



NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

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 2017 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 CCGs support NHS England in seeking assurance from providers. The Governing Body is required to approve the self-assessment in September.

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.

NHS England carried out a consultation in 2014/15 to establish core standards for EPRR, which are attached in Appendix 1. The document also gives a more simplified description and summary of the EPRR requirements as per the framework. 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/eprr/gf/>.

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 and Nottingham City is attached at Appendix 2. CCGs are category 2 responders, the description of this can be found in page 6 and 7 of the Core standards attachment (Appendix 1). Each year, organisations are asked to self-assess

against a specific area, in addition to the core standards. The following were the specific areas of focus:

- 2015 - pandemic flu
- 2016 - business continuity
- 2017 - governance

The self-assessment will be submitted to NHS England and a confirm and challenge session will be held with the CCGs prior to the end of October 2017.

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

3. Local situation

3.1 Collaboration

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 role is taken by Rushcliffe CCG with operational support provided by Nottingham North and East CCG for Greater Nottingham, and Mansfield and Ashfield CCG for mid Nottinghamshire. 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 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). Vicky Bailey attends this as Chief Officer of Rushcliffe CCG and representative of Nottinghamshire CCGs. There is a memorandum of understanding for the LHRP signed on behalf of all CCG Accountable Officers (Appendix 3). The CCGs are also represented on the Health Emergency Planning Operations Group (HEPOG) which includes commissioners and providers across Nottinghamshire and Derbyshire.

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.

The Greater Nottingham CCGs have agreed that EPRR will go into the responsibilities of the Joint committee. This is currently in development.

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 and Local Partnerships, Nottingham City Care Partnership and patient transport services. Lead commissioners will carry out the same confirm and challenge sessions accordingly ie 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.

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 the HEPOG and Public Health England. The managers on the rota are all band 8c and above. There are two rotas, one for Mansfield and Ashfield and Newark and Sherwood, and one for Nottingham City, Nottingham North and East, Nottingham West and Rushcliffe CCGs. 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. In addition to the groups mentioned above under section 2 Collaboration, there is a Nottinghamshire meeting that reviews the on call handbook and on call incidents.

3.3 Training

The majority of training is at LRF level and is linked to strategic and tactical responses. NHS England has a training strategy to enable it to take its lead role in the LRF. 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 will undertake further training in 2017/18 on incident command centres and health economy TCGs.

4. Conclusion

CCGs have robust arrangements in place for EPRR and are RAG rated as green across the core standards. 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 2017, the Governing Body is asked to approve the CCG self-assessment against the core standards for submission to NHS England. A further report will be provided in the Autumn on the outcomes of the assurance process.

The Governing Body is asked to:

Approve the self-assessment against the core standards.

Appendix 1 – Core Standards

The attached document sets out the minimum core standards for NHS organisations and providers.



nhse-core-standards-
150506.pdf

The core standards relate to the following:

General

NHS organisations and providers of NHS funded care must:

- i. Nominate an director level accountable emergency officer who will be responsible for EPRR; and
- ii. Contribute to area planning for EPRR through local health resilience partnerships (LHRPs) and other relevant groups.

Emergency Preparedness Resilience and Response

NHS Organisations and providers of NHS funded care must:

- i. have suitable, proportionate and up to date plans which set out how they plan for, respond to and recover from emergency and business continuity incidents as identified in national and community risk registers;
- ii. Exercise these plans through:
 - A communications exercise every six months;
 - A desktop exercise once a year; and
 - A major live exercise every three years;
- iii. Have appropriately trained, competent staff and suitable facilities available round the clock to effectively manage an emergency and business continuity incident; and
- iv. Share their resources as required to respond to an emergency or business continuity incident.

Business Continuity planning

NHS organisations and providers of NHS funded care must have suitable, proportionate and up to date plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks; for example, severe weather, IT failure, an infectious disease, a fuel shortage or industrial action.

Appendix 2 - Assurance Framework Against Core Standards

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



CCG Core Standards
17-18

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).



Nottinghamshire LHRP
MOU FINAL 2017.pdf