NHS
Commissioning Board

NHSCB28025

BOARD PAPER - NHS COMMISSIONING BOARD

Title: Update on the Implementation of Emergency Preparedness Resilience & Response (EPRR) across the NHS

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Purpose of Paper:

- To provide an update following the November Board meeting regarding the progress made towards the implementation of the new model for Emergency Preparedness Resilience and Response (EPRR).

Key Issues and Recommendations:

- The Board is asked to note that progress towards delivery of the new EPRR model has been maintained in line with plan following previous discussions in April and November:
- The Board is also asked to note the next steps and risks to delivery.

Actions Required by Board Members:

- To note the progress in implementing the EPRR model, particularly the NHS CB command and control arrangements, the command post exercises as well as the establishment of LHRPs.
- To note the next steps and risks in relation to successful EPRR implementation.

Update on the Implementation of Emergency Planning Resilience & Response (EPRR) across the NHS

Executive Summary

1. The role of the NHS CB is to ensure that the NHS in England is properly prepared to be able to deal with potential disruptive threats to its operation and to take command of the NHS, where necessary, during emergency situations.

2. New arrangements for local health EPRR will commence from 1 April 2013 as part of the changes introduced through the Health and Social Care Act 2012. Progress is broadly on track and the NHS EPRR programme has good visibility of the NHS' progress on EPRR implementation. Partnership working remains fundamental to the process.

3. The final part of the NHS CB transitional assurance process is underway to assure the Board that the new arrangements can be effectively implemented across the country from 1 April 2013.

4. This paper provides the Board with:

- An update on delivery of the EPRR model since the Board meeting in November where an update was given on progress achieved to date; and
- Proposed actions and next steps on EPRR implementation.

Recommendations

5. The Board is asked to note progress in implementing the EPRR model, particularly the publication of further documents providing support and advice in January, the progress with the establishment of NHS CB command and control arrangements, the completion of 2 command post exercises and the establishment of 35 of the 36 LHRPs.

6. The Board is asked to note the next steps, particularly with regard to the regional impartial assessments which will consider local self-assessments and 'statements of readiness'. This comprises a key element of the Board's assurance process.

7. The Board is asked to note the risks in relation to successful EPRR implementation. These remain broadly as expected:

- Time is short, though considerable progress is being made
- Need for effective transfer of appointed staff
- Need to ensure alignment of expectations of CCGs role

In addition there is a risk around communications capacity that has emerged during transition and has been reinforced by the experience of the exercise programme.

This paper addresses each of these risks and describes both the current position and action that will be needed during the next few months.

NHS EPRR Programme Update

8. At the November Board, it was stated that a series of workshops had commenced hosted by NHS CB regional directors. These were designed to ensure strong, consistent messages, both on arrangements for transition and the design of the new system. All four of these workshops have now been completed. Feedback received has indicated that these events were effective, particularly in assisting NHS provider and commissioner organisations to better understand their new EPRR roles and responsibilities.

9. The NHS CB EPRR webpage was successfully launched in October 2012, offering a number of materials to support the implementation of the new EPRR model[1]. A second set of publications was uploaded on 7 January 2013. As a package, these documents and resources describe a set of general principles to guide all NHS organisations in developing their ability to respond to a significant incident or emergency and to manage recovery locally, regionally or nationally. The publications were as follows:

    i. *NHS CB command & control framework for the NHS during significant incidents and emergencies (2013).* This document sets out the nationally recognised NHS command and control structure which comes into effect on 1 April 2013 and explains the framework for responding to local, regional and national periods of pressure, significant incidents and emergencies.

    ii. *NHS CB business continuity management framework (2013)*. This document highlights the need for business continuity management in NHS funded organisations such that they can maintain continuity of key services in the face of disruption from identified local risks; and the

    iii. *NHS CB core standards for EPRR*. This document identifies the minimum EPRR standards which NHS funded organisations must meet in accordance with the NHS CB planning framework, the terms and conditions of their contracts and in compliance with the Civil Contingencies Act 2004.

10. Following the dear colleague letter of 31 October, a comprehensive EPRR implementation tracking matrix was completed by regions initially in November with updates received on the 21 December and 18 January. This

[1] Link to the NHS CB EPRR website: www.commissioningboard.nhs.uk/eprr/

process is designed with the intention that emerging risks are identified early and that regional leads are able to work with the support of the corporate team in problem-solving and the sharing of learning.

Progress implementing the NHS CB command and control structures

11. Comprehensive training programmes are being led by NHS CB regions for regional and area team staff and co-chairs of local health resilience partnerships (LHRP), ensuring that EPRR on-call directors in particular are suitably trained. Contracts have been secured with various providers for the delivery of "Strategic Leadership in a Crisis" as well as "Legal Aspects of Decision Making / Surviving Public Enquiries" for training programmes.

12. To supplement the NHS EPRR transitional assurance process (published with the *dear colleague* letter on 31 October 2012), two NHS CB regions have now participated in command post exercises (CPXs). The CPX in the North took place on 7 November 2012 while the CPX in the Midlands & East was completed on 23 January. The combined CPX for London and the South is due to be held on the 6 February 2013. Following their completion, lessons identified will be consolidated and learned.

13. Based upon the 18 January tracking matrix submissions, good progress is being made in establishing the NHS CB EPRR structures as follows:

NHS CB Regions

i. In addition to all four regions having a regional director of operations and delivery and EPRR lead appointed, the North, Midlands & East and London have selected their on-call rota members. It is expected that single point of access on-call arrangements will be in place nationally in good time for the final handover.

ii. As part of transition from SHA and PCT Clusters, NHS CB regions will take over EPRR on-call arrangements from SHAs with London being the first to complete this handover on 31 January. The London region has completed its EPRR dynamic risk assessment and implemented its emergency on-call rota. Similar handover arrangements will take place between NHS CB area teams and PCTs (template MOUs have been provided to support this process).

NHS CB Area Teams

i. All NHS CB area directors of operations and delivery have also been appointed.

ii. Competency assessments of the members of emergency on-call rotas is well underway and has already been completed in 11 NHS CB local areas.

Progress Implementing local health resilience partnerships (LHRPs)

14. Local health resilience partnerships (LHRPs) are an integral part of the new EPRR arrangements and provide strategic forums for joint planning for emergencies for the new health system and support the health sector's contribution to multi-agency planning through local resilience fora (LRFs). However they are not statutory organisations and accountability for emergency preparedness and response remains with individual organisations.

15. Based upon the 18 January regional submissions, good progress is being made in establishing LHRPs as follows:
    i. 35 NHS and 35 Directors of Public Health (DsPH) co-chairs have been appointed to the 36 LHRPs[2].
    ii. The significant majority of LHRPs have now been established, with 35 of the 36 LHRPs already having met and 33 having had their terms of reference agreed.
    iii. Multi agency partners have also been informed of the new arrangements by the majority of LHRPs.

Next steps required to finalise implementation of the new EPRR model

16. Good progress is being made towards implementing the EPRR model at NHS CB regional, area team and LHRP level. Where NHS CB EPRR structures have been established and appointments made, there now needs to be a period of learning and consolidation of the new arrangements and for working relationships to be effectively established. The development of ever-stronger working arrangements with Public Health England and locally with Local Authorities will be essential to this.

EPRR Assurance

17. Following the approval of the EPRR transitional assurance process by the NHS CB Board on 8 November, the NHS EPRR steering group (on the 20 December) agreed the recommendation to establish a process of regionally-coordinated impartial assessments in order to consider self assessments and 'statements of readiness' submitted by the NHS CB area teams and local health resilience partnerships (LHRPs).

18. The pro-forma returns and 'statements of readiness' provided in advance of these assessment reviews will be cross-referenced with the evidence criteria

[2] There were previously 37 LHRPs reported, however Shropshire is now covered by West Mercia LHRP.

as listed in the published NHS CB transitional assurance process for EPRR[3]. These assessments will consider the resilience of the NHS EPRR arrangements of each element of the new system, make recommendations as to corrective action required and suggest opportunities for improvement.

19. NHS CB regions have been asked to submit a ‘statement of readiness’ by 15 March, following completion of their assurance pro-forma and once all impartial assessment reviews of NHS CB area teams and LHRPs are complete.

20. For annual EPRR assurance from April 2013 onwards, an ongoing “safe system” assurance process is being developed which utilises the methodology of the submission and assessment of pro-forma templates and peer-to-peer assessment reviews. In order to demonstrate organisational readiness, evidence will need to be provided based upon the requirements set out in the NHS CB core standards for EPRR. It is expected that this process will be carried out in the autumn and repeated annually thereafter.

Implementation risks and their mitigation

21. The timeframe within which EPRR has to be fully implemented, tested and exercised remains the primary risk for the programme. Whilst progress is good, there now needs to be a period of learning and consolidation of the new arrangements and for working relationships to be effectively established. While 1 April is a crucial date for the final handover to the new system, this process of consolidation will continue throughout 2013/14. This ongoing assurance will be essential if the full benefits of the move to the new arrangements are to be delivered.

22. It was previously reported that recruitment to key EPRR posts was a key concern, particularly where there are complex geographic boundary issues. However, this risk has been steadily mitigated. Significant progress on the appointment of key EPRR staff occurred in December and January. That said, the effective delivery of the EPRR model remains dependent on the timely and effective transfer of roles and responsibilities to existing and emerging health organisations. Managers in all parts of the NHS CB will need to remain vigilant to ensure that these transfers are managed as smoothly as possible.

23. Further communication to CCGs is in hand to ensure that their role in maintaining continuity of services across their commissioned services is maintained. CCGs are responsible for maintaining service delivery across their local health economy to prevent business as usual pressures and minor incidents within individual providers from becoming significant incidents or emergencies. Furthermore, CCGs need a process that enables them to

[3] The pro-forma spreadsheet is available at www.commissioningboard.nhs.uk/eprr/

escalate significant incidents and emergencies to the NHS CB area team as applicable. This has been reflected in the amended EPRR frequently asked questions (FAQs) on to the NHS CB EPRR website.

25. Finally, there is a risk that additional NHS CB communications capacity is needed to support EPRR NHS CB national, regional and local level organisations when responding to periods of pressure, significant incidents and emergencies in the period beyond. Consistent evidence is emerging as transition continues. This has emerged as a particular theme through the regional Exercises.

Actions requested of Board members

26. The Board is asked to note the progress in implementing the EPRR model, particularly the January publications, the progress with the NHS CB command and control arrangements, the completion of 2 command post exercises and the establishment of 35 of 36 LHRPs.

27. The Board is also asked to note the next steps and risks in relation to successful EPRR implementation. It is specifically asked to consider the issue of communications capacity and support for EPRR, both during transition and from April onwards. It is recommended that this is urgently factored into broader work on communications support for the work of the NHS CB.

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February 2013