REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 30 JANUARY 2020**

SUBJECT: **CIVIL CONTINGENCIES – RESILIENCE STANDARDS PROGRESS**

BY: **CORPORATE MANAGER**

1. REASON FOR REPORT

1.1. To inform the Audit, Performance and Risk Committee of Health and Social Care Moray's progress against NHS Grampian's Resilience Improvement Plan 2019-2021 and provide an overview of the work of the Health and Social Care Moray (HSCM) Civil Contingencies Group.

2. RECOMMENDATION

2.1. **It is recommended that the Audit, Performance and Risk (APR) Committee consider and note the :**

    i)   **contents of this report alongside the HSCM Civil Contingencies Group Action Plan (APPENDIX 1);**

    ii)   **outcome of the Primary Care Business Continuity external audit by PriceWaterhouseCoopers at APPENDIX 2; and**

    iii)   **progress to date and request an annual assurance report from the HSCM Civil Contingencies Group.**

3. BACKGROUND

3.1. In May 2016 Scottish Government Health Resilience Unit (SGHRU) published the NHS Scotland Standards for Organisational Resilience (the Standards): this was subsequently updated and revised and a second edition published in May 2018.

3.2. The stated purpose of the Standards is to "support NHS Boards to enhance their resilience and have a shared purpose in relation to health and care services preparedness in the context of duties under the Civil Contingencies Act 2004".

3.3. Each Standard, of which there are 41, sets out:

- A statement of an expected level of resilience practice

- A rational/basis for the Standard (set within the context of statutory duties under the Civil Contingencies Act 2004 and other key legislation and guidance
- A series of indicators/measures of what should be in place, or achieved, within/by the Health Board.

3.4. Changes introduced in the 2018 second edition of the Standards included:
- Amendments to the wording of specific Standards
- New indicators within certain Standards,
- It also made explicit the role of the Health and Social Care Partnerships in resilience and their link to Primary Care and General Practice.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The HSCM Civil Contingencies Group, comprising of representatives from each service area, meet monthly to develop and monitor progress on testing and exercising of plans, identify training needs, monitor and manage risks through the escalation process, progress actions, share good practice and development in relation to planning and response to risk with service areas. The group reports to the NHS Grampian Civil Contingencies Group on a quarterly basis.

4.2. A weekly 'Friday Huddle' has been established to provide managers with information from across the health and social care system to support those going on call ahead of the weekend. Feedback from managers supports the weekly meeting as it raises awareness of the pressures in Grampian Medical Emergency Department (GMED), Dr Gray's Hospital and HSCM.

4.3. The Moray Resilience Group provides a forum for HSCM, Dr Gray's Hospital, Moray Council and NHS Grampian colleagues, with a responsibility for resilience, emergency planning or business continuity to discuss and where appropriate develop common procedures or plans to address risks and threats in Moray.

4.4. The action plan (**APPENDIX 1**) is in place to support NHS Grampian's Resilience Improvement Plan, close the gaps and address areas of improvement in Moray, with assurance processes around these. The plan, overseen by HSCM Civil Contingencies group on behalf of the Chief Officer, is linked to each Standard and self-assessment level against each Standard is detailed. Please see below table for criteria for scoring the self-assessment.

Level 1 – Planning	Level 2 – Implementing
• Benchmarking against 'Action' undertaken and analysed	• Resilience Committee / Resilience Exec Lead tasked to progress 'Action'
• Planning arrangements have been initiated	• Implementation plan and methodology agreed
• Local improvement plan to meet standard developed and forms integral part of Health Board's Resilience Committee's work plan.	• Collating appropriate information to monitor delivery of 'Action'
	• Some evidence of 'Action' being delivered.
Level 3 – Monitoring	Level 4 – Reviewing

• 'Action' implemented consistently and geographically across Health Board • Agreed process in place and being reviewed over time • Associated learning and improvement planning in place to ensure delivery of standard.	• 'Action' has been mainstreamed into existing services • Quality assurance and performance management established to review 'Action' on an on-going basis.

4.5.   The following actions have been prioritised for 2019-21: these are predicated on the ongoing maintenance of actions already achieved, identified risks and continuance of the supporting resilience processes and practice in place across the health and social care system:

- Business continuity plans (BCP), service business impact analysis (BIA) and recovery plans to be in place across Moray.
- Critical functions list to be finalised and agreed.
- Training gaps identified and documented.
- Actions to mitigate risks at HIGH and VERY HIGH on the Civil Contingencies risk register
- Embed business continuity across health and social care system through education and training.

4.6.   NHS Grampian are exploring the introduction of an electronic system to support business continuity management across NHS Grampian and partnerships. In addition, partners will be collaborating on developing a consistent approach to BIA, and BCP templates which, once agreed, will be rolled out across the system.

4.7.   NHS Grampian commissioned PriceWaterhouseCoopers to carry out an audit of Business Continuity in Primary Care and the final report is attached at **APPENDIX 2**. As GP practices are private businesses that contract with partnerships, there is no specific requirement for them to submit completed BCP to partnerships. HSCM plans to work in partnership with local GP Practices to identify common critical functions for the system, and put in place measures to protect them.

5.   **SUMMARY OF IMPLICATIONS**

(a)   **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"**

This report forms part of the governance arrangements of Moray Integration Joint Board; good governance arrangements will support the Board to fulfil its objectives.

(b)   **Policy and Legal**

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the UK. Part 1 of the Act established a clear set of roles and responsibilities for specified organisations involved in emergency preparedness and response at local level (known as Category 1 responders). NHS Grampian is a Category 1 responder.

Sector resilience and preparedness is the responsibility of the Chief Officer. The Corporate Manager is responsible for acting as the point of contact for Moray and for driving forward all matters relating to civil contingencies and resilience within Moray, supported by HSCM Civil Contingencies Group and Moray Resilience Group.

(c)   Financial implications

There are no financial implications associated with this report.

(d)   Risk Implications and Mitigation

HSCM Civil Contingencies Risk Register is routinely monitored by the HSCM Civil Contingencies Group with risks escalated to the senior management team as appropriate.

(e)   Staffing Implications

There are no staffing implications arising from this report.

(f)   Property

There are no property implications arising from this report.

(g)   Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed as there is no change to policy or procedure.

(h)   Consultations

Consultation on this report has taken place with the Chief Officer, Chief Financial Officer and Caroline Howie, Committee Services Officer, Moray Council, who are in agreement with the content of this report as regards their responsibilities.

6.   **CONCLUSION**

6.1. **This report summarises the actions that are being progressed to ensure that HSCM meets the appropriate standards and establishes robust contingency arrangements to ensure critical functions can be maintained during disruptive incidents. Progress is being made but there are some areas that require urgent attention and these are being prioritised by senior management.**

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Background Papers: with author
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