applicable to all organizations, or parts thereof, regardless of type, size, and nature of the organization. The extent of application of these requirements depends on the organization's operating environment and complexity. This EPRR Policy and associated EPRR Plan have adopted the NHS England Business Continuity Management Framework (BCMS) in support of the principles laid out in ISO 22301:2019.

4.5 Details of escalation protocols for senior staff (defined as those staff in a position to delegate further action and therefore covering the whole organisation) in the form of a communications cascade, which will be practiced twice a year as per the NHS core standards, will be held in encrypted form on V-Central.

4.6 The EPRR Policy will facilitate and inform the bidding process for the running of new services by Vocare and be used in discussions with commissioners.

4.7 The NHS EPRR Core Standards are reviewed and republished in revised form typically in summer each year and as such this Policy and linked Plan will be reviewed in line with any changes to the Core Standards each year. Such changes generally include a thematic “deep-dive” (such as fuel planning, CBRN, or governance issues) each year. The changes will also account for, as indicated in the Core Standards:

- a) the undertaking of risk assessments and any changes in that (sic) risk assessment(s)
- b) lessons identified from exercises, emergencies, and business continuity incidents
- c) restructuring and changes in the organisations
- d) changes in key personnel
- e) changes in guidance and policy.

5. EPRR Process

5.1 Therefore the following apply generically to all disruptions on a 24/365 basis:

- Vocare Escalation Plan – which outlines day-to-day operational command routines to address threats to the efficient flow of patients and treatments, *inter alia* issues of staff absence or materials shortage
- Vocare EPRR Plan – dealing with both Business Continuity and Major Incidents. This plan outlines the escalation from business-as-usual operational command to *alert states* including initiation, command, control, communications, and programmed recovery, with scenario-specific information and goals. This is a tried, tested, and effective approach which is also sufficiently robust to manage issues lasting months rather than weeks
- A command structure:
 - A Gold Commander at Executive level focused on overall strategic control, programming of recovery and external accountability including links to other key agencies: the plan is expected to be initiated in a multi-agency environment
 - An Incident Commander and supporting team with professional, clinical, and technical input focused on operational control, a return to normal as quickly as possible, and maintenance of clinical capacity.
- Which is triggered by and works also on the principle of subsidiarity, and does not undermine normal management processes:
 - if a problem can be dealt with at local level, it should be. This implies proper local management. If not, it should be escalated:
 - if a problem can be dealt with at regional level, it should be. Again, this implies that if not, it should be escalated:
 - and dealt with at a corporate level before damage to patient care or the organisation happens: i.e. the corporate level EPRR Plan.

5.2 Vocare responds as follows in terms of the national requirements (numbers in brackets relate to national EPRR Core Standards to [CS], ISO 22301:2019 [ISO] or the NHS Standard Contract requirements [CR]):

- (CS, CR Service Condition 30.1) an Accountable Emergency Officer – the Director of Operations - who will,
 - judging and act with other Directors on the extent to which NHS organisations and providers of NHS funded care must share their resources as necessary when they are required to respond to a significant incident or emergency (CS)

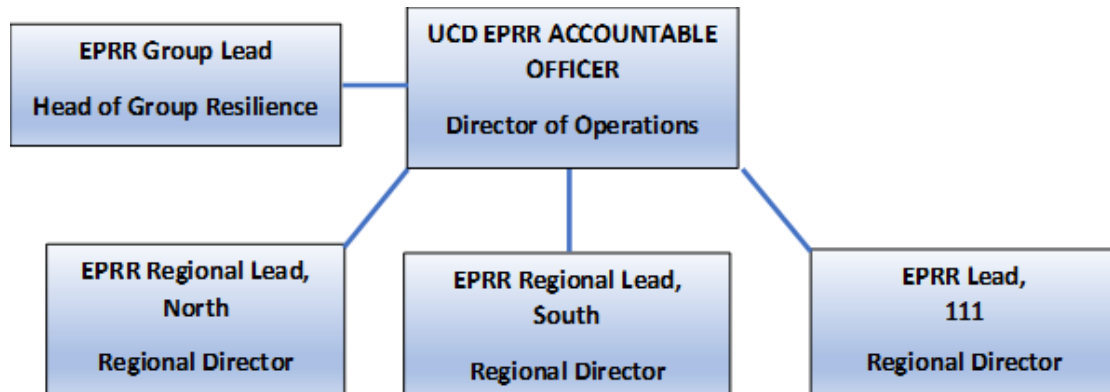
- and is supported by a lead professional member, nominated as the Director of Nursing (CS)
- and is supported by attendance of senior delegated officers at the Regional level (by preference) and specialist EPRR staff in meeting the requirements for local collaboration via Local Health Resilience Fora, LHRF sub-groups, A&E Delivery Boards and other associated bodies
- having plans which meet NHS guidance (CR Service Condition 30) setting out how they contribute to co-ordinated planning for emergency preparedness and resilience (for example surge, winter & service continuity) across the areas where Vocare has a presence through Local Health Resilience Partnerships and relevant sub-groups and A&E Delivery Boards with a director-level representation or effective delegation at the LHRP (see above bullet point) (CS). Also, Vocare will contribute to the national NHS EPRR response by completing of SITREPs, cascading of information, supporting mutual aid discussions, and prioritising activities and/or services – for example the EPRR plan has sections on information sharing and responses to mass countermeasures, mass casualties, and mass fatalities
- having an annual work programme (CS) which is derived from external and internal risk assessment and mitigation (CS)
- having plans approved and regulated via the following main internal governance and control mechanisms (CS), based on EPRR best practice (CS), signed off by the Chief Executive/Managing Director (CS, CR 30), updated, distributed and regularly tested by processes led by an emergency planning lead (CS), with legal advice accessed as required from the in-house resources and Solicitors (CS), based on its legal responsibilities, internal and external issues that could affect service delivery and the needs and expectations of interested parties (CS) with external consultation carried out via representation at LHRPs and internal consultation carried out via the members of the Vocare Executive Group with version control, an audit trail to record changes and updates, published on Vocare's internal website and held in paper by the HQ VC Room (CS), meeting authoritative guidance (CS)
- having a template based on the National Joint Decision-Making Model for anticipated or set-piece events lasting one day or more requiring pre-planning either by nature or by contractual obligation from NHS England: possible examples being large-scale industrial action, expected societal disruption or major Royal and state events

- The Urgent Care Division (including Vocare) Board Meeting⁸, of which the Accountable Emergency Officer is a member which receives headline reports at least quarterly on EPRR management dashboard (see Appendix A)
- The VC Rooms host the Incident Control Centre function to provide an in-hours control facility, which can be used out-of-hours if required
- having effective internal control as recommended by ISO 22301:2019 on the operational and strategic direction of EPRR via
 - use of the “plan - do - check - act” cycle which is the basis of the management dashboard
 - the Accountable Emergency Officer attending the Vocare Group meeting
 - a management dashboard indicating how Vocare is meeting on a month-by-month basis its duties of Integrated Emergency Management and featuring a systematic risk assessment process in identifying risks (CS) – see the example at Appendix A
 - via the internal audit plan
 - via other internal audit activity (e.g. checking of action cards’ availability in departments)
 - via a work programme including training and exercising (CS)
 - via non-conformities such as exercise and incident defects and training gaps which correct actions – mainly identified via the management dashboard and debrief reports
- co-operate in other ways with national NHS EPRR via
 - LHRPs and associated exercises or event planning
 - Key national plans such as mass casualty planning, the 111 National Business Continuity Escalation Policy, and systems for managing capacity including A&E Delivery boards and associated sitrep/teleconference systems
 - As a non-classified public-sector member of the resilience community, working towards the establishment of links to other parts of the UK resilience system via the adoption of Resilience Direct⁹
 - Allocating sufficient resource to the development of plans and maintaining assurance.

⁸ These arrangements meet Core Standards DD4 and DD5 on governance.

⁹ <https://www.gov.uk/guidance/resilient-communications>

EPRR Assurance, Infrastructure Chart



- having financial control of risk via
 - the adoption of the Vocare risk appetite as expressed by the application of the Vocare Risk Policy to risks identified in the National Risk Register
 - highly visible treatment of risk via the EPRR management dashboard and Director approval of mutual aid (CS) covering staff, equipment, services, and supplies
 - Gold command action cards linked to the EPRR contractual requirements – see appendix B - and commissioner tie-ins, including the arrangements for funding and suspension of service (CR 5.3)
- with staff competency (CS) assured by:
 - mandatory status for all staff at familiarisation level, including where to find the plan and action cards (CS), and basic HAZMAT/CBRN advice on a non-acute basis based upon the document *NHS London Preparation for incidents involving hazardous materials: Guidance for Community Facilities*¹⁰ with a move towards e-learning
 - extensive and updated local EPRR advice and links to other authoritative organisations such as Public Health England via the Emergency Planning Section of V-Central, with learning from incidents and exercises being made available
 - tailored face-to-face training for Silver and Gold commanders delivered by specialist experts and meeting the National Occupation Standards for Civil Contingencies (CS)
 - clinical education programmes such as doctors.net, nurses.net, MIMMS
 - access to authoritative sources such as the national Emergency Planning College
- supported by organisational communications led by the Executive in conjunction with external communications advisers.

¹⁰ <https://www.londonccn.nhs.uk/media/1489/hazardous-material-incident-guidance-for-primary-and-community-care.pdf>

6. Dissemination

6.1 Once approval has been obtained, arrangements will then be made to have key documents and links published on the Vocare Intranet site.

6.2 Arrangements will be made for the document to be disseminated to those who have reason to have knowledge of its contents and instruction:

- Document signatories
- The Accountable Emergency Officer
- Members of the Vocare Group

7. Equality & Diversity Statement

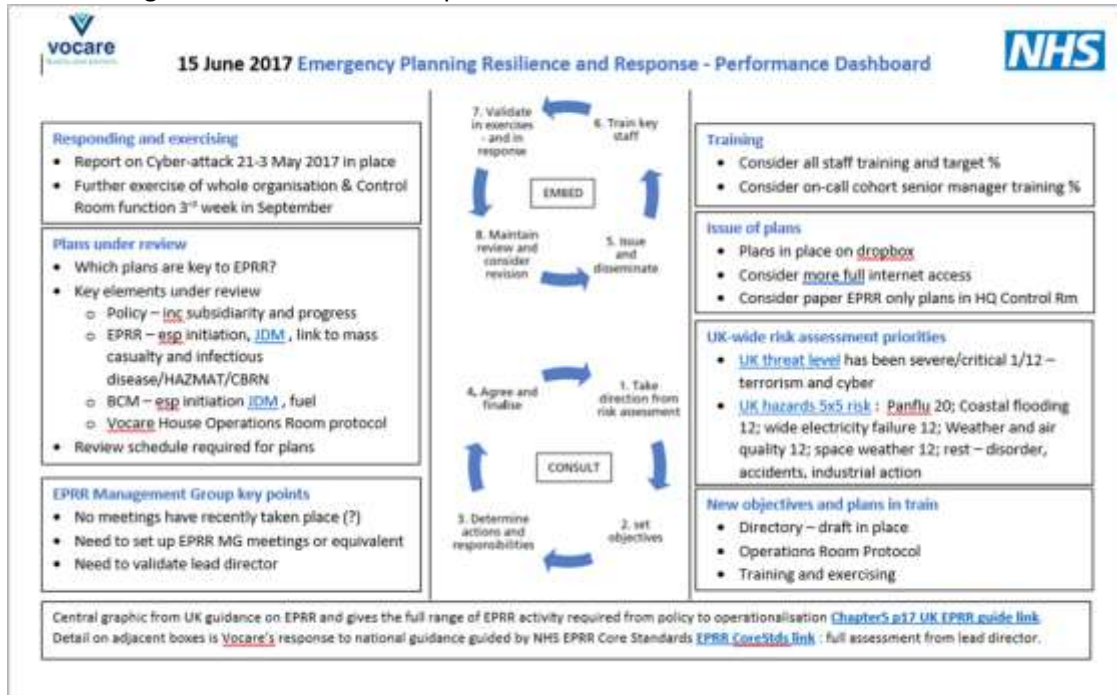
7.1 The management of Vocare are committed to providing equality of opportunity, not only in its employment practices but also in the services for this policy which it is responsible. The Equality Impact Assessment of the plan is neutral.

7.2 Vocare also value and respect the diversity of their respective employees and the communities they service. In applying this policy, they will have due regard for the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse group

Appendix A to Urgent Care Division (including Vocare) EPRR Policy

EPRR Management Dashboard example



Appendix B to Urgent Care Division (including Vocare) EPRR Policy

Schematic of key contractual requirements

