



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 27/09/2016	
TITLE of PAPER	Tri Service Collaboration including the Joint Emergency Services Interoperability Programme (JESIP), Duty to Collaborate and Winter Planning 2016/17	PAPER REF	5.3
STRATEGIC OBJECTIVE	Work with partners to provide system leadership and resilience		
PURPOSE OF THE PAPER	To provide the Board with a short update the current situation in terms of the relatively new duty to collaborate for emergency services and the ongoing emergency service interoperability within the region. To take the opportunity to provide a brief update on YAS preparations for the winter period.		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Head of Resilience	ACCOUNTABLE DIRECTOR	Executive Director of Operations
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):			
PREVIOUSLY AGREED AT:	Committee/Group:	Date: Click to enter date Click to enter date	
RECOMMENDATION	It is recommended that the Board: 1.Note the contents of the document for assurance purposes 2.Utilise the appendices for further background and supporting information		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality and Diversity Implications <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN	1: Safe 2: Effective		
Monitor Quality Governance Framework Choose a DOMAIN	1: Ensuring required standards are achieved 4: Identifying, sharing and ensuring best practice delivery		

1.0 AIM

- 1.1 To provide the Board with a short update on the current situation in terms of the relatively new duty to collaborate for emergency services and the ongoing emergency service interoperability within the region. This paper also takes the opportunity to provide a brief update on YAS preparations for the winter period.
- 1.2 The links to the supporting document for this report can be found in section 6 of this paper
- 1.3 There is often confusion between, interoperability, collaboration and JESIP, a short synopsis of the differences is as follows:
 - Interoperability was the original term used in relation to closer working between the emergency services, it was highlighted in the Fennell Enquiry in to the Kings Cross fire disaster in 1988 and again by Lady Justice Hallett after the London bombings of 2005. Both criticised the inability of the emergency services to communicate effectively during multi-agency incidents. After Fennel this was seen predominantly as a technical failure as opposed to a cultural one, which was highlighted for not being learned by the emergency services and covered in detail by Hallett's findings.
 - As a result of Hallett's findings the then Home Secretary, Theresa May met with the July '07 victims' families and went on to set up the Joint Emergency Services Interoperability Programme (JESIP). Since its inception in 2012 it has become a set of principals once the original roll-out programme was completed and audited.
 - It takes interoperability beyond a technical capability to communicate and embeds key principals across the emergency services which are equally applicable to other responding agencies. It is directly aligned to an effective joint response to incidents and the need for a common understanding and dialogue across the three agencies.
 - Although collaboration is not a new concept to YAS and emergency colleagues either, the recent formalisation process to make the statutory duty is. The Government have produced a bill to formalise the duty to collaborate and also change the governance and accountability for Fire and Rescue Services bringing them under the Police and Crime Commissioners already in place.

2.0 DUTY TO COLLABORATE AND CURRENT TRI-SERVICE COLLABORATION

- 2.1 On 11 September 2015, the Government published a consultation paper seeking views on a range of proposals to increase joint working between the emergency services. The consultation ran for six weeks, ending on 23 October 2015. A total of 318 full or partial responses were received from a range of organisations and interested individuals.

- 2.2 Using the online survey and via email and post, commenting on the 16 questions posed in the consultation paper the Prime Minister's announcement on 5 January 2016 that responsibility for fire and rescue policy has transferred from the Department for Communities and Local Government to the Home Office again demonstrates the Government's commitment to closer collaboration between police and fire and rescue services. Bringing together responsibility for fire and police in the same Department will provide the same clear leadership in central Government that our proposals on emergency services collaboration seek to deliver locally. It provides an excellent opportunity for sharing good practice to drive reform and to deliver better outcomes for the public.
- 2.3 There are clear opportunities for collaboration to go further and faster. The Government intends to legislate to enable local communities to drive forward joint working in their area, improving the services delivered to the public as well as providing direct local accountability by enabling Police and Crime Commissioners to take on the functions of fire and rescue authorities.

Extracts from: Enabling Closer Working Between the Emergency Services; Summary of consultation responses and next steps. HM Government. (January, 2016)

- 2.4 As alluded to above, the Government is continuing with its efforts to reform the working relationships between the Emergency Services which started with the Joint Emergency Services Interoperability Programme (now Principals, JESIP) and has gone further in moving national accountability for Fire and Rescue Services from the Department of Communities and Local Government (DCLG) to the Home Office where accountability for Policing across England sits.
- 2.5 It has also gone further with the introduction of the Policing and Crime Bill, which was introduced to the House of Commons on 10 February 2016. It states that there will be closer collaboration between all emergency services however it concentrates specifically on the Police and Fire services and sets out the plan for the Police and Crime Commissioners (PCCs) "enable PCCs to take on the functions and duties of their local FRA, where a local case is made ('the governance model')"

Policing and Crime Bill; Emergency Services Collaboration: Background (July, 2016)

- 2.6 Although the documents covering this make reference to Ambulance Trusts in England and places the three emergency services under a statutory duty to keep collaboration opportunities under review and to collaborate where this would improve efficiency or effectiveness. It is not yet clear what the implications are for the Ambulance Sector in the same way as the changes to governance and Ministerial oversight for the other two services. At this time YAS can find nothing that has been published from within Health either directly from the Department of Health or NHS England.
- 2.7 It also goes on to state that the duty will be broad to allow for local discretion in how it is implemented. It is envisaged that at this time the established collaboration around incident management (JESIP) will continue as it is currently and this would also apply to the structured strategic governance the Local Resilience Fora provide as required under the Civil Contingences Act (2004). The likely avenues for increased collaboration would be around:

- The supply goods or materials;
- Any administrative, professional or technical service;
- The use of vehicles, plant or apparatus and appropriate staff; and
- Works of maintenance.

2.8 YAS is engaged in the Police Region 2 (North East of England) Interoperability Meetings and the Yorkshire and Humber Operational Resilience Group (YHORG) for Fire and Rescue Services (FRS). This allows YAS to share information at a relatively senior level and is of benefit to YAS when we are trying to achieve regional standardisation. The FRS is predominantly resilience focused, whereas the Police equivalent tends to look at doctrine and mutual aid. Local perspectives are as follows:

2.8.1 **South Yorkshire** – South Yorkshire Police have recently started communication around reinstating the previous Blue-light liaison group, for YAS this will need Ops/EOC Head of level buy-in as it tends to be around operational issues. South have requested a MoU around vehicular support should a specific operation be instigated, YAS are currently working up a draft agreement for the Executive Director of Operations to consider.

2.8.2 **West Yorkshire** – as with SYP, West Yorkshire Police and FRS started communication around a West Yorkshire Liaison Group operationally and as above for YAS this would need Ops/EOC Head of level buy-in.

West Yorkshire Emergency Services already have a group in place at strategic level that the YAS Executive Director of Operations engages with. Since the announcement of the collaboration consultation process findings and the subsequent stronger ties between Police and Fire there has been a tangible change in the police and fire approach which is understandable given the significant policy change that has been proposed. YAS will continue to work with its partners as the new strategies become apparent.

2.8.3 **North Yorkshire** - no current indication has been given in the area for a desire to have a formal emergency service liaison group in place. However recent re-organisation of the Police Operational Commander portfolios may bring in a fresh approach, YAS will continue to engage with them.

2.8.4 **East Yorkshire** – an interoperability sub-group has recently being established in the area merger several pre-existing groups, covering operational and tactical collaboration. YAS will continue engagement with this group and partners.

2.8.5 There are also others areas of current collaboration and interoperability that cover across police and fire service boundaries examples of such are:

- FRS Co-responder schemes
- Next generation radio project
- Sharing of premises

3.0 JOINT EMERGENCY SERVICES INTEROPERABILITY PRINCIPLES (JESIP)

- 3.1 At the strategic level the regional group is chaired by YAS Deputy Director of Operations as the only fully regional organisation, the terms of reference for this group are provided as an appendix to this paper. The YAS Head of EPRR is leading at the delivery level and YAS are a key driver as we span the whole of the region. A region wide JESIP training plan has been agreed to cover both new commanders as well as the annual JESIP validation programme.
- 3.2 The new update package for existing trained commanders has just been shared from the centre. It is currently being digested by all parties and a roll out programme is being developed. As always a bigger challenge for YAS as it has x4 localised areas to cover.
- 3.3 The national evaluation of JESIP, conducted by HMIC has now released its report. There were no surprises in its findings as it has been some time since the audit and information has filtered through. Nothing in the report is attributed to specific organisations the key highlights are as follows;
 - 3.3.1 Perception from non-blue light organisations such as Local Authorities is that tri-service organisations have become more insular as a result of JESIP. It has been recommended that all JESIP education should be accessible to other CAT1's, this has already happened in Yorkshire. CAT2's are also being invited to partake in JESIP education in Yorkshire.
 - 3.3.2 FRS sector are stronger at getting the message across at the staff level. Ambulance sector are stronger at the command level in demonstrating embedded JESIP.
 - 3.3.3 Recommended that LRFs ensure there are clear lines of reporting that ensure JESIP is embedded, most LRFs went through a rationalisation of their sub-groups as the economy measures started to bite. The previous blue-light liaison groups tended to be phased out, however as stated earlier, they have now started to resurface.
 - 3.3.4 Nationally the new intentions are to extend the programme to further embed the JESIP legacy across all services and beyond the initial planned time frame of 2-3 years.

4.0 WINTER PLANNING 2016-17

4.1 YAS Winter Strategy

- Ensure our communities (including those deemed most vulnerable) continue to receive high quality healthcare services by ensuring we protect and maintain key services that impact on the patient experience and on their clinical outcomes.

- Ensure that all reasonable steps have been taken through planning and the implementation process to ensure no patient, member of the public or member of NHS staff is put at risk, this includes increasing the vaccination rates of our staff with regards to seasonal flu.
- Working together where appropriate with NHS partners and other agencies to manage our capacity and capability to deliver business as usual.
- Where the severity of winter impacts on 'business as usual,' implement pre-rehearsed special plans to maintain our critical services e.g. Adverse Weather, infectious disease outbreaks etc.
- Develop and deliver a communications/marketing strategy that enables the public to make the right choice for accessing healthcare and alleviating pressure on NHS services.
- Continue the collaboration with CCGs, SRGs and NHS England to ensure that plans are in place to ensure and maintain service delivery.
- Ensure timely messages for warning and informing stakeholders and the public of any issues that impact on NHS services relating to winter.

4.2 Winter Plans and Guidance

- 4.2.1 The YAS Winter Strategy is underpinned by the YAS Concept of Operations (Con-Ops) for Winter and Departmental Winter Tactical Plans. All operational departments will derive their tactical and operational winter plans from this Concept of Operations. All other corporate service departments should ensure they have their own special winter plans and ensure that it is underpinned by their business continuity plans.
- 4.2.2 The Winter Con-Ops describes how YAS will anticipate control and coordinate its organisational activities in response to the additional impact of winter pressures on our service delivery. The Con-Ops Winter also seeks not to add to the 'burden or work' on departments and teams so where possible existing organisational arrangements, information flows, contingency plans etc. will not be duplicated for winter as they remain effective all year round.
- 4.2.3 The purpose of Con-Ops Winter is to provide a structure within which operational pressures will be anticipated and managed. It provides a framework for managers and clinicians in the trust to work together and with other organisations. The detail of the plan will continue to be developed prior to implementation and it will be kept under review by the Operations Board during the period of its use.

4.3 Threat and Risk

- 4.3.1 Our assessment of threat and risk is derived from historical information on the impact of previous winters, the Yorkshire and Humber Regional Risk Assessment (to which we have contributed) and information and intelligence

available to us at this time e.g. long range weather forecast, information on grit stocks etc. We have also considered the threat and risks to our NHS 111 Service as this is their first winter of operation. YAS has a specific, Official Sensitive risk assessment for winter recorded on the Trust's Corporate Risk Register. The generic threats and risks for winter can be seen as an appendix of this paper.

4.4 Time Line of Winter Preparations

- 4.4.1 YAS attended the Winter Floods Workshop in Leeds that was hosted by the Cabinet Office. Partners revisited the events over the festive period to identify learning and best practise. YAS are still awaiting a final report from the event however the learning for this was around third party communications resilience and that has been highlighted as a recommendation to improve future arrangements both at a national level and with YAS ICT contractors.
- 4.4.2 The YAS planning process for winter commenced mid-August. Last year's departmental and CBU plans have been sent to Heads of Departments with a request for them to be revised/updated by early September. YAS are still in the process of chasing and reviewing what has been returned.
- 4.4.3 YAS plan to have the YAS Winter ConOps revised for the end of September and sent to the Deputy Director of Operations and Executive Director of Operations for review. This provides the overarching strategy which will be underpinned by the specific winter plans. Having this document also allows us to share our planning assumptions and strategy with partners in a concise format without the need to go in to great detail that is contained within each departmental plan.
- 4.4.4 Once the YAS winter Con-Ops are approved YAS will share with partners a winter brief that covers key aspects of winter preparedness.
- 4.4.5 As in previous years and in consultation with the Executive Director of Operations the YAS winter plan and Con-Ops will be made available to the Y&H CCGs 999 Lead to submit to the Contracts Management Board in October.
- 4.4.6 Winter for the NHS technically starts at the beginning of November, YAS will ensure it is engaged on the relevant meetings and teleconferences and ensure it meets the required reporting dataset once this has been made clear.
- 4.4.7 YAS will manage winter as business as usual wherever possible. It has several plans and processes in place to mitigate any risks to service delivery including those posed by winter, the principal plans and guidance are as follows:
- Demand Management Plan (DMP)
 - Resource Escalation Action Plan (REAP)
 - Departmental Business Continuity Plans
 - Adverse Weather Guidance (Inc. Staff Transport Plan)

5.0 RECOMMENDATIONS

It is recommended that the Board:-

1. Note the contents of the document for assurance purposes
2. Utilise the appendices for further background and supporting information.

6. APPENDICES/BACKGROUND INFORMATION LINKS

Enabling Closer Working Between the Emergency Services

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495371/6.1722_HO_Enabling_Closer_Working_Between_the_Emergency_Services_Consult...pdf

Policing and Crime Bill

<https://www.gov.uk/government/collections/policing-and-crime-bill>

Policing and Crime Bill; Emergency Services Collaboration: Background

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/537258/Factsheet_1a_-_ESC_background.pdf

Policing and Crime Bill; Emergency Services Collaboration: Overview of Part 1 of the Bill

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/537259/Factsheet_1b_-_ESC_overview.pdf

Appendix A

Yorkshire JESIP Strategic Leads Group; Terms of Reference

Attached as a separate document

Appendix B

YAS Winter Threat/Risk Assessment

Appendix B

Summary of Generic threat/risks for winter period

Threat	Likelihood	Impact	Risk	Direct impact – Department	Mitigation (Inc. plans, and Guidance)
999 activity and NHS 111 and PTS activity will be on or above trajectory for the period of the plan and impact on delivery of KPIs.	Likely	Major	High	A&E, EOC, 111	Winter, BC and Adverse Weather. REAP, DMP.
The 'whole health' system will have capacity and capability issues this winter	Likely	Major	High	A&E, EOC, GPOOH, PTS	Partner Surge & Escalation, winter Plans
Severe weather e.g. Snow, Freezing temperatures, Floods, Gales etc. will impact on the service periodically over the period.	Likely	Major	High	All Directorates	Adverse Weather, BC, OP Glacier Tactics
Significant increase in activity New Year's Eve	Likely	Major	High	A&E, EOC, 111	Festive period covered in Winter plans
Turnaround Times will increase at hospitals	Likely	Major	High	A&E	ROC and local monitoring
Staff non – attendance levels will increase	Likely	Major	High	All Directorate	Local management
All YAS staff will not have seasonal flu vaccine	Likely	Major	Moderate	A&E, EOC, 111, PTS	Vaccination plans.
Staff welfare will be compromised at times over the period due to high demand, overtime commitments, increased stress levels	Likely	Moderate	Moderate	A&E, EOC, 111, PTS	HALOs, PAM Assist, Local management support
Industrial Action of Public Sector workers e.g. Fire and Rescue Service, YAS and/or Health Unions	Possible	Major	High	Specific plan in place	Senior Team working with unions
Resource Levels will be below trajectory over critical days	Likely	Major	High	A&E, EOC, 111, ICT, Fleet, Supplies	Use of available resources, use of Private providers.
Major Incident(s) could occur at some point of the period	Possible	Major	High	A&E, EOC, PTS, 111	YAS Major Incident Procedures revised 2015
Maintenance of vehicle availability and supply chain in the event of severe weather	Possible	Major	High	A&E, PTS	Daily monitoring (ROC)
The lack of availability of grit and gritting of key routes for ambulance access	Possible	Major	Moderate	A&E, PTS	Working with Las, procurement winter plan

Threat	Likelihood	Impact	Risk	Direct impact – Department	Mitigation (Inc. plans, and Guidance)
PTS Service activity on or above forecast, service reduced due to bad weather at times over the period.	Possible	Moderate	Moderate	PTS	PTS winter and BC plans
Business Continuity Plans in each department will be implemented at some point over the period.	Possible	Moderate	Moderate	All Departments	As per plan.
XMAS period covers 4 days so Primary Care services may be reduced impacting on YAS operations	Likely	High	High	A&E, NHS 111, PTS	Factoring in to planning assumptions, including the day after.
Winter resilience money allocated to YAS may not forthcoming, therefore affecting our call handling staff numbers	Likely	Major	High	NHS111, A&E	Planning assumptions based upon current available resources
Specific publicity campaigns for pandemic flu which are aimed at increasing the access to the NHS 111 service therefore increasing demand beyond forecast activity levels	Likely	Moderate	Moderate	NHS111, A&E	NHS 111 winter plan including Comms strategy.
Out of Hours Providers lack of capacity impacts on NHS 111 demand levels as patients call NHS 111 back	Possible	Major	High	111	Work with provider and other stakeholders.
Infectious disease outbreak e.g. flu will expose service to increases in activity within urgent care system.	Possible	Major	High	111	Pan Flu plan multi-agency and national.
Inability to recruit and retain Clinical Advisors and Senior Clinical Advisors due to poor responses to advertisements and poor retention rates, risk to deliver workforce plan.	Likely	Major	High	111	Continue to work closely with YAS recruitment team.