

**Agenda Item 05**

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

Date of Meeting: **14th September 2017**

Subject: **Resilience Planning Report**

Presented by: **Andy Ombler**

**STATUS OF THE REPORT**

For Information **X**

For Discussion 

For Approval / Ratification **X**

|  |  |
| --- | --- |
| **PURPOSE OF REPORT:** | To update the Partnership Board with a summary of the NEL CCG Resilience Planning activities in relation to winter planning and national emergency resilience planning arrangements |
| **Recommendations:** | The Board is asked to note this update on Winter resilience and Emergency Planning Resilience and Response (EPRR) for information. Further the Board is asked to approve the EPRR level of compliance declared following self-assessment against the assurance criteria. |
| **Sub Committee Process and Assurance:** | EPRR activities, including the national assurance process, have been discussed at the NEL Delivery Assurance Committee (DAC). The DAC will oversee the delivery of the EPRR work plan which includes the action plan produced to address areas of non-compliance with the assurance framework. |
| ***Implications:*** |  |
| **Risk Assurance Framework Implications:** | For EPRR Assurance, risks associated with compliance with the EPRR standards are being mitigated through the EPRR Improvement Plan with oversight by the Delivery Assurance Committee. |
| **Legal Implications:** | *Summarise key legal issues / legislation relevant to the report.* |
| **Equality Impact Assessment implications:** | *Is an Equality Impact Analysis / Assessment required for this report. Yes/ No* ***No***  If Yes:  *An Equality Impact Analysis / Assessment has been completed in accordance with CCG policy.* ***Yes /No***   * *There are no actions arising from the analysis / assessment* * *There are actions arising for the analysis / assessment which are included in section in the enclosed report* |
| **Finance Implications:** | *Summarise key financial issues relevant to the report.*  No Finance implications relevant to this report |
| **Quality Implications:** | *Summarise key quality issues relevant to the report.*  No Quality implications relevant to this report |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | *Include the proposed /chosen procurement route to market.*  No Procurement implications relevant to this report |
| **Engagement Implications:** | *Please state any past engagement activities and any future engagement activities (distinguish between public and stakeholder engagement).*  No public engagement has been done or is planned. Engagement with provider stakeholders is inherent in the cooperative planning for Winter and EPRR resilience. |
|  |  |
| **Conflicts of Interest** | Author to complete  *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available? Yes /No. NA*  *Please state ay conflicts that need to be brought to the attention of the meeting.* |
| **Strategic Objectives**  *Short summary as to how the report links to the CCG’s strategic objectives* | 1. *Sustainable Services* |
| *2. Empowering People* |
| *3. Supporting Communities* |
| *4. Delivering a fit for purpose organisation*  This paper relates to operational arrangements in place or being established for winter resilience planning in the period November 2017 to 8th April 2018 to include Easter 2018. The CCG requires an effective approach to resilience planning, particularly with a focus on supporting A&E performance and to ensure effective measures are in place locally across the wider health and care system to responds to winter pressures.  This paper also relates to operational arrangements in place or being established for the on-going development and improvement of EPRR resilience. The CCG requires an effective approach to planning for and responding as required to emergencies and incidents impacting on NHS funded providers. |
| **NHS Constitution:** | *Does the report and its recommendations comply with the requirements of the NHS constitution? Yes / No -* ***NA***  *If No, please summarise key issues* |
| **Report exempt from Public Disclosure** | Yes / No - **No** |

|  |  |
| --- | --- |
| **Appendices / attachments** |  |

**1 EPRR Update**

**National Context**

EPRR (Emergency Planning Resilience & Response) is the framework by which the NHS assures itself that it is prepared for emergencies. This is distinct from activity surges and escalation pressures which are managed and assured through the NHSE Winter Planning and Assurance processes.

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

There is set of EPRR Core Standards 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.

The EPRR framework includes an annual assurance process. This requires a self-assessment against the EPRR core standards, a declaration of the resultant compliance level with these standards and the creation of an action plan to redress any identified gaps.

**NEL CCG activity**

Following work done against the 2016 Action Plan and this year’s self-assessment, NEL CCG is declaring a compliance level of “Substantial” against the requirements. The action plan has been updated to detail the work required to achieve full compliance.

The following are attached to this paper:

* + EPRR Compliance Statement
  + EPRR Self-Assessment against core standards
  + Action Plan

The CCG has made significant progress against the EPRR Action Plan from last year’s assurance process.

Last year’s self-assessment identified that greater focus on communication with partners and risk review was required to improve the CCG’s assurance.

In response the CCG has established a single point of contact for incidents or emergencies out of hours via a single on-call phone number and email address. As a result compliance with guidance for communications has been achieved.

The CCG, through the Emergency Preparedness and Response Group (EPARG) has led on local health and social care sector planning for a number of exercises and reviews these include:

* Cold weather exercise in December which involved a desktop scenario based exercise of response of health and social care partners to a severe cold weather event. Particular focus was on communications between partners and mutual aid arrangements.
* Cyber-attack review exercise in June focused on lessons learned following the cyber-attack and how communications and resilience between partners could be improved particularly when systems are affected and usual communication routes disrupted. EMBED took a lead role in the review and actions arising.
* Humber Community Risk Register review exercise in July involved a presentation from emergency preparedness colleagues at NELC on the risks identified in the LRF register and the impact these risks would have on local health and social care service delivery.
* Pandemic flu exercise planned for October will focus on partner’s response to a large scale flu incident locally and particularly arrangements for vaccination of large groups of the local population and the impact of high rates of staff sickness on service delivery.

Further the CCG has participated in a number of local exercises including an NLaG live decontamination exercise and a number of desktop exercises of local COMAH sites. North East Lincolnshire has a significant number of COMAH sites which are required to undertake an EPRR exercise every 2 years. The CCG will maintain an on-going involvement in the programme of COMAH exercises.

A summary of this was work was reviewed at the NEL Delivery Assurance Committee on 30th August 2017. The NHSE regional Local Health Resilience Partnership will begin to review CCG assessments and submissions under its assurance process at its meeting on 19th Oct 2017. The NEL Delivery Assurance Committee will oversee delivery of the action plan.

**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.

**2 Winter Plan Update**

**National Context**

Winter planning is overseen by A&E Delivery Boards and a submission by the Northern Lincolnshire A&E Delivery Board is required to cover both NLCCG and NELCCG. No national template has been provided this year nor has any details of the assurance process to date however an indication of the key lines of enquiry for assurance has been given as follows:

**Key Lines of Enquiry for the Assurance of Plans in Yorkshire & Humber**

* Evidence of a review of winter 2016/17, lessons identified and actions taken
* Plans for resilience in system-wide capacity
  + DToC reduction
  + Elective Pacing
  + Infection control policy & proactive management of outbreaks
  + Staffing risks in core services
  + Progress with best practice guidance ( essentially A&E Delivery Board Improvement Programme )
  + Identified & plans for known capacity gaps
* Surge capacity plans
* Escalation across the system
* Alignment with System/U&EC Transformation Plans
* Flu Immunisation plans
* Comms plan
* Risk Register & Test

**The Winter Plan**

At the time of this paper the Winter Plan submission is in preparation for submission to NHSE and for sign-off and approval by the A&E Delivery Board on 21st September 2017.

1. A significant portion of the plan relates to the following elements:-

* Plans for resilience in system-wide capacity;
  + DToC reduction plan
  + Identified & plans for known capacity gaps
* Surge capacity plans
* Escalation across the system

For the NEL system these elements are being addressed by:-

* A transformational change in the capacity and access processes for the Intermediate Care pathway to support enhanced resilience, mandated Discharge To Assess processes and DToCs reduction. This pathway currently accounts for the most significant adverse DToC impact.
* Minor but permanent adjustments to the broader system to improve the use of resources e.g. capacity for health triage/rapid response and the deployment of Social Work support to A&E at weekends.
* Arrangements where additional short term capacity will be pre-arranged at expected high activity periods over Christmas, New Year and Easter. This will be a combination of some additional commissioned capacity and arrangements with providers on assuring that staff rotas are bolstered and assured for these periods.
* Revised and new escalation protocols that better pre-arrange provider arrangements to deal with exceptions of surges in the system. These will necessarily be for unplanned/unexpected events and will need to draw on/divert available resources under short term arrangements
* Refreshed arrangements to clarify and improve the triggers for and participation of senior operational management and leaders during escalation.
* Revised escalation arrangements that apply to monitoring, reporting and enacting mutual aid across the Northern Lincolnshire footprint.

1. Under the oversight of the A&E Delivery Board, overall support for system resilience is given by progress with implementation of best practice initiatives mandated under the NHS 5YFV. These are:

* SAFER (methodology for consultant review for admitted patients)
* Ambulatory Care Unit (Patients streamed from A&E for chair based interventions for some patients who would previously be admitted)
* Discharge to Assess/Trusted Assessor (A renewed focus on why any patient who is medically optimised remains in an acute bed, a shift out of acute beds for assessment for onward care and a assessment model that is centralised and shared for residential care providers)
* Primary Care Streaming (A GP led service where A&E minor attendees are streamed on arrival as an alternative to A&E)

Implementation of all of these initiatives has begun in NEL during 2017 and this will continue to move from pilot implementations to full models in 2018 under the oversight of the A&E Delivery Board.

1. A wide ranging plan for communicating key messages about self-care and advice on the accessing the most appropriate service is in place using a variety of print, other media and social media is in place. A key focus continues to promote the phone first approach for non-emergencies to the NEL Single Point of Access.

**Recommendation**

The Partnership Board is asked to note the work being undertaken for Winter Resilience planning and the pending NHS England winter assurance process.