

Title of Meeting:	Governing Body	Agenda Item: 8.3								
Date of Meeting:	6 December 2018	<table border="1"> <tr> <th align="left" colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td align="center">X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>	Session (Tick)		Public	X	Private		Workshop	
Session (Tick)										
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Paper Title:	Emergency Preparedness Resilience and Response (EPRR) Core Standards Assurance Process 2018/19									

Responsible Governing Body Member Lead Joanne Crewe Accountable Emergency Officer	Report Author and Job Title Clare Hedges Head of Quality and Performance
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Purpose (this paper if for)	Decision	Discussion	Assurance	Information
			X	

**Has the report (or variation of it) been presented to another Committee / Meeting?
If yes, state the Committee / Meeting: No**

Executive Summary

Each year NHS organisations are required to complete an EPRR Assurance process. As in previous years NHS England lead the process to seek assurance that NHS organisations are prepared to respond to emergencies, and are resilient in relation to continuing to provide safe patient care.

The CCG has submitted their EPRR assurance to NHSE which includes:

- Assessment against the newly defined core standards
- Assessment against the deep dive area – Incident Co-ordination Centre
- An Action Plan
- A Statement of Compliance

An overall assurance rating is assigned based on the percentage of Core Standards for EPRR which the organisation has assessed itself as being ‘fully compliant’ with. Following assessment, the CCG has self-assessed as demonstrating ‘partial’ compliance against the core standards. The determination of compliance is shown below:

Full Compliance	The organisation is 100% compliant with all core standards they are expected to achieve.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve.
Partial Compliance	The organisation is 77-88% compliant with the core standards they are expected to achieve.
Non Compliance	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.

It must be noted that these standards differ from those assessed against in 2017/18. Harrogate and Rural District CCG would have self-assessed as compliant this year had the standards remained the same following a significant amount of work undertaken since last year’s assessment.

Harrogate and Rural District CCG is not an outlier in the region for partial compliance. It is

expected that a significant number of CCGs or providers will not achieve full compliance against the standards this year.

Following an organisations self-assessment a confirm and challenge meeting was held with CCGs and the Local Health Resilience Partnership (LHRP) on 14 November 2018. The LHRP will then submit a report to the NHS Regional Teams where there will be a regional calibration process via further confirm and challenge meetings. A national assurance report will then be prepared for the NHS England Board. This report will also be used to provide national EPRR assurance to central government.

Recommendations

The statement of compliance has been approved by Harrogate and Rural District CCG Senior Management Team. Governing Body is asked to note that the statement of compliance and the 2018/19 improvement and plan that provides assurance that the Harrogate and Rural District CCG has procedures in place to respond to business continuity or major incidents in the Harrogate and Rural District area.

Monitoring

Completion of EPRR core standards is an annual assurance process to NHS England.

CCGs Strategic Objectives supported by this paper

	CCG Strategic Objective	X
1	Quality, Safety and Continuous Improvement	X
2	Better Value Healthcare	
3	Well Governed and Adaptable Organisation	X
4	Health and Wellbeing	X
5	Active and Meaningful Engagement	X

CCG Values underpinned in this paper

	CCG Values	X
1	Respect and Dignity	X
2	Commitment to Quality of Care	X
3	Compassion	X
4	Improving Lives	X
5	Working Together for Patients	X
6	Everyone Counts	X

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X
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If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	This is a formal assurance process requested by NHS England.
Management of Conflicts of Interest	No conflicts of Interest have been identified prior to the meeting.
Communication / Public and Patient Engagement	This assurance process does not require any patient or public engagement.
Financial / resource implications	None currently identified.
Outcome of Impact Assessments completed (e.g. Quality IA or Equality)	All health and social care provider partners are responsible for undertaking their own Equality Impact Assessments within their own resilience plans.

Clare Hedges, Head of Quality and Performance

1. Background

Each year NHS organisations are required to complete an EPRR Assurance process. As in previous years NHS England lead the process to seek assurance that NHS organisations are prepared to respond to emergencies, and are resilient in relation to continuing to provide safe patient care.

The CCG has submitted their EPRR assurance to NHSE which includes:

- Assessment against the newly defined core standards
- Assessment against the deep dive area – Incident Co-ordination Centre
- An Action Plan
- A Statement of Compliance

An overall assurance rating is assigned based on the percentage of Core Standards for EPRR which the organisation has assessed itself as being 'fully compliant' with.

Full Compliance	The organisation is 100% compliant with all core standards they are expected to achieve.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve.
Partial Compliance	The organisation is 77-88% compliant with the core standards they are expected to achieve.
Non Compliance	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.

Following self-assessment by CCGs a 'confirm and challenge' meeting was held with CCGs and the Local Health Resilience Partnership (LHRP) on 14 November 2018. This again confirmed that our own challenges are similar to other colleagues' in the area. The LHRP will take the collated information and submit a report to the NHS Regional Teams where there will be a regional calibration process via further 'confirm and challenge meetings'. A national assurance report will then be prepared for the NHS England Board. This report will also be used to provide national EPRR assurance to central government.

2. Outcome

Following assessment, the CCG has self-assessed as demonstrating 'partial' compliance against the core standards (p6). The standards where Harrogate and Rural District CCG self-assessed as non-compliant or partially compliant can be seen in the Action Plan (p7).

It should be noted that the standards have changed significantly from the 2017/18 self – assurance, where we declared partial assurance and, if these had remained the same an assessment of 'substantial assurance' would have been made. However, following both the Kerslake Report on the Manchester Arena attack and findings of the Grenfell Fire Inquiry along with other significant events over the past year, the standards have been reviewed and re-written.

3. Recommendations

Governing Body is asked to receive the statement of compliance and action plan as assurance that the Harrogate and Rural District CCG has procedures in place to respond to business continuity or major incidents in the Harrogate and Rural District area and has an action plan in place to address those areas of partial or non-compliance.

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2018-2019**

STATEMENT OF COMPLIANCE

Harrogate and Rural District CCG has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Harrogate and Rural District CCG will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Partial against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's Senior Executive and Management Team along with the enclosed action plan and governance deep dive responses. It will be presented to Governing Body on 6th December 2018.



Signed by the organisation's Accountable Emergency Officer

30/10/2018

06/12/2018
Date of Governing body meeting

06/12/2018
Date presented at Public Board

Emergency Planning Resilience and Response Core Standards Improvement Plan 2018/19

*Harrogate and Rural District
Clinical Commissioning Group*

ACTIONS ARISING FROM 2018 / 2019 ASSURANCE PROCESS

	Not compliant with core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months
	Not compliant with core standard. The organisation's EPRR work programme demonstrates an action plan to achieve full compliance within the next 12 months
	Fully compliant with core standard

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
15	The organisation has effective arrangements in place to respond to pandemic influenza as described in the National Risk Register.	Clear commissioning arrangements for prescribing, distribution, treatment and prophylaxis of individuals in the event of an outbreak.	Currently under discussion with PHE, NYCC and primary care. Guidance needed and processes commissioned for response to a pandemic flu.	December 2018
16	The organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3.	Clear commissioning arrangements for prescribing, distribution, treatment and prophylaxis of individuals in the event of an outbreak. FFP masks would be held by the acute trust and YAS	Currently under discussion with PHE, NYCC and primary care. Guidance needed and processes commissioned for response to a range of outbreaks including flu, avian flu, Men B etc	December 2018
28	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	On call managers and directors to maintain their personal training and exercise portfolio and plan.	To ensure clarity on the level and type of response required where support to other organisations may be needed.	April 2019

30	<p>The organisation has a pre-identified an Incident Co-ordination Centre (ICC) and alternative fall-back location.</p> <p>Both locations should be tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.</p>	<ul style="list-style-type: none"> ▪ Documented processes for establishing an ICC ▪ Maps and diagrams ▪ A testing schedule ▪ A training schedule ▪ Pre identified roles and responsibilities, with action cards ▪ Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards 	<p>Comment: It is not felt this action is proportionate or necessary as a Category 2 responder. Harrogate and Rural District CCG would be represented at an ICC (likely to be sited at a local acute trust or within Yorkshire Ambulance Service) to respond to a major incident.</p>	
33	<p>The organisation has 24 hour access to a trained loggist (s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents.</p>	<p>A 24 hour on call trained loggist.</p>	<p>Comment: Cover for this role is currently only during normal working hours and does not cover 24hrs per day, 7 days per week. 24/7 coverage is not affordable within current budgets</p>	
37	<p>The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.</p>	<p>Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response</p>	<p>Social media policy to be developed.</p>	<p>January 2019</p>
39	<p>The organisation has a media strategy to enable communication with the public. This includes identification of and access to a trained media spokespeople able to represent the organisation to the media at all times</p>	<ul style="list-style-type: none"> ▪ Have emergency communications response arrangements in place ▪ Using lessons identified from previous major incidents to inform the development of future incident response communications ▪ Setting up protocols with the media for warning and informing ▪ Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads' 	<p>Formal media strategy and protocol to be developed</p>	<p>April 2019</p>

40	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum	Capacity for the AEO to attend. Conflicting priorities prevent attendance and meetings may only be two or three times a year.	Continue to try and attend as priorities allow. One of two attended 2018. Minutes from all meetings are received. Head of Q and P may deputise but this does not satisfy compliance.	October 2018
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Deep Dive – Command and Control – Incident Co-ordination Centre

DD1	The organisation has equipped their ICC with suitable and resilient communications and IT equipment in line with NHS England Resilient Telecommunications Guidance.	Harrogate and Rural District CCG is not fully compliant with this standard as it does not have it's own independent and resourced ICC although does have access to telephony and IT communication services from within it's head office in Knaresborough. It is not considered proportionate or necessary to our role as a Category 2 responder in responding to an incident. Harrogate and Rural District CCG would be represented at an ICC (likely to be sited at a local acute trust or within Yorkshire Ambulance Service) to respond to a major incident.	
DD2	The organisation has the ability to establish an ICC (24/7) and maintains a state of organisational readiness at all times.	Harrogate and Rural District CCG is not fully compliant with this standard as it does not have it's own independent and resourced ICC although does have access to telephony and IT communication services from within it's head office in Knaresborough. It is not considered proportionate or necessary to our role as a Category 2 responder in responding to an incident. Harrogate and Rural District CCG would be represented at an ICC (likely to be sited at a local acute trust or within Yorkshire Ambulance Service) to respond to a major incident.	
DD3	ICC equipment has been tested every three months as a minimum to ensure functionality, and corrective action taken where necessary.	Harrogate and Rural District CCG is not fully compliant with this standard as it does not have it's own independent and resourced ICC although does have access to telephony and IT communication services from within it's head office in Knaresborough. It is not considered proportionate or necessary to our role as a Category 2 responder in responding to an incident. Harrogate and Rural District CCG would be represented at an ICC (likely to be sited at a local acute trust or within Yorkshire Ambulance Service) to respond to a major incident	

DD4	The organisation has arrangements in place outlining how it's ICC will coordinate it's functions as defined in the EPRR Framework.	Harrogate and Rural District CCG is not fully compliant with this standard as it does not have it's own independent and resourced ICC although does have access to telephony and IT communication services from within it's head office in Knaresborough. It is not considered proportionate or necessary to our role as a Category 2 responder in responding to an incident. Harrogate and Rural District CCG would be represented at an ICC (likely to be sited at a local acute trust or within Yorkshire Ambulance Service) to respond to a major incident	
DD5	The organisation has a documented command structure which establishes strategic, tactical and operational roles and responsibilities 24 / 7.	Harrogate and Rural District CCG has a Major Incident Policy including action cards. The MIP identifies the roles and responsibilities of the staff responding to an incident. The CCG does not have the capacity to deploy a full command structure and response 24/7 (strategic, operational and tactical) but can deliver this during working hours if required. Out of hours the CCG can deploy strategic level support through the senior manager on call and Director on call.	

ACTION PLAN UPDATE FOR 2017 / 2018 ASSURANCE PROCESS

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
SoC	A communications exercise (required at least every six months)	CCG to undertake a communications exercise e.g. electrical failure	A number of communication exercises planned throughout the year.	December 2017
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	To develop an Incidence Response Policy separate to the Business Continuity Policy.	To develop an Incidence Response Policy with our local Trust to ensure the required response is clear in the event of a major incident.	February 2018
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.	To develop an Incidence Response Policy separate to the Business Continuity Policy.	To ensure clarity on the level and type of response required where support to other organisations may be needed.	February 2018
9	Ensure that plans are prepared in line with current guidance and good practice which includes:	Action cards in addition to winter resilience to be included in the BCP and IRP	Include action cards in IRP development and BCP update	February 2018
10	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing	To develop an Incidence Response Policy separate to the Business Continuity Policy.	To ensure both the BCP and the IRP includes clear procedure for determining whether an emergency or business continuity incident has occurred.	February 2018
16 & 34	Those on-call must meet identified competencies and key knowledge and skills for staff.	To develop training needs analysis (TNA). To request support from NHSE to undertake analysis, plan and for staff to receive training in line with REAP levels.	Development of training and experience log. All on-call received training (DG, AC, KK, AD booked on for 7.11.17) CH, SS, AD, LF registered for loggist training.	December 2017
24	Arrangements contain information sharing protocols to ensure	Guidance regarding data protection and sharing in the event of an incident.	To include in development of IRP	February 2018

	appropriate communication with partners.			
25	Organisations actively participate in or are represented at the Local Resilience Forum	Attendance at NY&H LRF	Newly appointed Head of Q&P to attend	September 2017
33	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level	Attendance at NY&H LHRP	Director of Q&G / Executive Nurse	September 2017
37	Preparedness ensures all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.	TNA to include central record of training to be maintained detailing training and any testing undertaken.	Development of training and experience log.	December 2017
DD2	The organisation has published the results of the 2017/18 NHS EPRR assurance process in their annual report.	Publish EPRR assurance as part of the CCG annual report	Ensure included as part of annual report	April 2018 – omitted – to include next year – comms aware
DD5	The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group	Risks to EPRR and EPRR policy updates will be discussed at Clinical Risk Review Group (CRRG) and Quality & Clinical Governance Group respectively. To achieve 50% attendance in 12 months	EPRR to be incorporated into CRRG and QCGC and be a standing agenda item.	September 2017
DD6	The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings	To achieve 75% attendance in 12 months	To improve attendance	September 2018- not achieved as competing priorities but receives minutes from all meetings.