

Emergency Preparedness, Resilience and Response (EPRR)

1. Introduction

The NHS needs to plan for and respond to a wide range of emergencies and business continuity incidents that could affect the health/patient safety of individuals or populations. Typically these are related to severe weather, outbreaks of diseases (e.g., flu) and major transport incidents. A significant amount of planning and testing takes place across the public sector under the Civil Contingencies Act (2004). In the health service this work is referred to as EPRR.

Each year an NHS wide assurance process is carried out against the core standards and the process for 2018 is being carried out by NHS England between September and October. As part of this, the CCG is required to complete a self-assessment and support NHS England in seeking assurance from providers. The Governing Body is required to approve the self-assessment in October.

2. Background

The Health and Social Care Act (2012) significantly affected EPRR arrangements with many functions being distributed to new bodies e.g., Public Health England, NHS England and CCGs. The overarching document that described this change which was enacted on 1st April 2013 was called NHS Commissioning Board Emergency Preparedness Framework 2013.

New guidance for EPRR was released in 2015 which introduced critical incidents, as opposed to only having business continuity and major incidents. The guidance also clarified the role of CCGs in relation to incidents and tactical and strategic support. A copy of the guidance can be found at <https://www.england.nhs.uk/ourwork/epr/gf/>.

NHS England carried out a consultation in 2014/15 to establish core standards for EPRR and these were updated in 2018. Appendix 1 provides an overview of the core standards and the expectations in relation to the different categories. The document also gives a more simplified description and summary of the EPRR requirements as per the framework.

NHS England has required that all relevant organisations complete a self-assessment matrix with a RAG (red, amber, green) rating against these core standards. This completed assessment for CCGs in Nottinghamshire is attached as Appendix 2. The deep dive for 2018 is Command and Control.

The self-assessment has been submitted to NHS England and a confirm and challenge session will be held with the CCGs prior to the end of October 2018.

The process being followed is part of the national framework and timescales and reporting structure includes NHS England local Director of Commissioning team, the NHS England Regional Team and NHS England.

3. Local situation

3.1 Collaboration

Working across CCGs

CCGs in the geographical county of Nottinghamshire have continued to collaborate on EPRR while still retaining their statutory accountability. This is allowed in the guidance with a role for a lead CCG. This is a pragmatic solution as much of the partnership work on emergency planning has the local authorities and the Police as the lead organisations.

All category 1 emergency response organisations come together in the Local Resilience Forum (LRF) where the NHS is represented by NHS England local DCO Team. The health forum, attended by NHS providers and commissioners is called the Local Health Resilience Partnership (LHRP). Gary Thompson attends this as Accountable Emergency Officer and representative of Nottinghamshire CCGs. There is a memorandum of understanding for the LHRP signed on behalf of all CCG Accountable Officers. The CCGs are also represented on the Health Emergency Planning Operations Group (HEPOG) which includes commissioners and providers across Nottinghamshire and Derbyshire.

Through the EPRR arrangements, the CCGs are represented on the Health Protection Strategy Group which is chaired by Public Health. During 2017/18 a Health Protection Response Group was established as a sub-group of the LHRP. The CCGs are represented on this group and core membership from NHS England, Public Health and Public Health England. Other members will be co-opted onto the group in relation to the area of focus. This group support an action plan in response to the health protection audit carried out in 2017/18. The Health Protection Response MOU is attached as Appendix 4.

The financial risk share agreement specifically mentions EPRR as one of the areas where risk is formally shared. This is to ensure that in the event of an emergency where resources need to be committed at scale the on call managers are able to enact this on behalf of each other.

Working with Providers

CCGs are required to ensure that contracts with all commissioned provider organisations (including independent and third sector) contain the relevant EPRR elements, including business continuity.

CCGs are also required to monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable core standards. Each year the Nottinghamshire CCGs hold confirm and challenge sessions with Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham City Care Partnership and . Circle Nottingham NHS Treatment Centre. Lead commissioners will carry out the same confirm and challenge sessions accordingly i.e. East Midlands Ambulance Service NHS Trust.

3.2 Leadership

As mentioned, it is a requirement of the Core Standards that each CCG has an Accountable Emergency Officer (AEO). For the CCGs this has historically been the Chief Officer, however it is possible to delegate this responsibility to a Governing Body level Director. The AEO has executive authority and responsibility for ensuring that the CCG complies with legal and policy requirements. Elaine Moss, Director of Quality and Governance / Chief Nurse is the AEO for Mid-Nottinghamshire and Gary Thompson, Chief Operating Officer, for Greater Nottingham.

The CCGs exercise their duties as category 2 responders by being part of a 24/7 on call rota. CCGs are required to support the local health economy tactical coordination during incidents, which is part of being on call. CCGs also have a responsibility to prepare for and rehearse incident response arrangements which is predominantly co-ordinated through NHS England the HEPOG and Public Health England. The managers on the rota are all band 8c and above. There are two rotas, one for Mid-Nottinghamshire CCGs and one for Greater Nottingham Clinical Commissioning Partnership. This rationale for 2 rotas is that CCGs also have to provide a 24/7 on call response to system resilience (reporting of ED breaches for example), the majority of which relates to acute providers.

At an organisational level, each CCG has a Business Continuity Plan which is approved by the Governing Body as and when required. The Business Continuity Plans are more or less the same across the CCGs, with specific information included as relevant to business premises and staffing arrangements.

3.3 Training

During 2018 training has been held with on call staff on incident response management. There have been a number of exercises available for on call staff to take part in which also are a means of training. Also, in 2018 the Nottinghamshire CCGs have supported a number of staff on Loggist training.

The majority of training is at LRF level and is linked to strategic and tactical responses. There is no specific CCG category 2 level training, therefore CCG on call managers undertake the tactical LRF training as this provides an overview of how CCGs would support NHS England as a category 2 responder in a major incident. On call managers have recently attended training on how to respond to an incident.

4. Conclusion

CCGs have robust arrangements in place for EPRR and are RAG rated as “Substantially Compliant” across the core standards. An action plan has been produced and will be approved with NHS England through the confirm and challenge.

As category 2 responders, CCGs have a supporting role and are fully integrated in the system wide strategic planning of EPRR through the LHRP. The CCGs are also represented on the Health Protection Strategy Group.

For 2018, the Governing Body is asked to acknowledge the CCG self-assessment against the core standards (see Appendix 2) A report will be provided in the Autumn on the outcomes of the assurance process following the confirm and challenge meeting with NHSE.

Appendix 1 – Core Standards

The NHS England Core Standards for EPRR are subject to an annual review. This review includes minor amends and updates according to recent learning and changes in legislation and/or guidance.

A full review of the core standards occurs every three years, involving consultation with a working group. The attached document was revised in July 2018 and sets out the minimum core standards for NHS organisations and providers.



Appendix 1 - Core standards for EPRR g

The NHS England Core Standards for EPRR are split into ten domains:

1. Governance
2. Duty to risk assess
3. Duty to maintain plans
4. Command and control
5. Training and exercising
6. Response
7. Warning and Information
8. Cooperation
9. Business Continuity
10. Chemical, Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT)

Appendix 2 - Assurance Framework Against Core Standards

The attached spread sheet details the areas of compliance for Nottinghamshire CCGs. Specific information is presented with blue text.



Nottinghamshire
CCGs 2018 Core Star

Appendix 3 – Memorandum of Understanding

This memorandum of understanding (MOU) sets out the agreed contribution to emergency preparedness, resilience and response (EPRR) within Nottinghamshire between the NHS North Midlands who leads on EPRR acting, in its EPRR functions, on behalf of the NHS at the Nottinghamshire local resilience forum (LRF); and organisations (including CCGs) and providers.

The roles and responsibilities of CCGs as outlined in the MOU are as follows:

The EPRR role and responsibilities of CCGs are to:

- NHS England expects all NHS funded organisations to have an AEO as set out in the NHS England - EPRR Framework 2015
- Ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity
- Monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards
- Ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the CCG 24/7
- Ensure effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers
- Be represented at the LHRP, either on their own behalf or through a nominated lead CCG representative
- Provide a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness
- Support NHS England in discharging its EPRR functions and duties locally, including supporting Local Health Economy and representing health at a TCG during incidents (Alert Level 2-4)
- Fulfil the duties of a Category 2 responder under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended).



Appendix 3 -
Nottinghamshire LHRI

Appendix 4 – Memorandum of Understanding for Health Protection Response

This memorandum of understanding (MOU) has been developed as a high level document to ensure that there is a process in place for responding to health protection incidents preventing unnecessary spread of disease. This MOU is a framework for promoting mutually supportive working between multi-agency partner when planning and responding.



Appendix 4 - Notts
LHRP HPR MOU (v2.1)