

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

#### EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE ANNUAL ASSURANCE REPORT 2014/15

<b>Date of the meeting</b>	19/11/2014
<b>Author</b>	S Walker, Emergency Planning Lead
<b>Sponsoring Board Member</b>	T Goodson, Chief Officer
<b>Purpose of Report</b>	To provide an overview for Governing Body members on the process and outcomes of the 2014/2015 Emergency Preparedness Resilience and Response assurance process (this update is a requirement of the EPRR assurance process).
<b>Recommendation</b>	The Governing Body is asked to <b>Note</b> the report.
<b>Stakeholder Engagement</b>	N/A
<b>Previous GB / Committee/s, Dates</b>	N/A

#### Monitoring and Assurance Summary

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ] <i>Copy &amp; paste tick</i>	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : SW

## 1. Introduction

- 1.1. 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 safe and high quality services.
- 1.2. NHS England has published updated NHS core standards to assess Emergency Preparedness, Resilience and Response (EPRR) arrangements for 2014-2015. 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. The Accountable Emergency Officer (AEO) for NHS Dorset Clinical Commissioning Group (CCG) is Charles Summers (Director of Engagement and Development).

## 2. Assurance Process

- 2.1 The 2014-2015 EPRR assurance process required NHS England (National, Regional and Area Teams), CCG's, Acute, Community and Mental Health providers of NHS care to complete the core standards self-assessment matrix by RAG rating each item as follows:
  - Red - not compliant and cannot be achieve full compliance over next 12 months;
  - Amber - not compliant but full compliance can be achieved over next 12 months; or
  - Green - fully compliant.
- 2.2 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. Additionally each provider/CCG AEO was also required to sign a statement of compliance document which outlined their commitment to delivering the improvement plan.
- 2.3 During September/October, the CCG met with each of the acute providers and Dorset Healthcare University Foundation Trust (DHUFT) to discuss their assurance returns. The CCG then met with NHS England Wessex Area Team (the Area Team) to discuss both providers and the CCG's own assurance returns.

## 3. EPRR Good Practice across the system

- 3.1 Whilst the assurance focusses on key areas of improvement/development in EPRR, there were a number of good practice examples put forward by each provider which it is important to recognise. Examples include:

- Inviting an external EPRR expert into the trust to provide an independent view on existing EPRR arrangements ahead of the assurance round;
- Having strong Business Continuity arrangements in place within the trust with a commitment to embedding Business Continuity into day to day practice;
- Having a Chemical Biological Radiological and Nuclear (CBRN) specialist on site;
- Holding a 'perfect three days' real time exercise which aimed at freeing up capacity in the health and social care system;
- All providers have worked hard to ensure key on-call staff can attend Strategic Leadership in a Crisis courses.

## 4. System Key Themes

4.1 Local providers have improvement plans in place to make progress on all areas where further work has been identified. In some areas support is required through developing joint arrangements or gaining clarification of national requirements. In these cases however progress can be made locally as some organisations have demonstrated. Common themes appearing consistently on submitted improvement plans which require joint Local Health Resilience Partnership (LHRP) working include:

- Training and exercising;
- Understanding local risks;
- Maintaining plans –
  - Severe weather;
  - Pandemic Flu;
  - Mass countermeasures;
  - Mass Casualty;
  - Fuel Disruption;
  - Excess Deaths;
  - Chemical Biological Radiological and Nuclear (CBRN).

4.2 The LHRP sub-group will revise its terms of reference and use as a standing agenda to develop arrangements areas where more joint work is required. The CCG is supporting the establishment of the Bournemouth, Dorset and Poole Civil Contingencies Unit (a recently established unit which will coordinate and support multiagency partners to deliver their statutory duties under the Civil Contingencies Act 2004) and will work in partnership with them to deliver a number of action points on assurance improvement plans.

## 5. Compliance Levels

5.1 At the time of writing the Area Team and CCG are finalising compliance levels for providers in line with the Table 1 below. The CCG is awaiting formal confirmation of its compliance level and a verbal update will be given at the meeting.

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.

*Table 1: EPRR Assurance Compliance Levels, NHS England*

## 6. Follow up action and next steps

- The Area Team will write to NHS Dorset CCG confirming assurance compliance levels for providers and the CCG;
- An update will be sent to the each provider's November Contract Review Meeting outlining compliance levels;
- Each provider's improvement plan will be monitored on a quarterly basis at the LHRP subgroup.

## 7. Conclusion

7.1. The Governing Body is asked to note this report.

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