

Board Paper on the level of EPRR Assurance against the NHS England Core Standards

EPRR is defined by a series of statutory responsibilities under the Civil Contingencies Act (2004) and Health and Social Care Act (2012), which require NHS funded organisations to maintain robust capability to plan for, and respond to incidents or emergencies that could impact on health or services to patients such as;

- Major Incidents/Emergencies (Major Accidents, Acts of Terrorism or National Incidents e.g. fuel shortage)
- Surge Capacity (Winter Pressure, Pandemic Flu or Public Health Outbreak)
- Internal Business Continuity incidents/ Disruptions to Service (Loss of facilities, staff, IT/Data or Suppliers)

EPRR is guided by two pieces of Legislation:

Civil Contingencies Act 2004 (CCA)

The CCA delivers a legislative framework for the provision of civil protection in the UK, ensuring consistency of planning, whilst setting clear responsibilities for frontline responders for responding to and recovering from incidents.

The CCA divides responder agencies into two categories and places proportionate duties upon them;

Category One	Category Two
NHS England, Public Health England, Acute Hospital Trusts, Ambulance Service, Local Authority, Fire Service and Police Service.	Clinical Commissioning Groups, Utility Companies and Transport Operators

As a Category 2 responder the CCGs role is co-operating and sharing relevant information with Category 1 responders as well as ensuring sufficient plans are in place to outline any response.

Health and Social Care Act 2012

The Health and Social Care Act 2012 sets out the roles and responsibilities of NHS England, CCGs and providers of NHS funded services in relation to assuring NHS emergency preparedness and response.

It also requires NHS England to take steps it considers appropriate to ensure that CCGs and providers of NHS services are properly prepared to cope with emergencies and to monitor their compliance.

With this in mind NHS England recently issued the 2014 EPRR Assurance Process. This requires all trusts to carry out a self-assessment against the NHS England EPRR Core Standards, and to produce an action plan to deliver the standards that are, as yet, not fully met.

Self-Assessment

As the CCGs EPRR is managed centrally by the Mid Essex CCG Emergency Preparedness Team, the results of the self-assessment are the same for each Essex CCG.

Against the 52 Core Standards the CCGs achieved the following results (Please note Core Standard Number 8, is split into 16 sub standards)

0 Core Standards - Red
10 Core Standards - Amber
28 Core Standards - Green
14 Core Standards - Not applicable to CCGs

Compliance Level

There are 4 levels of compliance that trusts can achieve. They are

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 standards that the organisation is expected to achieve.
Partial	The plans and work programme in place do not adequately address multiple core standard themes standards that the organisation is expected to achieve.
Non-compliant	The plans and work programme in place do not appropriately address several core standard themes standards that the organisation is expected to achieve.

It is the view of the CCG Emergency Preparedness Team that all Essex CCGs are at the **Substantial** level. There is still some work to be carried out or completed, but not against multiple standards.

Action Plan

The attached assurance spread sheet, details against the core standards that are shown as amber, the action that needs to be taken, by whom and by when (where possible). It is the view that, where possible (due to national guidance and work being undertaken by the Local Health Resilience Partnership) that work on outstanding core standards will be completed, at the latest, by the end of the current financial year, i.e. March 2015.

Please note that some actions are reliant on other organisations (NHS England or LHRP Working Groups) to deliver outcomes or documents before CCGs can carry out the required action.

Core Standard	Clarifying Information	Self - Assessment RAG	Action to be taken	Lead	Timescale
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.	A	Where needed CCG Risk Assessments to be shared with Partners	CCG Head of EPRR	Dec 14

8	<p>Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.</p> <p>Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):</p>	<p>Pandemic Influenza</p>	A	<p>The CCG response is included in both the Multi-Agency Plan (still in draft) and the NHS England Operating Framework (draft). Work in progress</p>	<p>CCG Head of EPRR</p>	<p>Dec 14</p>
		<p>Fuel Disruption</p>	A	<p>CCGs have BC plans in place and do not employ Community Services, therefore BC plans just need to be amended to include fuel disruption</p>	<p>CCG Head of EPRR</p>	<p>Dec 14</p>
16	<p>Those on-call must meet identified competencies and key knowledge and skills for staff.</p>	<p>NHS England published competencies are based upon National Occupation Standards.</p> <p>Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a</p>	A	<p>On Call Directors are trained to respond, but this may not meet the requirements of the National Occupational Standards. Not all Directors on the rota have attended Strategic Leadership in a Crisis. Review of training provided against the National Standards is to be carried out</p>	<p>CCG Head of EPRR</p>	<p>Dec 14</p>

		Crisis' course and other similar courses.				
19	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response		A	The NHS England Sitrep form is to be included as an appendix to the CCG IRP	CCG EP Officer	Oct 14
22	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about: <ul style="list-style-type: none"> - Any immediate actions to be taken by responders - Actions the public can take - How further information can be obtained - The end of an emergency and the return to normal arrangements Communications arrangements/ protocols: <ul style="list-style-type: none"> - have regard to managing the media (including both on and off site implications) - include the process of communication 	A	Essex Health Communications Strategy is being developed by a LHRP Working Group - Lead by NHS England Communications	CCG Comms and NHS England Comms	Dec 14

Clinical Commissioning Group

		with internal staff - consider what should be published on intranet/internet sites - have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations.				
23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		A	Essex Health Communications Strategy is being developed by a LHRP Working Group - Lead by NHS England Communications, and also covered by BC Plans	CCG Comms	Dec 14
24	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and include DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supersedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 ‘duty to communicate with the public’, or subsequent / additional legislation and/or guidance.	A	Essex Health Communications Strategy is being developed by a LHRP Working Group - Lead by NHS England Communications	CCG Comms	Dec 14
36	Demonstrate organisation wide (including on call personnel) appropriate participation in multi-agency		A	Widen invitations to Multi-Agency Exercises from just EPRR and On Call Directors and Managers	CCG EPRR Staff	Immediate

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	exercises					
37	Preparedness ensures all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		A	All CCG On Call Directors and Managers to maintain a Personal Development Portfolio identifying training and exercises attended	All CCG On Call Directors and Managers	Immediate

Recommendations

The Board/Governing Body is asked to:

- Note the level of EPRR assurance achieved
- Note the results of the self-assessment
- Note the action plan for achieving full assurance
- Agree the inclusion of the NHS England Sitrep report into the CCG Incident Response Plan



Signed

AEO (NHS Thurrock CCG)