

**Agenda Item 07**

Report to: (Governing Body/Committee): Governing Body

Date of Meeting: 12th September 2019

Subject: EPRR Core Standards Self-Assessment

Presented by: Helen Kenyon

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

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| **PURPOSE OF REPORT:** | To inform the Governing Body of the CCG’s self-assessment result and seek approval of the self-assessment documents before submission to NHS England prior to 31st October. | |
| **Recommendations:** | The Governing Body is asked to note and accept the contents of this report and self-assessment return.  Due to timescales and Board Paper deadlines, this paper will be submitted for Governing Body sign off prior to being approved by DAC (due to the deadline for September Governing Body papers being 30th August). | |
| **Committee Process and Assurance:** | For review and approval at Delivery Assurance Committee, then sent for final Governing Body sign off prior to submission to NHS England. | |
| ***Implications:*** |  | |
| **Risk Assurance Framework Implications:** | The CCG manages risk in line with the Humber Community Risk Register. Risks Assurance is also a function of the A&E Delivery Board and the CCG Risk register. | |
| **Legal Implications:** | The NHS England Emergency Preparedness Resilience and Response (EPRR) Framework provides the framework for NHS funded organisations in England to help with meeting the requirements of the Civil Contingencies Act 2004 (CCA 2004), the NHS Act 2006 as amended by the Health and Social Care Act 2012 and the NHS Standard Contract. | |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **No** |
| If yes to the above – have the DPIA screening questions been completed? | **No** |
| Does this project involve the processing of personally identifiable or other high risk data? | **No** |
| If yes to the above has a DPIA been completed and approved? | **No** |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report  An Equality Impact Analysis/Assessment has been completed and approved by the EIA  Panel. As a result of performing the analysis/assessment there are no actions arising  from the analysis/assessment  An Equality Impact Analysis/Assessment has been completed and there are actions arising  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report | |
| **Finance Implications:** | Not applicable, cost neutral. | |
| **Quality Implications:** | This report details a positive impact on quality.  The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.  This report details a neutral impact on quality.  The report will not make any impact on experience, safety or effectiveness.  This report details a negative impact on quality.  The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. | |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | None. | |
| **Engagement Implications:** | None. | |
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| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No | |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation | |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> | |
| **Appendices / attachments** | Att 1. EPRR Core Standards Self-Assessment Tool 2019  Att 2. EPRR Core Standards Assurance Process Statement of Compliance 2019 | |

**EPRR Core Standards Self-Assessment 2019 – Supporting Paper**

**Progress made this year**

The CCG has continued to make significant progress against the EPRR Action Plan developed after the 2018 assurance process.

Last year’s self-assessment process highlighted the following:

* The CCG was “fully compliant” with 38/43 of the Core Standards for 2018. This resulted in a rating of “Substantially Compliant”.
* The CCG was “partially compliant” with 5/43 of the Core Standards for 2018.

The “partially complaint” standards which formed the 2018/19 work plan were around:

* Pandemic flu preparedness
* Infectious disease preparedness
* Availability of Loggists
* Media strategy (and availability of appropriately trained on-call staff).
* LHRP attendance.

In addition to the regular set of annual core standards, each year there is also a “deep dive” set of standards. Last year, this was on Incident Control Centres. The CCG was fully compliant with 7/8 of these and partially compliant with 1.

Pandemic Flu

At the start of last year’s self-assessment process, work through the CCG chaired Emergency Preparedness and Resilience Group (EPARG); highlighted the lack of a local Pandemic Flu plan. This generated a series of discussions at group meetings, and the Local Authority Deputy Director of Public Health agreed to draft a plan to sit under the LHRP Pandemic Flu Plan for Yorkshire and the Humber. The plan was peer reviewed by EPARG and approved by the DPH Health Protection Assurance Meeting in April 2019. A copy of the plan is now included in the NELCCG on-call pack.

The CCG is now fully compliant with this standard and the plan will be subject to continuous testing, exercising and review.

Infectious Disease

The CCG had achieved partial compliance with this standard last year; as EPRR staff had attended a regional infectious disease exercise in September 2018 and considered that more work ought to be done locally. As a result, the CCG held it’s own North East Lincolnshire Infectious Disease Exercise in December 2018 using a realistic scenario of a Hepatitis A outbreak, and also a North and North East Exercise in July 2019 centring around the arrival of infectious undocumented migrants.

The learning from both events generated some excellent discussions and action plans. The CCG remains partially compliant with this standard as following both exercises a memorandum of understanding or EPARG protocol needs to be developed and approved on dealing with infectious disease incidents. This will be completed before next year’s assurance process.

Loggist Training and Testing

At the start of last year’s self-assessment process, training was booked to develop a CCG contingent of Loggists. The training has now been completed (with a refresher session booked for September 2019); and this year CCG Loggists consented to appear on the joint Council and CCG rota of Loggists and Co-ordination Centre Support Officers to support any Emergency EU Exit meetings in and out of hours.

The CCG Loggists have been proactive in their new role, and have provided feedback on a “Loggist Pack” that will sit in the shared CCG and Council Emergency Co-ordination Centres. Two exercises have taken place to test the Loggist response out of hours, both of which proved successful. Two CCG Loggists attended a COMAH exercise as observers earlier this year, and Loggists will continue to be invited to participate and observe EPRR exercises.

The CCG is now fully compliant with this standard and continued training and development of the Loggists is incorporated in the CCG EPRR Training and Exercising Programme.

Media Strategy

The CCG were “Partially Compliant” with this standard last year as we could not evidence that we had an on-call media spokesperson. To remedy this all on-call Directors attended specialist Crisis Media Training in October 2018. We are now fully compliant with this standard.

Joint CCG and Council Emergency Co-ordination Centre

Last year’s Deep Dive centred around organisations having their own Emergency or Incident Control Centre (ECC or ICC). This had never been a requirement in previous years, and the CCG had not previously had need of keeping their own fully functional ECC (Command and Control staff would usually locate to a partner organisation’s ECC if required).

Since the start of the Union, CCG Emergency Planning Staff have been working closely with the Council’s emergency planners (Humber Emergency Planning Service). The CCG now shares the Council’s ECC at the Fishing Heritage Centre (backup centre at the Municipal Offices); and both organisations have incorporated this into their EPRR documentation and plans. An exercise held in July 2019 by the Council and CCG on undocumented migrant arrivals was held in the fully set up Fishing Heritage ECC. We are now fully compliant with this standard.

Training and Development.

The CCG continues to actively participate in local and external exercises. Exercises already participated in and scheduled for participation this year include:

* + Exercise Genevitis – regional infectious disease exercise facilitated by Public Health England
  + Observer attendance at the Scunthorpe General Hospital live CBRNE Decontamination Exercise.
  + Frequent tests of the CCG WhatsApp group and emergency contacts for staff.
  + Tests of Loggist availability out of hours.
  + Crisis Media Training.
  + NLaG Escalation and Surge Exercise.
  + Action Counters Terrorism Strategic Training.
  + Cyber Attack Business Continuity Exercise.
  + NEL Infectious Disease Exercise delivered by the CCG.
  + North East Lincolnshire Council Cyber Attack Exercise.
  + Two live COMAH exercises (Phillips 66 and Novartis).
  + NEL/NL Undocumented Migrant Exercise delivered by the CCG and Humber Emergency Planning Service – the cold debrief for this exercise was held on 21st August 2019 and generated some good discussion and actions. A full report will be shared with the attendees and a later workshop organised with local partners to try and resolve some of the issues raised.
  + CCG Loggist Refresher Training – due to take place in September 2019.
  + Joint Council and CCG Strategic Leadership in Emergencies training – due to take place in September 2019.

Work completed by the Emergency Preparedness and Resilience Group (EPARG)

EPARG has continued to meet quarterly, with meetings centring around the assessment, planning and training cycle developed last year. The group decides the themes they would like to explore further with planning and training as a local health community; and the CCG plans work and training opportunities where possible to help achieve progress in these areas.

Last year’s objectives included better resilience against pandemic flu, infectious disease, flooding, and increased primary care engagement in EPRR. As per the above sections on Pandemic Flu and Infectious Disease, significant progress was made on both these areas by the group through collective exercising and planning. Conversations are ongoing within the group on how the health economy can best identify vulnerable people during flooding.

Prior to the formation of the new Primary Care Networks; two of the three federations had started to send representatives to EPARG due to CCG engagement with practice managers. The CCG will continue this work this year by liaising with the clinical leads for the new networks to source network champions for EPARG. The CCG also completed an exercise with primary care colleagues to ascertain business continuity and inter-practice arrangements in the event of flooding; and attended various primary care forums to discuss business continuity and emergency preparedness.

EPARG has identified new objectives for this year, including:

* Increased resilience against cyber attacks
* Increased resilience against supply chain issues in anticipation of EU Exit
* Increased resilience as a health economy against prolonged periods of hot weather.

**Conclusion and Next Steps**

Due to the work completed following last year’s self-assessment process, the CCG is now fully compliant with 41/43 Core Standards resulting in “Substantial Compliance” (an improvement on last year’s 38/43 being marked as fully compliant). The only two standards continuing to achieve “Partial Compliance” are Infectious Disease and LHRP Attendance. As mentioned earlier in the report, significant progress has been made and learning completed in relation to infectious disease. The CCG has been proactive in developing infectious disease exercises alongside Local Authority partners, both of which provided excellent opportunities for learning and partner liaison. Following completion of the last exercise in July 2019, a protocol on the management of infectious disease in NEL can be drafted for discussion at EPARG this year which will lead to full compliance with this standard in next year’s self-assessment.

The requirement for AEO attendance at 75% of LHRP’s is strict in nature as it specifies that this needs to be an AEO “or appropriate director”. The CCG is continuing to explore how attendance figures can be boosted, as the AEO cannot easily be available to attend 75% of meetings. The CCG ensures that a representative is sent to every LHRP to feed back to the AEO.

It is hoped the Governing Body will note the progress against EPRR core standards in the last 12 months and the improved position of the CCG in this year’s self-assessment. Should the self-assessment be agreed, the Statement of Compliance will be signed prior to submission of the report to NHSE.