

Date:	9 th October 2017
Meeting:	Governing Body
Item Number:	13.2
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: <i>(Name, Title)</i>	Catherine Wylie
GB Lead: <i>(Name, Title)</i>	Catherine Wylie, Director of Nursing and Quality Assurance.

Report Title:
Statement of Compliance for NLCCG Emergency Preparedness, Resilience and Response [EPRR]
Decisions to be made:
The Governing Body is asked to: - <ul style="list-style-type: none"> • 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

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

<p>Executive Summary (Question, Options, Recommendations):</p> <p>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.</p> <p>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 2017/18</p> <p>Following assessment, the organisation has been self-assessed as demonstrating substantial compliance level against the core standards.</p> <p>Areas requiring on-going action throughout 2017/18 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.</p> <p>In 2017 the following actions have been implemented / occurred:</p> <ul style="list-style-type: none"> - A Band 7 Lead is now in place will take the lead from October 2017 for EPRR therefore strengthening the focus and increasing the resource of the CCG on the EPRR action plan. - There is currently a further review of the current policies and procedures and these will be brought to subsequent Governing Body meetings for ratification - There is now an EPRR forum where the current arrangements and preparedness plans will be reviewed and monitored at this new forum. Commences October 2017. <p>The Governing Body is asked to: -</p> <ul style="list-style-type: none"> • 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

Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.
Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	EPRR assurance/compliance mitigates the impact of identified risks to service delivery/disruption to the organisations to ensure critical functions are maintained.
Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<i>Patient, Public, Clinical and Stakeholder Engagement to date</i>									
	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
Patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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 2017/18. national assurance process.

Background

In summary, as a Category 2 responder the CCG remains 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 2 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 reviewed in October 2016 and is in the process of being reviewed and amendments made and approved. The CCG remains a Category 2 Responder, but is now formally required to support NHS E in the coordination and control of an incident. As a result of these changes the Boardroom has been delegated to meet the requirements of an incident control room and a Major Incident Plan is the process of being ratified and approved. The EPRR 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. Once formally ratified 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 2016. The plan includes escalation and stand down processes for activating the business continuity plan to ensure business critical functions can be maintained as necessary.

A communication exercise is required to ensure compliance as this has not been tested since October 2016.

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 to take account of the new CCG structures.

Fuel Plan

The Fuel Plan was approved in January 2016. The plan will be reviewed in January 2018, or following any activation of the plan, or in the light of new guidance being issued.

Pandemic Influenza/infectious Disease Plan

The pandemic plan for NL CCG was approved in January 2016; The plan is due to be reviewed in January 2018, but will be reviewed following any activation of the plan, or in light of new guidance being published.

The plan details the responsibilities of the CCG and details the response to a pandemic/ infectious disease outbreak.

The CCG is currently working with Public Health colleagues to revise and update the Avian Flu Plan.

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.

On-call

The CCG has an on-call arrangement in place to ensure 24 hour cover. The on-call number is tested on six monthly basis and response times monitored.

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

The on-call process is required to be tested every 6 months as minimum, the table below details tests undertaken from 2016 – October 2017.

On-call test and response

Date	Time	Response time	Notes
6/12/16	19.30 pm	Call picked up within 3 rings	NHSE test
31/1/17	14.30	Picked up within 2 rings	CCG test
9/10/17	15.00	Picked up	CCG Test

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 has representation (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 receives feedback and lessons learnt from exercises that have taken place across the Humber footprint.

This will be significantly strengthened by the new lead starting 1st October 2017.

The Humber Health sub-group also provides the CCG with up-dates on any potential developing incidents, locally, regionally and nationally.

Testing and Training

The CCG is involved in planning which tests/exercises will take place during 17/18, to test different elements of the local health response system. A table top exercise to test EPRR policy/MIP for NL CCG took place in December 2016. The CCG A real time exercise took place on ... when a local threat of an explosive device raised a Major Incident response and the cyber attack on acute hospitals and community services also tested our emergency planning and resilience plans.

A de-brief was held and lessons were learnt from both of those events and shared through the team brief process within the organisation.

NHS England EPRR Assurance Process 2016/17

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 NHS E following the national assurance process.

In addition, locally, wider system resilience has been managed through the local System Resilience Group (SRG) with a remit 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. The North Lincolnshire Escalation and De-escalation plan is currently under revision to bring it into line with the draft national Operational Pressures Escalation Framework. Going forward, the SRG is being replaced by the Northern Lincolnshire A&E Delivery Board which will oversee the monitoring and assurance process of delivery of A&E targets and wider system resilience.

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 2018.

Current Directors on call and senior staff have undertaken the 'Strategic Leadership in Crisis' training.

A further training needs audit will take place during 2017/18 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 2017/18 EPRR assurance process through self- assessment against the core standards. As a result of this process, North Lincolnshire CCG has been assessed as 'substantially compliant'.

The CCG is aware that it continues to need to strengthen arrangement and monitoring of readiness and in particular the need to review the Business Continuity Plans and increased participation in regional awareness.

An action plan for 2017/18 has been developed to meet full compliance and strengthen EPRR across the organisation during 2017/18 (Appendix 2).

October 2017.

Author: Catherine Wylie
(EPRR lead)

Appendix 1: Statement of Compliance

**Emergency Preparedness Resilience and Response (EPRR) Assurance
2017/18**

STATEMENT OF COMPLIANCE

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

Organisations are required to state an overall assurance rating as to whether they are fully, substantially, partially or non-compliant with the NHS EPRR Core Standards. The definitions of these ratings are detailed below:

Following assessment, North Lincolnshire CCG has been self-assessed as demonstrating 'Substantial Compliance' level (from the four options in the table below) against the core standards.

Yorkshire & Humber EPRR core standards improvement plan

Trust: North Lincolnshire Clinical Commissioning Group
Core Standard Improvement Plan 2017/18

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	Further Review of current BCP following	Further Review of BCP in line with latest guidance to identify critical functions and develop more robust directorate plans	November 2017
8	Utilities, IT and Communications	Review EMBED BCP critical functions analysis meets CCG requirements	Review EMBED BCP and align to CCG reviewed plan	November 2017
9	Ensure that plans are prepared in line with current guidance and good practice.	Whilst plans are in place, due to changes within the organisation all policies and processes are being reviewed again in quarter 3 / 4 to strengthen and update	Review of all policies and procedures to continue to develop performance	October – December 2017
11	Critical Activities	Undertake a critical business analysis that includes prioritisation process for critical functions	Link to review of BCP	November 2017
22	Duty to communicate with the Public	A communication exercise to be undertaken every six months – only 1 has been in done on 2017 – further planned to ensure compliance	Communication Exercise planned for November 2017	November 2017.

**Yorkshire and the Humber Emergency Preparedness, Resilience and Response (EPRR)
assurance 2017 - 2018**

STATEMENT OF COMPLIANCE

North Lincolnshire CCG has undertaken a self-assessment against required areas of the NHS England Core Standards for EPRR v4.0.

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

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board or Governing Body has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board or Governing Body and will be monitored on a quarterly basis in order to demonstrate future compliance.

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 organisation has undertaken the following exercises on the dates shown below:

A live exercise (required at least every three years)	The CCG has had two live exercises in 2017 18th January when there was a threat of an explosive device in the local town which was classed as a Major Incident and the CCG fully participated. There was also the cyber-attack 12 th -14 th May which significantly affected the local Acute Trust and community and caused significant disruption.
A desktop exercise (required at least annually)	Pandemic Influenza plans Pandemic Plan are in place and being reviewed over the next few weeks in partnership with Public Health services. A Multi-agency Table top

	exercise took place on 12 th December 2016 and a further one is planned for this December 2017.
A communications exercise (required at least every six months)	October 2016 further one planned for November 2017

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

To be signed on 12th October.

Signed by the organisation's Accountable Emergency Officer

12/10/2017
Date of board / governing body meeting

OT
Date signed