



**Merton**

## ***Clinical Commissioning Group***

### **Report to the Merton Clinical Commissioning Group Governing Body**

**Date of Meeting:** 26 March 2015

**Agenda No:** 6.5

**ATTACHMENT:** 10

<b>Title of Document:</b> Emergency Preparedness, Resilience and Response (EPRR) Report and Action Plan	<b>Purpose of Report:</b> To APPROVE
<b>Report Author:</b> Lynn Street: Director of Quality Josh Tarling: Principal Associate - Business Resilience	<b>Lead Director:</b> Lynn Street
<b>Contact details:</b> <a href="mailto:Josh.tarling@nhs.net">Josh.tarling@nhs.net</a>	
<b>Executive Summary:</b> <p>NHS organisations were required to carry out a Red/Amber/Green (RAG) rated self-assessment against NHS England Core Standards for EPRR and submit their assessment to NHSE by 29 September 2014.</p> <p>Organisations participating in the process are required to ensure their Boards (or equivalent) are sighted on the level of compliance achieved, the results of the self-assessment and the action/work plan for the forthcoming period.</p> <p>Following the assurance process Merton CCG declared an assurance level of <b>Substantial</b> requiring the CCG to provide an action plan addressing the actions they will take to achieve full compliance with the core standards.</p> <p>The report and associated action plan provides assurance of work undertaken and planned following the 2014-15 EPRR assurance process.</p>	
<b>Key sections for particular note (paragraph/page), areas of concern etc:</b> Section 3: Next steps to address outstanding issues.	

<p><b>Recommendation(s):</b> To <b>APPROVE</b> the report and associated action plan</p>
<p><b>Committees which have previously discussed/agreed the report:</b> Executive Management Team</p>
<p><b>Financial Implications:</b> None immediately identified</p>
<p><b>Other Implications:</b> (including patient and public involvement/Legal/Governance/Risk/ Diversity/ Staffing) Relates to Risk Register number 792: If the CCG fails to establish internal and provider business continuity/ emergency planning arrangements for a major incident or breakdown of a service within providers, there may be a risk to continuity of services should there be a major incident</p>
<p><b>How has the Patient voice been considered in development of this paper:</b> N/A</p>
<p><b>Equality Analysis:</b> Due regard has been given to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.</p>
<p><b>Information Privacy Issues:</b> N/A</p>
<p><b>Communication Plan:</b> (including any implications under the Freedom of Information Act or NHS Constitution) On public website as part of the Governing Body papers.</p>

***Clinical Commissioning Group***

**Emergency Preparedness, Resilience and Response (EPRR)  
Assurance Process 2014/15  
Report to Merton Clinical Commissioning Group  
Governing Body  
26 March 2015**

**1 Background**

- 1.1 The details in respect of the 2014/15 EPRR assurance process were published in a letter from Dr Sarah Pinto-Duschinsky, National Director of NHS Operations and Delivery. The process was based on the NHS England Core Standards for Emergency Preparedness, Resilience and Response which were revised in July 2014 and are available on the NHS England internet site <http://www.england.nhs.uk/ourwork/eprp>
- 1.2 All organisations were required to carry out a Red/Amber/Green (RAG) rated self-assessment against NHS England Core Standards for EPRR and submit their assessment to NHSE by 29 September 2014. The following organisational types were included in the 2014-15 assurance process:
- Acute service providers
  - Ambulance service providers
  - Community service providers (this includes Trusts and social enterprises)
  - Mental health service providers
  - Clinical Commissioning Groups
  - NHS England area, regional and national teams.
- 1.3 Following the submission of RAG self-assessments, review meetings were arranged with each organisation to provide an opportunity for NHSE to speak with the EPRR Manager/Accountable Emergency Officer (AEO) to challenge, clarify and agree RAG scores to support the development of an organisational EPRR action plan.
- 1.4 Peer reviewers (EPRR professionals from the same type of organisation type being reviewed) were invited to participate in assurance review meetings.
- 1.5 Within two weeks of the assurance review meeting being held AEOs were required to submit the following:

- Results of the organisation's final EPRR RAG scores, as agreed with NHSE at the review meeting;
- A resulting action/work plan providing clear actions, timescales and leads on areas where the organisation scored Red or Amber;
- A declaration of the Level of Compliance with Core Standards achieved to be determined by the submitting organisation from four possible options: Full; Substantial; Partial; Non-compliant.

1.6 All organisations participating in the 2014/15 assurance process are required to ensure their Boards (or equivalent) are sighted on the level of compliance achieved, the results of the self-assessment and the action/work plan for the forthcoming period.

## **2 Merton CCG EPRR Compliance with Core Standards**

2.1 Following the assurance process Merton CCG declared an assurance level of **Substantial** requiring the CCG to provide an action plan addressing the actions they will take to achieve full compliance with the core standards.

2.2 NHSE collated and developed an overall report on the NHS EPRR assurance process for London to be shared with organisations through the London-wide and patch level Local Health Resilience Partnership (LHRP) forums.

2.3 At the December 2014 meeting of the London LHRP forums the self assessment assurance levels were agreed by NHSE.

2.4 Following the EPRR assurance process Merton CCG has agreed that South East Commissioning Support Unit (CSU) will provide support to the EPRR function with a focus on updating the CCGs business continuity procedures.

2.5 The Director of Quality, as Accountable Emergency Officer, has worked with the CSU to develop the action plan attached this report which will resolve the issues highlighted by NHS England during the assurance process.

2.6 The Governing Body are asked to **APPROVE** the level of compliance with core standards and associated action plan.

## **3 Next steps**

3.1 An Emergency Preparedness, Resilience and Response Policy is being drafted to replace the CCGs current Business Continuity Policy and will be presented for ratification at the Governing Body in May 2015.

3.2 The Pandemic Flu Plan be consulted on with partners at the Borough Resilience Forum on 28 April 2015 and will be presented for ratification at the Governing Body in May 2015.

3.3 An EPRR risk assessment has commenced to review key functions within the organisation.

- 3.4 A Business Continuity Plan is being drafted to be followed by training and an exercise.
- 3.5 These activities will enable the CCG to report positively to NHS England and demonstrate that the outstanding issues identified during the assurance process are being resolved.
- 3.6 The timetable proposed will ensure that the actions identified during the assurance process are completed before the next assurance process begins in September 2015.

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