

**Agenda Item 04**

Report to: (Board/Sub-Committee): Partnership Board

Date of Meeting: 13th September

Subject: EPRR Core Standards Self-assessment

Presented by: Helen Kenyon

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information [ ]

For Discussion [ ]

For Approval / Ratification [x]

Report Exempt from Public Disclosure [x]  No [ ]  Yes

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| --- | --- |
| **PURPOSE OF REPORT:** | To inform the Board of the CCG’s annual EPRR self-assessment and action plan reviewed by the NELCCG Delivery Assurance Committee and seek Board approval of the Statement of Compliance and EPRR Policy Framework ahead of submission to NHS England on 31st October.  |
| **Recommendations:** | The Board is asked to accept the contents of this report and approve the Statement of Compliance and EPRR Policy and Framework.  |
| **Sub Committee Process and Assurance:** | Approved by Delivery Assurance Committee on 29th August 2018.  |
| ***Implications:*** |  |
| **Risk Assurance Framework Implications:** | The CCG manages risk in line with the Humber Community Risk Register. Risks Assurance is also a function of the A&E Delivery Board and the CCG Risk register. |
| **Legal Implications:** | The NHS England Emergency Preparedness Resilience and Response (EPRR) Framework provides the framework for NHS funded organisations in England to help with meeting the requirements of the Civil Contingencies Act 2004 (CCA 2004), the NHS Act 2006 as amended by the Health and Social Care Act 2012 and the NHS Standard Contract.  |
| **Equality Impact Assessment implications:***.* | An Equality Impact Analysis/Assessment is not required for this report [x] An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising [ ]  from the analysis/assessmentAn Equality Impact Analysis/Assessment has been completed and there are actions arising [ ]  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report |
| **Finance Implications:** | Not applicable, cost neutral. |
| **Quality Implications:***.* |  This report details a positive impact on quality. [ ] The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.This report details a neutral impact on quality. [x] The report will not make any impact on experience, safety or effectiveness. This report details a negative impact on quality. [ ] The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | None |
| **Engagement Implications:** | None |
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| **Conflicts of Interest**  | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?* [x]  Yes [ ]  No |
| **Links to CCG’s Strategic Objectives** | ***(Auto check relevant boxes)***[x]  Sustainable services [ ]  Empowering people[x]  Supporting communities [x]  Delivering a fit for purpose organisation |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>The CCG is required to adequately plan and prepare for incidents and emergencies and ensure commissioned services have appropriate business continuity plans in place to provide resilience in the event of an incident or emergency.  |
| **Appendices / attachments** |      |

**National Context**

EPRR (Emergency Planning Resilience & Response) is the national framework by which the NHS assures itself that it is prepared for emergencies that impact on service delivery. Examples are flooding, pandemic flu and industrial accidents. This is distinct from periodic high activity surges and escalation pressures which are managed and assured through operational processes for example the NHSE Winter Planning and Assurance processes and is linked to Business Continuity planning.

CCGs and their NHS funded providers fall under the scope of EPPR.

There is set of EPRR Core Standards, revised annually, covering organisations arrangements for governance, assessing risks, planning, command and control, cooperation and training.

CCGs have a specific set of responsibilities in terms of tactical and operational coordination of local incident planning and response as well as its own organisational resilience to incidents.

In line with previous years, the EPRR framework includes an annual assurance process. This requires a CCG self-assessment against the EPRR core standards, a declaration of the resultant compliance level with these standards and approval by the CCG Governing Body with the creation of an action plan to redress any identified gaps in compliance with the core standards. In addition, the core standards this year require that the CCG Governing Body approve the CCGs EPPR policy statement.

EPRR Assurance is managed through NHS Local Health Resilience Partnerships (LHRP). NEL CCG participates in the Yorkshire & Humber LHRP. Following the above described self-assessment, Governing Body approval and submission of the statement of compliance, the LHRP hosts a *confirm and challenge* process in November to examine CCGS and NHS Provider assurance submissions.

**Documents for consideration (attached on front sheet of this paper)**

* The NELCCG self-assessment against the 2018/19 EPRR Core standards
* The above is inclusive of the EPRR Action Plan (Action Plan tab ) to address any gaps in compliance determined through CCG self- assessment.
* The NEL CCG EPRR statement of compliance against the EPRR standards requiring approval
* The NEL CCG EPRR Policy Framework statement requiring approval

**Assurance**

The NEL CCG Delivery Assurance Committee 29th August 2018 reviewed the above documents and activity and progress with the EPRR assurance process and was assured on the progress made and accepted the statement of compliance and Policy Framework for submission to the NEL CCG Partnership Board for ratification.

**Recommendation**

The Partnership Board is asked to note the work being undertaken for EPPR resilience planning and the assurance process via NHS England and to approve the EPRR self-assessment compliance level declared and EPRR Policy Statement.

**Summary of NEL CCG Compliance and 2018 activity – key points**

This year the CCG has made considerable progress in developing an ongoing programme of EPRR work to deliver improved training, development and planning.

By July 2018 the CCG had only 1 remaining action for completion following last year’s assurance process which demonstrates our effectiveness in completion of the action plan.

The EPRR Core Standards were revised this year, with some new standards being added in with a more in depth focus on Business Continuity and requirements for CCG’s to have their own Incident Control Centre arrangements.

Against the new core standards (revised July 2018) the CCG were 2 core standards short of maintaining their Substantial Compliance self-assessment from last year. Ongoing work that has and will be completed before 31st October 2018 on those 2 standards means that the statement of compliance will again be “Substantially Compliant”.

The two standards which have been or will be changed to Fully Compliant before 31st October are as follows:

* Core Standard 30 – the CCG is required to have its own Incident Co-ordination Centre. Historically the CCG has not been required to have its own ICC, and this is a new standard for 2018/19. Following a meeting on 29th August with Humber Emergency Planning Service and due to the continued relationship development between the CCG and North East Lincolnshire Council, it was agreed that the CCG could use the Council’s Emergency/Incident Co-ordination Centre at the Fishing Heritage Centre and would co-locate with Council colleagues in the event of an emergency. The ICC is fully resourced and tested frequently. We are now fully compliant with this standard.
* Core Standard 53 – this is again a new standard for 2018/19. The CCG is now required to include Business Continuity in its programme of internal audit, which will be achieved by designing an appropriate audit and adding it to the CCG’s annual schedule prior to 31st October 2018.

With both of these standards Fully Compliant, that takes the total of fully compliant standards to 38 and therefore achieves Substantial Compliance. The Delivery Assurance Committee, being advised that compliance with Core Standard 30 was achieved that morning and that the audit programme could be amended before October 31st, recommended that Board sign off the statement of compliance as Substantial Compliance.

**Summary of Progress**

Training and Development

Significant work has been done to embed a continuous cycle of assessment, delivery and review of training. A training needs analysis has been completed for the local Emergency Preparedness and Response Group (EPARG) by the CCG as part of a new continuous cycle of risk assessment, training assessment, training and exercising and evaluation. A new On-Call Manual has been developed and training for on-call Directors will be produced off the back off this document to be provided on a rolling basis. Two directors on-call completed the Strategic Leadership in a Crisis training in December last year which is the National Occupational Standard for on-call commanders. Loggist training will be taking place in September 2018 so that the CCG will have it’s own trained loggists for the first time. This year the CCG has and continues to participate in various regional and local exercises on EPRR.

Planning

EPARG identified the lack of local plans in place around certain incidents that are identified as high risk on the Humber Risk Register, in particular Pandemic Flu, Flooding and Severe Weather.

The group has moved forward on the development of new local plans with the Deputy Director for Public Health writing a North East Lincolnshire specific Pandemic Flu plan, and the CCG has led on starting a dialogue with the Humber Emergency Planning Service to strengthen local plans on flooding that look at a combined response from Health and Local Authority. Prior to the second EPARG of the year in September, partners have been asked to complete a mini-exercise to gain a view of the level of understanding of how to act on cold and hot weather alerts throughout the local health economy.

Business Continuity and Risk Assessment

The CCG has also been working on strengthening the business continuity arrangements within Primary Care and accordingly has become better informed of the Primary Care Business Continuity position. The CCG has facilitated discussions between practices on how they can support one another with co-locating in the event of their own practice becoming unusable, recorded those arrangements and will continue to work with Primary Care through attendance at the Practice Manager’s forum on how to deal with disruptions to place, staffing, and activity.

Communications

This year the “NELCCG Broadcast” WhatsApp group was established. Over the course of the year, 78 staff members were added to the group and a broadcast alert test in May 2018 recorded 66 staff responding to an out of hours text message in under 24 hours. Further, the broadcast alerts have been used to inform staff of road closures and other events successfully and this method is now part of the CCGs approach to staff alerts, potentially for emergencies.

New EPRR Policies and Documents

In order to strengthen the CCG’s EPRR position and better comply with this year’s core standards, two documents have been produced:

* Directors On-call Handbook : This provides on-call staff with relevant guidance in dealing with Major/Critical/Business Continuity incidents. It is by no means final, and will be subject to continuous change and improvement due to the nature of its contents. It endeavours to provide a “one stop shop” for Directors to describe their role when on-call, whom they may come into contact with, and how to deal with various situations along with appendices to assist including staff contact details, organisational contact details, and other relevant policies.
* EPRR Policy and Framework (for ratification and approval): this policy already existed in draft form; however it has been amended for 2018/19 and following publication of EPRR Core Standard 5, requires Partnership Board approval so that the CCG can confirm that it is appropriately resourced to deal with Major/Critical incidents and emergencies.