


MEETING DATE:	10 December 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.5	
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ANNUAL REPORT TO THE GOVERNING BODY: EMERGENCY PLANNING, RESILIENCE, RESPONSE ASSURANCE

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	<i>This should identify each key Committee/Group which has led prior involvement/consultation in developing the recommendations in the paper</i>
FREEDOM OF INFORMATION:	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i> Public

1. PURPOSE OF THE REPORT:

Under the Health and Social Care Act 2012, the CCG is required to develop sufficient plans to ensure that the organisation and all commissioned provider services are well prepared to respond effectively to major incidents/emergencies, so that they can mitigate the risk to public and patients and maintain a functioning health service.

The purpose of this paper is to report to the Governing Body on the current position of North Lincolnshire CCG in relation to an assessment against core standards in emergency preparedness, resilience and response (EPRR) as part of the national EPRR assurance process for 2015/16.

Following assessment, the organisation has been self-assessed as demonstrating full compliance level against the core standards.

Areas requiring on-going action throughout 2016/1 are highlighted in the associated action plan/ core standards improvement plan; this document will be reviewed in line with the organisation's EPRR governance arrangements.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	x
Reduce unwarranted variations in services	
Deliver the best outcomes for every patient	x
Improve patient experience	x
Reduce the inequalities gap in North Lincolnshire	

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	x	No	
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EPRR assurance/compliance mitigates the impact of identified risks to service delivery/disruption to the organisations to ensure critical functions are maintained.

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes	x	No	
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The EPRR self-assessment report North Lincolnshire Clinical Commissioning Group supports the sustainability of the organisation through having robust plans and policies in place to respond to and mitigate the impact any incident that may threaten the delivery of key critical services.

5. LEGAL IMPLICATIONS:

Yes	x	No	
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The EPRR self-assessment is part of the statutory requirements as set out in the Health and Social Care Act 2012 and the Civil Contingencies Act 2004 for NHS North Lincolnshire CCG to fulfil its duties as a Category 2 Responder.

6. RESOURCE IMPLICATIONS:

Yes		No	x
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7. EQUALITY IMPACT ASSESSMENT:

Yes		No	x
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8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	x
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9. RECOMMENDATIONS:

The CCG is asked to: -

- To note the contents of the report
- Confirm the Governing Body are assured that sufficient plans are in place to meet the statutory requirements of the CCG as a Category 2 Responder
- To approve the core standards improvement plan

North Lincolnshire Clinical Commissioning Group

ANNUAL REPORT TO THE BOARD:

Emergency Preparedness, Resilience and Response (EPRR)

Introduction

The purpose of this report is to update the Governing Body on the current position of North Lincolnshire CCG in relation to emergency preparedness, resilience and response arrangements to comply with national core standards requirements as part of the 2015/16 national assurance process.

Background

In summary, as a Category 2 responder the CCG is a 'co-operating body'. As category 2 responders CCGs are less likely to be involved in the heart of planning, but will be heavily involved in incidents that affect their sector, through co-operation in response and sharing of information. Specifically CCGs are required to:

- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements(EPRR)
- Support NHS England (NHS E) in discharging its EPRR functions and duties locally;
- Provide a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary EPRR capacity and capability;
- Fulfil the responsibilities as a Category two responder under the Civil Contingencies Act 2004 (CCA 2004) including maintaining business continuity plans for their own organisation;
- Be represented at the Local Health Resilience Partnership (LHRP) either on their own behalf or through representation by a 'lead' CCG
- Seek assurance provider organisations are delivering their contractual obligation

North Lincolnshire CCG will seek annual assurance from provider organisations that they are compliant with NHS EPRR core standards via formal processes, to assure the CCG that the organisation is making the timely and necessary progress to become compliant with all the EPRR Core Standards. This assurance will be sought through contract compliance route.

Emergency Preparedness, Resilience and Response (EPRR) Policy

The EPRR Policy was approved by the Governing Body in April 2014. The policy provides an overview of key functions, roles and responsibilities of the EPRR system and details the North Lincolnshire CCG's arrangements for EPRR response; it should be read in conjunction with NL CCG Business Continuity Plan. The policy is currently being reviewed in light of new national guidance. In addition the policy will be reviewed following lessons learnt from any EPRR exercises and through the review process detailed in the policy.

Business Continuity

NL CCG Business Continuity Plan (BCP) was approved by the Governing Body in April 2014. The plan includes escalation and stand down processes for activating the business continuity plan to ensure business critical functions can be maintained as necessary. Following the 2014/15 assurance process, the BCP now includes a Fuel shortage plan.

The plan has action cards to ensure that any activation of the BCP is systematically recorded in order for any lessons learnt to be captured in the de-brief process and inform future reviews of the plan.

The plan is currently under review (early December 2015) to take account of the new CCG structures.

Pandemic Influenza/infectious Disease Plan

The pandemic plan for NL CCG has been re-written to take account of the new NHS infrastructure and the role of the CCG in responding to a pandemic influenza. The plan details the responsibilities of the CCG and details the response to a pandemic/ infectious disease outbreak.

As required by national guidance, the plans are proportionate to the size of the organisation and our status as a Category 2 responder; they also reflect the need to be flexible and proportionate in response plans.

The Pandemic Influenza/Infectious Disease Outbreak plan was subjected to system wide test at the Pandemic Influenza event in Beverly in November 2015. A key finding as a result of this exercise was to ensure EPRR links to local SRGs.

On-call

The CCG has an on-call arrangement in place to ensure 24/7 cover. The on-call number is tested on a regular basis and response times monitored.

All on-call directors have access to an on-call pack with relevant contact information to ensure timely escalation of issues to the relevant personnel.

Local Health Resilience Partnership/LRF

NL CCG is represented on the LHRP and provides a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary EPRR capacity and capability.

In addition, NL CCG is represented (through the EP lead) at the LHRP/LRF Humber Health Group, and is actively involved in planning and sharing information in this multi-agency forum. NL CCG has engaged in discussions to inform future tests and also been invited to participate in local exercises to test EPRR/Major incident plans; including:

- Tata Steel Exercise (November 15)
- Pandemic Influenza (19/11/15)

The Humber Health sub-group receive feedback from tests of major incident plans across the Humber area and is instrumental in developing plans to test system wide emergency plans. This group also provides the CCG with updates on any potential developing incidents, locally, regionally and nationally.

Testing and Training

The CCG is involved in planning out what tests/exercises will take place during 15/16, to test different elements of the local health response system. A table top exercise to test EPRR framework for NL CCG will take place early in 2016.

NHS England EPRR Assurance Process 2015/16

As a commissioning organisation NL CCG must assure itself that all providers of NHS funded care have contracts that contain relevant emergency preparedness, resilience (including business continuity) and response elements. This is achieved through contract compliance monitoring and assurance from the Area Team following the national assurance process.

In addition, locally, wider system resilience is managed through the local System Resilience Group (SRG) which meets on a regular basis to manage capacity and demand; this includes winter planning and participation in regular telephone conferences /sitrep reporting, DTOC monitoring etc... as necessary to meet the monitoring and assurance processes required by NHS England.

Training

All CCG staff receive EPRR training/ awareness raising; this includes details of what will be expected from staff in the event of an emergency/major incident. The next training event will be in January 2016.

A skills audit has been undertaken to establish training requirements of NL CCG directors who are part of the on-call rota. A further audit will take place during 2016 to ascertain any further training by staff with active roles in EPRR within NL CCG.

Conclusion

In conclusion, North Lincolnshire CCG has completed the national 2015/16 EPRR assurance process through self- assessment against the core standards. As a result of this process, North Lincolnshire CCG has been assessed as 'fully compliant'.

An action plan for 16/17 has been developed to strengthen EPRR across the organisation during 2016/17 (Appendix 2).

December 2015
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(EPRR lead)

Appendix 1: YH Statement of Compliance

Yorkshire & Humber Emergency Preparedness Resilience and Response (EPRR) Assurance 2015-16 STATEMENT OF COMPLIANCE

North Lincolnshire Clinical Commissioning Group has undertaken a self-assessment against required areas of the NHS England Core Standards for EPRR v2.0.

Following assessment, the organisation has been self-assessed as demonstrating Full compliance level (from the four options in the table below) against the core standards.

Compliance Level	Evaluation and Testing Conclusion
Full	The plans and work programme in place appropriately address all the core standards that the organisation is expected to achieve.
Substantial	The plans and work programme in place do not appropriately address one or more the core standard themes, resulting in the organisation being exposed to unnecessary risk.
Partial	The plans and work programme in place do not adequately address multiple core standard themes; resulting in the organisational exposure to a high level of risk.
Non-compliant	The plans and work programme in place do not appropriately address several core standard themes leaving the organisation open to significant error in response and /or an unacceptably high level of risk.

Where areas require further action, this is detailed in the attached core standards improvement plan and will be reviewed in line with the Organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the core standards has been or will be confirmed to the organisation's board / governing body.

Signed by the organisation's Accountable Emergency Officer

10/12/2015
Date of board / governing body
meeting

Date signed

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
8	Duty to maintain plans – emergency plans and business continuity plans	Detailed review process for all plans		March 2016
8	Duty to maintain plans – emergency plans and business continuity plans	Review of current BCP following CCG restructure.	Currently covered through business continuity – develop separate directorate plans to identify critical in-house functions.	January 2016
22	Duty to communicate with the public	Review current communications plan	Meeting with comms & engagement manager arranged (December)	February 2016
27	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	Clarify mutual aid agreements at CCG level across Humber area with LHRP – develop protocol if required.	Agenda item at February 2016 Humber Health sub-group to clarify local arrangements.	March 2016
34	Arrangements include a training plan with a training needs analysis and on-going training of staff required to deliver the response to emergencies and business continuity incidents	Undertake training needs analysis and develop training plan based upon responsibilities and role of CCG in EPRR	Develop and undertake a training needs analysis and further training plan to ensure all CCG staff members are trained as appropriate to their role and responsibilities.	March 2016