

**Agenda Item 05**

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

Date of Meeting: **10th November 2016**

Subject: **Resilience Planning**

Presented by: **Helen Kenyon**

**STATUS OF THE REPORT**

For Information **X**

For Discussion 

For Approval / Ratification **X**

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| **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 EPRR resilience 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. |
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| **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 2016 to end March 2017. 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** |

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| **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**

Against the compliance measures, the CCG has self-assessed as being “partially compliant” with the requirements. An action plan has been developed and submitted to NHSE to detail how compliance in year will be achieved. The compliance statement and self-assessment are included in the “attachments” section on the front-sheet of this paper.

In summary, the key gaps addressed by the action plan are;

* Expand & improve CCG EPRR Policy and work plan
* Define and implement training for AEO, on-call staff and other Emergency Officers
* Continue and build on the work started this year on CCG led local planning and response group. This forum leads on how CCG and providers coordinate on planning for and responding to incidents including scenario testing

A summary of this was work was tabled at the October 2016 meeting of the NEL Delivery Assurance Committee and was also the main agenda for the October 2016 NHSE regional Local Health Resilience Partnership meeting attended by the NEL Accountable Emergency Officer (Helen Kenyon.) The 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**

A&E Delivery Boards

Winter Planning and resilience have been, until this year, the core focus of the nationally mandated System Resilience Groups (SRGs). In July 2016, NHSE signalled a revised governance and delivery structure – A&E Delivery Boards. These Boards have a priority for A&E performance improvement and system wide planning including winter resilience.

For NEL CCG, the A&E Delivery Board includes North Lincolnshire to form a Northern Lincolnshire A&E Delivery Board, aligning with the footprint of the A&E acute provider.

With executive membership from providers, local authorities and CCGs, this Board has been established and is picking up the SRG agenda.

Under the national assurance timetable, A&E Delivery Boards have developed a Winter Plan and an A&E Improvement Plan, the latter being focused on five areas of evidenced based best practice across the Urgent & Emergency Care system. These plans are now subject to assurance assessment through regional NHS arrangements. The A&E Delivery Board document including the Winter Plan is included in the “attachments” section on the front-sheet of this paper.

Resilience Funding

Following from the change to funding arrangements established in 2015, there is no non-recurrent winter resilience fund allocation in addition to what is received as baseline funding.

**The NEL Winter Plan**

A plan has been produced as the agreed collaborative approach to responding to surge and escalation. The elements of this plan are summarised as followed:-

* Relationship between local and national planning
  + National Cold Weather and Flu plans have been published as with previous years. These have a clear relationship in part with local resilience plans in that some of the issues covered related to potential surges in activity for urgent and emergency services. The A&E Delivery Board, through the Winter Plan, requires members to take due account of these plans, in particular where the plans include specific actions and responses .e.g. sign-up to the Met Office cold weather alert scheme and an organisation cascade scheme to ensure these alerts are seen, interpreted and responded to.
* A new national framework has been published and mandated this year for regular reporting to NHSE of the overall system status/alert level in terms of pressures on system performance. This Operational Performance and Escalation Levels (OPEL) framework has been adopted by NEL.
* Assessment and monitoring of risks and response

The Winter Plan considers the potential risks to service disruption including activity surges, capacity and other service disruption events impacting on resilience and performance.

These risks are monitored in terms of occurrence, how sustained and what impact they have, the latter being a focus on overall patient flows and the impact on A&E performance, ambulance handover performance and the levels of delayed discharges.

There is a clear recognition that the overall level of impact is about multiple instances combining to impact on overall performance.

The NEL CCG approach to monitoring through the winter period adds to the regular information flows from providers to commissioners by adding a Monday morning CCG led meeting at the hospital Ops Centre, where providers attend and both contribute to an assessment of the current system status and agree mitigating responses.

The NEL Winter Plan defines the inter-organisational escalation of communications to named individuals in the event of triggers for the higher levels of alert status being reached and the range of responses

* Initiatives funded from the recurrent baseline allocation

Additional capacity is planned to support known and recurrent pressures;.

* Spot purchasing of Intermediate Care Step-up/step down capacity
* Additional patient discharge transport
* Frequent Service User assessment and planning group
* Additional capacity requirements for expected surge periods such as extended bank holiday periods and new year seasonal surges
* Winter Comms Plan

The national winter comms plan is augmented through the NEL Winter Comms plan which uses a variety of media channels and methods to provide message to support the public in self-care and choosing appropriate services.

**Recommendation**

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