

Annual Emergency Preparedness, Resilience and Response Report

Agenda item 21 Paper 15	
Author:	Daniel Dumbarton, EPRR Officer
Executive Lead:	Matthew Knight, Chief Finance Officer Steve Hams, Director of Clinical Performance and Delivery
Relevant Committees or forums that have already reviewed this paper:	Julian Wilmshurst-Smith, Head of Non-acute Contracting, ICT and Estates Jonathan Perrott, Business Continuity Lead
Action required:	To note
Attached:	Surrey Downs CCG annual EPRR report
CCG Strategic objectives relevant to this paper:	Core business: relevant to all / most objectives
Risk	Major Incident Preparedness – see Risk Register
Compliance observations:	Finance: N/A
	Engagement: Compliance against the core standards ensures the CCG is able to meet its obligation in regards to warning and informing the public and staff.
	Quality impact: N/A
	Equality impact: N/A
	Privacy impact: N/A
	Legal: Compliance against the core standards ensures legal compliance with the Civil Contingencies Act

EXECUTIVE SUMMARY

All NHS organisations are required by NHS England to undertake an annual self-assessment against the Emergency Preparedness, Resilience and Response (EPRR) core standards. This paper summarises this process and the outcomes.

- Surrey Downs CCG has rated itself as 'Substantial' against the NHS Core standards for EPRR
- The 2 main providers, Epsom and St Helier University Hospital Trust and Central Surrey Health, have both rated themselves as 'Substantial'.
- SECamb (999, 111 and PTS) have been assured via Swale CCG with North West Surrey CCG being the Surrey lead. They have been rated as 'Substantial'
- Surrey and Borders Partnership NHS Foundation Trust have been assured via North East Hampshire and Farnham CCG with North West Surrey CCG being integral to the process. They have been rated as 'Substantial'.
- The EPRR Officer from Surrey Downs CCG has clarified the compliance status of its 2 main providers via peer review of submitted evidence and face to face discussion.
- Changes to the NHS England EPRR Framework have increased the duties of CCGs; these changes in duties are detailed in this report.

Date of paper

September 2016

For further information contact:

Daniel.dumbarton@nhs.net

Surrey Downs CCG Annual EPRR Summary Report 2016

Introduction

This briefing is an annual summary report to the Governing Body providing an overview of the EPRR related activities the CCG has been involved in 2015/16 and reporting on the CCG's self-assessment against NHS England's Assessment Template for Emergency Preparedness, Resilience and Response (EPRR).

1. Exercises and Training

1.1. Through 3 workshops between March 2016 and September 2016, the majority of on-call personnel have had the opportunity to review previous incidents and discuss potential major incident scenarios. Further workshops will be scheduled (8 in total) for 2017 and will involve both other Surrey CCGs and providers.

Note: The CCG does not currently have an explicit budget for emergency preparedness or business continuity; this means training opportunities are restricted to either 'in house' or infrequent free training supplied by Surrey Local Resilience Forum (SLRF). Although training in 2016/17 will be provided by NHS England to enable staff to operate in Tactical Coordinating Groups (TCGs), it is essential that this level of competence is maintained through continuous development. The immediate demand is the requirement to train/refresh 3 members of staff as Log Book Keepers to the NHS national standard. It is also important to note that Surrey County Council has submitted a request to NHS England to recoup costs for shared work in Surrey for the work its emergency planning team undertakes.

1.2. The CCG was represented at 2 multi-agency exercises in 2016 - Exercise Comet (a multi vehicle accident on the A3) and Exercise Dual Tempest (a Surrey and Sussex wide severe weather scenario).

1.2.1 Exercise Comet was delivered by the Emergency Planning College on behalf of the Cabinet Office and Surrey and Sussex Local Resilience Forums (LRFs). NHS England requested the attendance of Surrey Downs CCG Emergency Preparedness Resilience and Response (EPRR) Officer at the exercise so as to get the CCG's opinion on how a CCG could and would operate in a TCG in the event of a major incident. The feedback from Surrey Downs CCG EPRR Officer was used, in part, to generate a formal report for Surrey Local Health Resilience Partnership (LHRP) and as the basis for ongoing discussions between NHS England and Surrey CCGs around EPRR roles and responsibilities (see section 4)

1.2.2 Exercise Dual Tempest was delivered by Surrey Police with the assistance of the Armed Forces. Again this exercise saw CCG personnel either actively participating in TCG roles or as observers within the TCG. The exercise was extremely useful for all Health colleagues in clarifying further the roles and responsibilities of CCGs in major incidents.

1.3 Attendance in previous exercises by the CCG has been by either the EPRR Officer or the CCG's Business Continuity Lead; this is similar to the approach adopted by the majority of CCGs across the country. Although the CCG has a positive attendance record, it does mean that the experience of the event is restricted to 2 staff members. Given the changes to CCG's roles and responsibilities within the NHS England EPRR Framework 2015 (see section 4), it is recommended that, given the changes in requirements for CCGs from NHS England, on call managers should be required to attend external exercises.

2. Incidents and General updates

2.1. Although, during office hours, minor incidents occurred within Surrey and surrounding areas, none of these incidents required Surrey Downs CCG to invoke its Incident Response or Business Continuity Plans. There were no major incidents during 2015 or to date in 2016 which required an immediate response and invocation of the CCG Incident Response Plan and Business Continuity Policy, Plans or Procedures.

2.2. More locally, there were a few ICT related incidents affecting the CCG IT network, however these were proactively managed by the CCG's Business Continuity Lead, with support from South East Commissioning Support Unit (CSU).

Note: Currently the CCG does not have the stated requirement within its SLA with the CSU to respond to an out of hours ICT issue - this situation is common across most CCG/CSU SLAs. The CSU has stated that it will provide a “best endeavors” service out of hours; this will incur additional costs.

- 2.3. As a county, Surrey has a considerable number of sporting events that impact on its roads and other infrastructure. This includes the UK’s most attended annual cycling event, Ride London, which passes through Leatherhead. For these large events on-call personnel are given face to face briefings from the EPRR Officer and Business Continuity Lead. They are also provided with all the relevant information provided by the event organiser. Furthermore all on-call packs contain a regularly updated events list for Surrey.
- 2.4 On several occasions throughout 2016 Junior Doctors in England have taken industrial action. This action has been met with high levels of planning coordinated by the CCG. Although the action has caused disruption to patient services, the clinical risk has been mitigated by the planning within the System Resilience Group (SRG) and within providers themselves. The Urgent Care team, in addition to participating in regular SRG meetings, sets up frequent teleconferences with the relevant stakeholders to ensure resilience and to learn best practice from dealing with the industrial action. The dispute is still ongoing and the CCG will continue to plan and engage with its providers and other SRG stakeholders.
- 2.5 The CCG, as part of its requirements under the NHS EPRR Framework 2015, has further developed its capabilities to open and staff an Incident Control Centre (ICC). The EPRR team has prepared a container with all the prerequisite equipment which can be used to open an ICC in any available room. Although able to use any room, the CCG has strengthened the operational readiness of Hazel room by:
 - Fitting additional network ports to support laptops and phones
 - Making use of a wall mounted projector screen
- 2.6 After a thorough and robust review of the CCG’s incident response and on call arrangements, all on call staff have been issued their own on call folder.

3. Assurance update

- 3.1. In July 2016 NHS England set out the expectations for the 2016-17 EPRR assurance process. All NHS organisations in England were required to carry out a RAG rated self-assessment against the NHS Core Standards for EPRR.
- 3.2. Accordingly, Surrey Downs CCG has completed its assurance self-assessment which will be submitted, along with a self-assessed overall statement on its level of compliance, as required in September 2016. Following the submission, the CCG Accountable Emergency Officer (AEO) and the EPRR officer will attend an assurance meeting with NHS England in October 2016 where responses from the CCG will be scrutinised and feedback provided.
- 3.3 As part of the changes to CCGs’ roles and responsibilities within the NHS England EPRR Framework 2015 (see section 4) which require CCGs to assure themselves and then NHS England of the position of their providers, Surrey Downs CCG EPRR Officer and Business Continuity lead met with EPRR leads from its 2 main providers, Epsom and St Helier University Hospitals Trust and Central Surrey Health. Both organisations are reporting their compliance as ‘Substantial’ and progress against their internally agreed work plans will be reported through the SRG.
- 3.4. Surrey Downs CCG will attend a special session of the Local Health Resilience Partnership (12th October) where all CCGs will be invited to discuss the annual assurance process and the ongoing progress of work plans including work plans for providers.
- 3.5. Following the initial scrutiny, the CCG submitted an overall assessment of ‘Substantial assurance’ to NHS England.

3.6. The ‘Substantial’ rating is in line with NHS England feedback and is supported by the CCG’s AEO.

4. CCGs roles and responsibilities within the NHS England EPRR Framework 2015

4.1. NHS England’s revised EPRR framework has substantially changed the previous roles, responsibilities and expectations for CCGs. Prior to these changes, CCGs’ roles and responsibilities were limited and there was no expectation for them to be actively involved in the management of an incident. As per the framework, CCGs will;

- actively manage level 1 and 2 incidents (please see table below)
- actively support NHS England in incident levels 3 and 4
- represent “Health” during an emergency at a Tactical Coordinating Group (TCG)
- annually scrutinise its commissioned providers in regards to their compliance against NHS EPRR core standards and report this to NHS England

4.2 Early in 2016 the CCGs in Surrey raised concerns with NHS England around these changes and their implications. Following several meetings NHS England has agreed not to implement these changes, except the requirement to scrutinise their providers, until such time that all the CCGs in Surrey have:

- trained all their on-call staff to a level where they are competent and confident to perform the functions required by the framework
- revised and updated their incident response plans to reflect the changes to their roles and responsibilities

4.3 NHS England will be providing training for all Surrey CCG on-call staff in November/December 2016 to enable them to operate in a TCG.

Incident level	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

5. Conclusion and Recommendations

6.1. EMT is requested to:

- i. note the report
- ii. to note the following:
 - CCG Statement of Compliance 2016/17 (appendix 1)
 - CCG EPRR Improvement Plan for 2016/17 (appendix 2)
 - The overall assessment of Surrey Downs CCG commissioned providers envisaged to have a 'Substantial' rating.
 - An EPRR budget will be developed to include cost of EPRR personnel, staff training, on call answering service, pagers, on call folders, Incident Control Centre equipment (laptops, maps, stationery)

Appendix 1 EPRR Statement of Compliance

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.

NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.

As part of the national EPRR assurance process for 2016/17, NHS Surrey Downs CCG has been required to assess itself against these core standards. The outcome of this self-assessment shows that against 37 of the core standards which are applicable to the organisation, Surrey Downs CCG

- is fully compliant with 35 of these core standards; and
- will become fully compliant with 37 of these core standards by March 2017

The attached improvement plan sets out actions against all core standards where full compliance has yet to be achieved.

The overall rating is:

SUBSTANTIAL

Julian Wilmshurst-Smith
Surrey Downs CCG
August 2016

NHS England South EPRR Assurance compliance ratings

To support a standardised approach to assessing an organisation's **overall preparedness rating** NHS England South have set the following criteria:

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 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 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 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 and will be monitored on a quarterly basis in order to demonstrate future compliance.

Appendix 2 Improvement Plan 2016/17

SDCCG has been required to assess itself against the NHS core standards for Emergency Preparedness, Resilience and Response (EPRR) as part of the annual EPRR assurance process for 2016/2017. This improvement plan is the result of this self-assessment exercise and sets out the required actions that will ensure full compliance with the core standards.

This is a live document and it will be updated as actions are completed.

Core standard	Current self-assessed level of compliance (RAG rating)	Remaining actions required to be fully compliant	Planned date for actions to be completed	Lead name	Further comments
<p>8: "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>Overall rating is green</p>	<p>Please see below</p>	<p>N/A</p>	<p>Jonathan Perrott</p>	<p>N/A</p>
<p>corporate and service level Business Continuity (aligned to current nationally recognised BC standards)</p>	<p></p>	<p>Plan is in place and is current, however recent independent audit (TIAA) has highlighted some gaps. These gaps have been agreed along with timelines to rectify. These have been agreed at</p>	<p>All actions to be completed by March 2017 (this includes moving all documentation over to</p>	<p>Jonathan Perrott</p>	<p>N/A</p>

Core standard	Current self-assessed level of compliance (RAG rating)	Remaining actions required to be fully compliant	Planned date for actions to be completed	Lead name	Further comments
		Director level	the NHS England BCM toolkit formats)		
36: Demonstrate organisation wide (including on call personnel) appropriate participation in multi-agency exercises		The CCG has participated in 2 multi agency exercises in the last 6 months, however this has had limited attendance from on call personnel. All call personnel will be required to attend exercises during the tenure of their on call period (with reasonable previous notification).	March 2017	Jonathan Perrott	N/A