

Agenda Item: 18.0

<p style="font-size: 1.2em; font-weight: bold; margin: 0;"><i>Governing Body</i></p> <p style="font-size: 1.2em; font-weight: bold; margin: 0;"><i>held in public</i></p>	<p style="font-size: 1.5em; font-weight: bold; margin: 0;"><i>Report</i></p> <p style="margin: 0;">Date of Meeting: 25 January 2018</p>
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Report Title	<i>NHS Bedfordshire CCG Core Assurance Standards - Emergency Planning Report</i>		
Report Author	Presented By	Responsible Director	
Mark Meekins Head of EPRR	Caroline Kurzeja, Director of Population Health	Caroline Kurzeja Signature:	
Purpose for presenting report	This report outlines the progress with regards Emergency Preparedness Resilience and Response (EPRR)		
Action Required:	For discussion		
Approval Route:	Exec		
Further Assurance:	No		
Which Strategic Objectives does this report provide evidence for?			Please Tick ✓
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			
Implications/Assessments	Yes	No	N/A
Have any financial implications been signed off by the Chief Finance Officer?			✓
Have any quality implications been signed off by the Director of Nursing & Quality?			✓
Have any privacy implications been signed off by the Head of Information Governance?			✓
Have any conflicts of interest implications been signed off by the Corporate Office?			✓
Have any public engagement implications been signed off by the Head of Communications & Engagement?			✓
Has an Equality Impact Assessment been carried out?			✓
Key Risks	Non Compliance with core standards and by not appointing a lay member with responsibility for EPRR, there will be implications on the 2018/19 core standards assessment review.		

<p>Executive Summary</p>	<p>It was recognised in the core standards review with NHSE in 2015 that NHS Bedfordshire CCG needed to further develop and strengthen the approach to Emergency Preparedness, Resilience and Response (EPRR)</p> <p>Bedfordshire CCG (BCCG) completed a review in 2015 to understand the development areas, and to align a 2 year programme designed to move BCCG's core assurance results from Partial Compliance Status to full Compliance Status.</p> <p>The CCG appointed an in house EPRR subject matter expert. Mark Meekins.</p> <p>Training: All senior managers on-call are required to complete mandatory training. The training ensures that the individuals are aware of their statutory responsibilities and their role in the event of an incident. All on-call staff are also required to train in a multiagency environment and take part in relevant Exercises such as Sparrow/Swan and Eagle.</p> <p>Multiagency working: BCCG did not focus on supporting partners with training and exercising. However this was identified as a major weakness, and has now been addressed through Mark providing outward facing support to planning/training and Health Subject Matter Expertise. BCCG are now seen as a key partner who supports and invests and takes a collaborative approach to Emergency Planning.</p> <p><u>The governing body is being asked to note the substantial improvement in compliance in EPRR.</u></p> <p>Following a review, NHSE have confirmed that the actions put in place in 2015 have been delivered and there has been an incremental step in compliance in EPRR from:</p> <p>2015 Partial compliance to EPRR core standards 2016 Substantial compliance to EPRR core standards 2017 Full compliance to EPRR core standards being awarded</p>
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Introduction

NHS organisations and providers of NHS funded care must:

- nominate a director level accountable emergency officer who will be responsible for EPRR; and
- contribute to area planning for EPRR through local health resilience partnerships (LHRPs) and other relevant groups

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. This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR).

Background

All commissioners and providers of NHS funded care and services are expected to comply with the standards and principles for emergency planning laid down in the:

- The Civil Contingencies Act 2004;
- Section 252A of the National Health Service Act 2016 as amended by Section 46 of the Health and Social Care Act 2012;
- NHS England Emergency Preparedness Framework 2015;
- Other applicable NHS England EPRR guidance; and
- The 2015/16 NHS Standard Contract.

In addition, the CCG should produce, review and validate up-to-date incident response plans, in accordance with current NHS England guidance, in order to:

- a) provide training and support during planned exercises for staff as well as working in close cooperation with the Bedfordshire Local Resilience Forum;
- b) ensure that communication strategies and procedures are in place to deal with any event within the scope of a major incident and service continuity planning;
- c) implement internal organisational incident response plans and maintain the local health economy response in support of NHS England requirements as appropriate;
- d) effectively contribute to the combined response of all emergency services and other agencies, including by mutual aid;
- e) support the delivery (as appropriate) of primary and community health services, including the mobilisation of community resources and supporting designated receiving hospitals where appropriate;
- f) assist NHS England to compile an annual report for the regional director on the health sector's emergency planning, capability and capacity in responding to national, regional or Local Resilience Forum (LRF) level incidents;
- g) participate in NHS England's annual review of compliance against EPRR Core Standards;
- h) encourage the vaccination of staff against seasonal influenza;
- i) send appropriate representation to the LRF, Local Health Resilience Partnership (LHRP) or sub-groups when required to do so; and
- j) liaise with local authority and voluntary agencies in the provision and receipt of wider assistance during major incidents.
- k) give due consideration to potential impacts of any proposed service change on the ability of the NHS to effectively plan for / or respond to an emergency.

Recommendation

Action required for Core Assurance for 2018/19

- **to note that the core standards assessment will feature in the annual report from 2019.**
- **the CCG may wish to consider the appointment of a Lay Member with responsibility for EPRR**

