

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR)
ASSURANCE REPORT 2017/18

Date of the meeting	17/01/2018
Author	L Patton - Emergency Planning Lead
Sponsoring Board Member	S Watkins - Locality Lead for Poole Central
Purpose of Report	To provide an overview of EPRR Assurance 2017-2018.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Accountable Emergency Officers and Emergency Planners from Dorset NHS Provider Organisations.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : LP

1. Introduction

- 1.1 The NHS is expected by the Government and Public, to be ready to respond in the event of major and critical incidents affecting the UK. 2017 has been a year of variable and challenging incidents, ranging from the catastrophic Grenfell Fire Disaster in June to the Cyber Attacks of the 12th of May. The growing international threat of terrorism also presents health services with a daily focus to remain prepared. 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 safe and quality services.
- 1.2 NHS England has published updated NHS core standards to assess Emergency Preparedness, Resilience and Response (EPRR) arrangements for 2017-2018. 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.
- 1.3 The 2017-2018 EPRR assurance process required NHS England (at national regional and local level), Clinical Commissioning Group's (CCG's), Ambulance Trusts, Acute, Community and Mental Health providers of NHS care to complete the core standards self-assessment matrix. An improvement plan was then drawn up by each organisation to outline how the amber or red core standards would be addressed over the next 12 months. Each organisation's Accountable Emergency Officer was also required to sign a statement of compliance, which outlined their commitment to delivering the improvement plan (see Appendices 2 for an example). Additionally, for 2017 - 2018 NHS Dorset CCG was required to engage in EPRR assurance with SWAST. This task is a requirement of the CCG, to ensure it meets its responsibilities as the designated lead commissioner for South Western Ambulance Service NHS Foundation Trust (SWAST) between April 2017 - April 2019.
- 1.4 Between Wednesday 30 August and Monday 18 September 2017 the CCG Accountable Emergency Officer (Mike Wood) and the Emergency Planning Lead (Liam Patton) met with each of the acute providers, SWAST, Dorset Healthcare, NHS 111 and Non-Emergency Patient Transport Services, to discuss their assurance returns. The outcomes of these meetings are discussed below.

2. Examples of EPRR good practice across the provider system

- 2.1 Whilst the assurance focusses on key areas of improvement/development in EPRR there were a number of good practice examples put forward by providers.
 - SWAST - One of many areas of best practice was the incorporation of major incident action cards into a live IT application, which links to mobile assets across the region.

- Poole Hospital NHS Foundation Trust (PH) highlighted that their Trust is routinely exercising their emergency communications cascade more often than the minimum requirement of the EPRR core standards.
- Dorset County Hospital NHS Foundation Trust (DCH) outlined that they have promoted the governance of EPRR, so that the Sub Group for this function now reports to the Senior Management Team.
- Dorset Healthcare University NHS Foundation Trust (DHC) have enhanced their approach to managing both pandemic flu and fuel disruption.
- E-Zec Medical has revised its approach to Business Continuity Planning, providing a far more robust process.

3. Dorset NHS Overall Compliance Levels

3.1 Overall compliance levels can be found in Appendices 3.

4. Key themes and challenges

4.1 The key challenge that faces NHS Trusts, is sustaining all areas of EPRR highlighted within the national core standards, at the same time as digesting the valuable learning from the larger number of incidents experienced in 2017.

4.2 The assurance process highlighted a degree of inconstancy across the approach to training needs analysis, with many taking the shape of a plan or program for training. The Local Health Resilience Partnership (LHRP) subgroup, has committed itself to undertake a workshop in the first quarter of 2018. This will aim to standardise our approach to training needs analysis.

4.3 The most common gap in operational level contingency planning was in the area of lockdown planning. Both Poole Hospital and Dorset HealthCare will be addressing this area through their EPRR improvement planning in the first quarter of 2018.

5. CCG EPRR Assurance

5.1 The CCG's Accountable Emergency Officer and Emergency Planning Lead met with their counterparts at NHS England – South (Wessex) on Monday 9th of October 2017 to discuss provider assurance returns and the CCG's own submission.

5.2 The CCG has four items listed on its EPRR improvement plan (Appendices 1). Key areas of work listed on this plan includes CCG Risk Assessment process and the need to run a table exercise before May 2018.

5.3 NHS England – South (Wessex) have formally agreed that as, at the time of the meeting, the CCG has four outstanding amber core standards it is currently substantially compliant which reflects the CCG's self-assessment on the Statement of Compliance document in Appendix 2.

6. Next steps

- 6.1 NHS England – South (Wessex) have formally written to the CCG to summarise discussions from the meeting on Monday 9 October. Following this, the CCG will write to each provider summarising specific feedback. A copy of this letter will also be sent to each provider’s contract review meeting.
- 6.2 Provider’s improvement plans will then be reviewed on a quarterly basis between LHRP meetings. These review meetings will take place in January, April and July 2018.

7. Conclusion

- 7.1 The Governing Body is asked to note this report as a requirement of the 2017-2018 assurance process for EPRR.

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Date: 03/01/2018

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Appendices	
Appendix 1	EPRR Improvement Plan – NHS Dorset CCG
Appendix 2	NHS Dorset CCG Signed Statement of Compliance
Appendix 3	EPRR Compliance Levels Table and Dorset NHS Organisations Overall Compliance Levels

Appendix 1: EPRR Improvement Plan: NHS Dorset CCG
Version: V2 03/11/2017

NHS Dorset CCG 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 2017/18. 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 – (15) 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): Fuel Disruption</p>		<p>The CCG's Critical functions are outlined in the CCG's Business Continuity Plan. Those staff who work in critical functions would be the priority fuel users. Work to be carried out to identify remote working options for those members of staff and usual transport to work etc. This will be formally written up as an annex to the CCG's Business Continuity Plan</p>	<p>April 2018</p>	<p>Liam Patton</p>	<p>This planning will take place following the launch of the Dorset LRF Fuel Plan</p> <p>LRF plan now passed to Executive group for sign off. (November 2017).</p>

9.6

<p>5) Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.</p>		<p>EPRR related risks can be added to the corporate risk register as they arise, however there is currently no formalised link to the organisational risk management process.</p>	<p>By December 2018</p>	<p>Liam Patton</p>	<p>Incorporate the post incident and exercise lessons learning tracker into corporate risk and issue management processes.</p> <p>Reword the DCCG EPRR Framework to reflect the process above. The newly formed EPRR sub group could take ownership of this responsibility as per planned improvement to core standard Deep Dive 4 (EPRR governance).</p>
<p>50) Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.</p>		<p>The CCG should routinely undertake an internal organisational TTX to meet this standard, which is yet to occur in this current period of assurance.</p>	<p>By April 2018.</p>	<p>Liam Patton</p>	
<p>52) Preparedness ensures all incident commanders (on-call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.</p>		<p>Should this standard require greater detail than the training records included in the T&E Plan, it is assumed the standard will remain amber.</p>	<p>By December 2017</p>	<p>Liam Patton</p>	<p>Investigate with workforce how records might be better presented. If required by NHSE.</p>

Appendix 2: NHS Dorset CCG Signed Statement of Compliance

**Example 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 Dorset CCG](#) has been required to assess itself against these core standards by Monday 18th September 2017. The outcome of this self-assessment shows that against 38 of the core standards which are applicable to the organisation, NHS Dorset CCG:

- is fully compliant with 34 of these core standards; and
- 4 of the core standards were not full addressed by September 2017.

Therefore, based on the table in Figure 1, NHS Dorset CCG is submitting an overall compliance rating of **Substantially Compliant with the core stands**.

In response to the 2017/18 deep dive, NHS Dorset CCG:

- Is fully compliant with 3 of the 6 standards.

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

[Mike Wood](#)
Accountable Emergency Officer

A handwritten signature in black ink that reads 'Michael Wood'. The signature is written in a cursive style and is positioned above a horizontal line.

Appendix 3: EPRR Compliance Levels Table and Dorset NHS Organisations Overall Compliance Levels (taken from September 2017)

Figure 1

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.

Organisation	Number of outstanding core standards	Overall Compliance Level
Dorset County Hospital	2	Substantially compliant
Dorset Healthcare	3 and 1 Hazardous Material item	Substantially compliant
Poole Hospital	1	Substantially compliant
Royal Bournemouth Hospital	3 and 2 Hazardous Material items	Substantially compliant
SWAST 999 & 111	0	Fully compliant
E-zec Medical	6	Partially Compliant
NHS Dorset CCG	4	Substantially Compliant