NHS
Commissioning Board
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Competencies for the NHS co-chair of local health resilience partnerships

Date	2 August 2012
Audience	SHA cluster chief executives, NHS CBA regional directors and PCT cluster chief executives
Copy	Local Government Association, SHA regional directors of public health, Public Health England, emergency planning leads, Strategic Health Authorities
Description	**This document should be read in conjunction with the covering letter published 2 August 2012.** **This NHS co-chair model competencies is recommended as a best practice guide to assist the establishment of local health resilience partnerships (LHRPs). The roles and responsibilities should be adapted as applicable to the local health community, whilst recognising the value in consistency of approach for all stakeholders.**
Cross reference and links	www.commissioningboard.nhs.uk/2012/07/26/lhr-resilience Department of Health Gateway www.dh.gov.uk/health/2012/07/resilience-partnerships
Action required:	**Chief executives and regional directors are asked that the content of the letter and attachments are considered in the implementation of the new health EPRR arrangements and establishment of LHRPs within their local area in the Autumn.**
Timing:	To be used in the deployment of the new health EPRR arrangements within their local area by April 2013
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1.0 Context

1.1 The publication of guidance "Arrangements for Health Emergency Preparedness, response and resilience from April 2013" (April 3rd 2012 Gateway 17266) published in response to the revision of the Health and Social Care Act 2012 outlines arrangements for health emergency response including the introduction of local health resilience partnerships (LHRPs).

1.2 Regulations within the Health and Social Care Act and the Civil Contingencies Act require the NHS to take steps to ensure that plans are in place to respond appropriately to a major incident.

1.3 The NHS Commissioning Board (NHS CB) through the regional offices and local area teams will be accountable for ensuring the preparedness, resilience & response of the NHS in the event of any disruption to the delivery of safe commissioned health care.

1.4 The role of the LHRPs are set-out in the 'Summary of the principal [EPRR] roles of health sector organisations' dated 25 July 2012 (Gateway 17820).

1.5 In the context of the national (EPRR) strategy, LHRPs will set the strategic direction and the annual work programme for the health sector covered by the LRF area(s), taking into account the specific health needs of the diverse elements of the local community.

1.6 LHRPs will be co-chaired by the allocated NHS CB local area team director responsible for EPRR and a lead local authority director of public health (DPH).

1.7 The NHS co-chair will have oversight of the applicable NHS EPRR plans and of those of commissioned providers and partners. The individual will have recourse, via clinical commissioning groups (CCGs), should these plans be deemed insufficient.

2.0 Competencies

2.1 The competencies herein are the minimum standards required of the NHS LHRP Co-Chair to provide effective leadership for the responsibilities of an LHRP as set-out in the 'LHRP Terms of Reference' and 'LHRP Concept of Operations' dated 25 July 2012 (Gateway 17820). A checklist is offered in Annex A as a guide to identify the competencies and any training requirements.

2.2 For the purposes of this document it is assumed that the NHS LHRP Co-Chair, as a director of the NHS CB local area team (LAT), will have the core management and strategic leadership competencies which will support their co-chair role. It is also assumed that the NHS LHRP co-chair, as a director of the NHS CB LAT on the LAT emergency on-call roster, will have the appropriate (Skills for Justice 'Gold') competences and authority to coordinate the health sector response to an emergency.

2.3 Knowledge

a) Full knowledge and understanding of the statutory legislation underpinning EPRR and principles of integrated emergency management

b) Full knowledge about the sources and availability of technical and professional advice and support in both preparedness and response modes.

c) Clear about the NHS' EPRR responsibilities including those, which the NHS CB will have responsibility for.

d) Understands the roles of partners, including local authorities, Public Health England (PHE), Police, and Fire etc.

e) Experience of strategic leadership in emergencies

f) Good knowledge of local systems and relationships.

2.4 Skills

a) Influencing LHRP members, and the organisations their represent, to ensure that EPRR and Business Continuity Planning remains a high priority and that they all have the appropriate plans in-place.

b) Establishing and maintaining professional relationships with local health care providers to obtain their support in ensuring robust plans are in place to maintain safe services during periods of disruption.

c) Ability to influence the capacity of the health service in its ability to respond top potential threats.

d) Ability to assess risks (National Risk Register, planning assumptions and Community Risk Registers) and their impacts, and being able to demonstrate evidence of the assessment.

e) Able to lead the LHRP in facilitating the assurance processes and subsequently assess the local health services' ability to respond.

f) Able to analyse the gap between the risks to the service and the capability of the services to respond to those risks.

g) Able to lead the process of the LHRP formulating recommendations as to how gaps in capability can be addressed and to set a prioritised work programme.

h) Able to front communications to several different non specialist audiences including media.

2.5 Attitude/Attributes

a) Demonstrates a keen interest and commitment to the role and the EPRR agenda

b) Seen as a credible and authoritative leader by partners within the LRF

Annex A - COMPETENCY FRAMEWORK – LHRP Chairs[1]

This checklist is offered as a guide to identify the competencies and any training requirements

Knowledge, Understanding and Skills:

To meet the competence, you need to know and understand: Please tick box	Awareness	Full Understanding
1. current, relevant legislation, policies, procedures, codes of practice and guidelines in relation to emergency response ▪ The legislation in relation to the Civil Contingencies Act 2004 and the legal duties to ▪ Health & Social Care Act specifically Clauses 46 & 47 for EPRR ▪ Assess the risk of emergencies occurring; ▪ Maintain emergency plans; ▪ Establish 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 an emergency; ▪ Be aware of the CCA Act Emergency Response and Recovery Guidance and Responding to Emergencies Guidance provided by the Cabinet Office.	☐	☐
2. the principles of Integrated Emergency Management (IEM) • Integrated Emergency Management is used to describe the entire process of contingency and emergency planning. IEM comprises of six related activities:	☐	☐
3. the principles of effective response and recovery • In the initial stages of the multi-agency response, the LHRP will be required to agree some common objectives. These need to be	☐	☐
4. the principles of command, control and co-ordination • The Gold (strategic), Silver (tactical) and Bronze (operational) tiered command structure used by the Emergency Services, the Military and other responding organisations is nationally recognised and accepted. The command structure is role, not rank, specific. • The police generally **coordinate** the response of an emergency or responsibility for the command and control of their own personnel. • These principals of integrity of command apply in that a commander from one organisation has jurisdiction over their own personnel only and cannot direct personnel from another organisations/agencies. • The principle of a duty of care, however, applies across all responding organisations,	☐	☐
5. the roles and responsibilities of partner organisations involved in response and recovery	☐	☐

[1] Taken from "Skills for Justice – Gold"
www.skillsforjustice.com/websitefiles/027N%20CC%20AG1%20Sept%2008.pdf

- Forum members need to know and understand the roles and responsibilities of ALL responding organisations in the event of an Emergency. This can come from existing partnerships and engagement at LHRP meetings and exercises that are undertaken.

6. Aware of relevant emergency plans and arrangements including pre-determined procedures for involvement of other organisations, and that these plans are coordinated and agreed individual organisations who agree to commit resources detailed in the plan if activated. ☐ ☐
7. The Chairs of the LHRP must ensure that LHRP members are aware of the LHRP information sharing protocol and considerations is given to:
   - Appropriate security classification of information. Only those people with the appropriate level of clearance should be able to access restricted, confidential or secret information. During an incident, it is imperative that such restrictions are not to the detriment of patient/public safety.
   - Information security **should not** be a hindrance to effective incident management. During any incident the Co-chairs should weigh up any risk of not sharing critical information with the impact on public safety and patient care. .
   - The importance of operational intelligence and it's dissemination to all relevant staff through briefings. It may be advisable for briefings or their contents to be recorded, either in writing, audio or by video, in order to provide an audit trail for later reference in debrief reports or inquiries.
8. Knowledge of the assets of each of the partner organisations to include financial arrangements for each organisation to be able to commit resources for their own organisation which need to be in place for responding to emergencies ☐ ☐
9. Where to access sources of technical and professional advice, eg Scientific and Technical Advice ☐ ☐
   - It is important that the correct specialist support and technical advice is made available in a timely fashion to enable the LHRP to function effectively and efficiently (including knowledge of both SAGE and STAC systems).
   - Many of the response options should have been pre-identified and contained within a plan.
10. Understand the need to record information and the purposes that it may be used ☐ ☐
    - Decision making must be recorded in a way that makes it auditable. Individual decision makers must be identified and accountable for decisions they make. Wherever possible, the rationale supporting a decision should be recorded along with the decision itself. All decisions must be seen as:
      - Proportionate;
      - Necessary
      - Legal.