

Agenda Item: 05

Report to: Governing Body
Date of meeting: 16/09/2021
Date paper distributed: Deadline for papers 8th September
Subject: Emergency Planning, Resilience and Response Assurance Report 2021/22
Presented by: Helen Kenyon and Levi Clements-Pearce
Previously distributed to: N/A

STATUS OF THE REPORT (auto check relevant box)	
Decision required	<input checked="" type="checkbox"/>
For Discussion to give Assurance	<input checked="" type="checkbox"/> (Only if requested by Committee member prior to meeting)
For Information	<input type="checkbox"/>
Report Exempt from Public Disclosure	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

PURPOSE OF REPORT:	To inform the Governing Body of the CCG’s self-assessment result against the NHS England Core Standards for Emergency Planning, Resilience and Response; to update the Governing Body on the work done and planned for as part of the emergency planning agenda and seek approval of the self-assessment documents before submission to NHS England prior to 29 th October 2021
Recommendations:	The Governing Body is asked to note and accept the contents of this report and self-assessment return.
Clinical Engagement	None required.
Patient/Public Engagement	None required. (where appropriate – how has the NEL Commitment been implemented)
Committee Process and Assurance:	Documents reviewed and approved by Helen Kenyon as Accountable Emergency Officer, sent for approval and ratification at Governing Body to inform the Governing Body and fulfil the requirement for the report to be presented at a Public Board. The final assurance rating is also published in the CCG’s annual report.

Link to CCG’s Priorities	<ul style="list-style-type: none"> • Sustainable services <input checked="" type="checkbox"/> • Empowering people <input type="checkbox"/> 	<ul style="list-style-type: none"> • Supporting communities <input checked="" type="checkbox"/> • Fit for purpose organisation <input checked="" type="checkbox"/>
Are there any specific and/or overt risks relating to one or more of the following areas?	<ul style="list-style-type: none"> • Legal <input type="checkbox"/> • Finance <input type="checkbox"/> • Quality <input type="checkbox"/> • Equality analysis (and Due Regard Duty) <input type="checkbox"/> 	<ul style="list-style-type: none"> • Data protection <input type="checkbox"/> • Performance <input type="checkbox"/> • Other <input type="checkbox"/>

Provide a summary of the identified risk



Executive Summary

Please see:

1. Supporting paper below under this cover sheet – page 3 onwards
2. Appendix 1: Copy of EPRR Core Standards Self Assessment
3. Appendix 2: Copy of the Covid-19 and Winter 2020 Review
4. Appendix 3: Statement of Compliance.

EPRR Core Standards Self-Assessment 2021/22 – Supporting Paper

Introduction

NHS England is responsible for emergency preparedness in the Yorkshire and Humber region including North East Lincolnshire. This regional management is administered through a Local Health Resilience Partnership (LHRP) attended by CCG's and NHS funded organisations.

The basis of the LHRP is to seek assurance from NHS organisations that they meet the obligations of the national Emergency Preparedness, Resilience and Response (EPRR) Framework.

The purpose of the EPRR Framework is to provide a set of standards for all 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 (NHS Act 2006 (as amended)) and the NHS Standard Contract.

The CCG is a Category 2 responder and has a key role in linking into NHS England in the event of a major incident and in a proportionate coordination role with local providers in the management of incidents depending on their nature.

The Humber Local Resilience Forum (LRF) also exists, consisting of Local Authorities, Emergency Services, the NHS funded organisations that are Category 1 NHS responders, and this forum maintains an incident risk register, which, for this region, is biased towards industrial accidents and flooding. In contrast the EPRR Framework is biased towards health-related emergencies e.g. pandemic flu and on major service failure (any cause) of NHS providers.

This annual report to the Governing Body and Board summarises the progress made this year on the EPRR work programme, and reports the outcome of the self-assurance process carried out against the NHS Core Standards for EPRR.

Training and Exercising

The following training/exercising sessions were carried out or participating in by CCG staff in 2021/22. All actions and lessons learned are kept in the CCG's EPRR Actions Monitoring Spreadsheet which is monitored monthly until actions are completed:

Date	Training/Exercise	Lessons Learned (Summary)
1 st March 2021	Humber CCG IT/Digital business continuity exercise	This exercise simulated a loss of digital and telephony capabilities across the CCG's and NHS. Solutions were explored in terms of creating Teams meetings without the use of NHS mail accounts, use of WhatsApp on personal devices, and Wi-Fi calling. Since the exercise presentations have been delivered by BT Open Reach on the switch from analogue to fibre lines, and this has a significant impact for providers as the EPRR

		fall back for loss of connectivity has always been “copper” analogue lines. These are set to be removed by 2025. At present the CCG is working with the Humber Digital Team to review how we can use Teams and WhatsApp in the event of an incident or Black Start. A new “primary care” WhatsApp group has been started and we are in the process of starting an adult social care group now that providers mostly have smart devices following on from the digital solutions roll out during Covid. We are in an open dialogue with Care Link about how the removal of analogue lines will affect their devices with a view to building in further resilience there. The NEL Emergency Planning and Resilience Group (EPARG) is planning on holding a “Black Start” exercise in 2021/22.
9 th March 2021	Internal Communications Cascade	Our internal communications list is regularly updated as people leave and start, however some changes were made. An audit was completed with the help of People and Culture to review a list of ALL CCG employees against the contact information held.
12 th May (Tactical) and 30 th June (Strategic) 2021	Reinforced Aerated Autoclaved Concrete (RAAC) Tabletop Planning Exercises	Please see below specific narrative on RAAC.
4 th June 2021	External Communications Cascade	This was our first joint communications test with the other 4 Humber CCG’s. Our directory of providers and agencies is vast, and we felt that splitting this 6 monthly test between the 4 CCG’s would be the most efficient way of auditing our shared pack. East Riding CCG conducted the test, with some minimal changes. Due to the move of the Humber On-call Pack to SharePoint, all packs were updated automatically.
23 rd June 2021	Loggist Skills Familiarization Training	3 of the CCG’s 6 loggists attended this training. It was a useful refresher and repeated the format of our initial training. The other 3 loggists will also need to complete

		the refresher course when the next one becomes available. The loggist packs in the ICC's are up to date.
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In 2020, we were unable to report the exercises completed as the assurance process was scaled down due to the Covid-19 Pandemic. Key exercises included the below, with a significant focus on Covid-19:

- 14th July 2020: Humber Directors of Public Health Covid-19 Outbreak Scenario
- 21st August 2020: LRF Concurrent Emergencies Exercise
- 4th September 2020: NELC (North East Lincolnshire Council) and NELCCG Covid-19 Outbreak Exercise
- 9th September 2020: NHSE HCV (Humber Coast and Vale) Winter and Covid-19 Exercise
- 6th October 2020: Northern Lincolnshire and Goole (NLaG) Concurrent Incident Covid-19 and Winter Pressures Exercise
- 6th October 2020: Internal Communications Cascade

In June 2021, the NEL EPARG met for it's first meeting of the financial year. At this meeting, the group decides its work priorities for EPRR including which exercises and training opportunities it wishes to progress. Pending dates, the following sessions have been agreed:

- Black Start Exercise
- Flooding Exercise involving the Environment Agency and Anglian Water.
- Exercise of the Vulnerable Person's Protocol, which could be tied into either or both the above exercises.
- Educational session with HEPS on the input for health into rest centers.

The group will, as per it's Terms of Reference, hold quarterly meetings to progress actions and plans alongside the training and exercising sessions.

RAAC Planning and Evacuation

Reinforced autoclaved aerated concrete (RAAC) is present in around 17 hospitals in the UK, and by way of its construction is far weaker than normal concrete. The usual life of a plank of RAAC has been estimated to be around 30 years. NHS England are leading on preparing LHRP footprints to provide mutual aid and assistance in the event of a failure of RAAC in the hospitals within their patch. Airedale General is the only RAAC hospital in the Yorkshire and Humber patch, and the RAAC within its facilities it has already been in place for longer than its anticipated life span.

Airedale General has put in place extensive mitigating actions in response to this risk and plans for building new estate is underway. Mitigations include:

- Robust system for checking structures and warning and informing to enable early detection of failures and appropriate action
- Props and steel reinforcements.

NHS England have been leading Yorkshire and Humber Emergency Planning Staff through 3 exercises on RAAC failure and the evacuation of Airedale Hospital. The exercises were attended by Northern Lincolnshire system representatives, and the risk was discussed at the NEL Emergency Planning and Resilience Group on 28th June 2021 with a request that SRO's and AEO's for all organisations be sighted on the risk. At the final strategic level exercise NLaG's AEO was present. The risk was raised at a Health and Care Executive meeting on 27th May 2021.

Partners in the Northern Lincolnshire system have been working with Northern Lincolnshire and Goole Foundation Trust to understand the actions required and to ascertain whether a new plan or action card is needed. It was

concluded that there are sufficient plans in place to allow for the Trust to complete a dynamic risk assessment if the plan is activated (Major Incident and Escalation and Surge) to allow NLAG to support where required. A “System Wide” action card has been drafted to remind partners of which plans to activate and the agreed mitigations which is presently in draft form with NHS England for review. On finalisation it will be presented to the CCG’s Senior Management Team and Integrated Care Partnership Professional Group.

The impact on NLaG hospitals is anticipated to be minimal as it has not been marked as a “receiving trust” to take Airedale patients, but it might be impacted by individuals from other hospitals in the Y&H region attending A&E or electives being taken from these other hospitals. The plan in the main is to activate existing surge protocols where required, but also consider dynamically the use of Goole Hospital for electives if this is requested.

Business Continuity, Major and Critical Incidents

Since approximately March 2020, the CCG along with the rest of the UK has been responding to the national major incident that is the Covid-19 Pandemic. The major incident has not been stood down, and we remain at Level 3 (de-escalated from Level 4 in March 2021). This means that the CCG is still running, alongside the other 4 Humber CCG’s, an incident co-ordination center which works to disseminate guidance and communications to providers. We are still seeing outbreaks in both acute and community settings, however we are now “well practiced” in working in Covid-19. At the start of the pandemic, we struggled like the rest of the NHS to source PPE, meet testing demand and make sense of the ever-changing guidance. We now, in conjunction with NAVIGO and NELC, run a local PPE store which was set up before the implementation of the Department of Health and Social Care (DHSC) Portal. We have a Humber-wide protocol for testing should prioritization be required for our local Pillar 1 service and/or DHSC’s Pillar 2.

Attached at Appendix 2 is a review recently completed of the CCG’s response to Covid-19 (and accordingly, the system response) and Winter 2020. The lessons learned are being reflected in our EPRR and Winter Plans for 2021/22. The Winter Plan is currently being finalized through A&E Delivery Board with input from EPRR staff where required to ensure joined up planning.

In November 2020, NLaG experienced a severe piped oxygen shortage, and the CCG chaired the system wide calls to ensure co-ordination of mutual aid. This incident was successfully mitigated and de-escalated with help of the Humber health economy and NHS England Estates. Actions relating to the supply of piped oxygen have been included in the NLaG winter plan since the event and the NHS England Core Standards Deep Dive (for acute trusts only this year) is designed to gain assurance on piped oxygen plans. NLaG will be asked, along with other Category 1 health providers, to share their core standards submission with the CCG.

Core Standards Self-Assurance Process and Compliance

The NHS England Care Standards Self-Assessment process was not rolled out last year due to the unprecedented demand on the system, however this year it has returned with some of the previous mechanisms to the process, but also acknowledging the previous 18 months and the changing landscape of the NHS.

Due to the events of 2020, the Core Standards did not receive their tri-annual review and therefore not all standards reflect current best practice. NHS England have therefore removed a small number of standards to accommodate this year’s assurance process until a full review can be undertaken.

The overall EPRR assurance rating for an organization is based on the percentage of core standards the organization assesses itself as being “fully compliant with” (see below). For the last 3 years, the CCG has been “substantially compliant” with the core standards.

Organisational rating	Criteria
Fully compliant	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial compliance	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial compliance	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

The last full submission of the core standards was in 2019/20 due to the scaled down process being applied for 2020/21. In that last submission there were 43 standards applicable to CCG's. This year, there are only 29 applicable standards for CCG's. The CCG was assessed by the Emergency Planning and Resilience Manager as being fully compliant with the 28/29 of these standards and therefore the CCG has an overall rating of:

Substantial Compliance

It was assessed as being "partially compliant" with standard 53. Please see below considerations and actions agreed. It is anticipated that as part of the CCG moving into ICS form all EPRR arrangements will be reviewed including training, exercising, planning and the auditing of the processes and business continuity management system (BCMS). If this is not considered, the lead will consult with the relevant managers regarding the audit plan for the CCG/ICS to review whether or not the BCMS needs more independent audit.

Ref	Domain	Standard	Detail	Evidence	Self-assessment rating	Action to be taken	Lead	Timescale	Comments
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	<ul style="list-style-type: none"> EPRR policy document or standalone Business continuity policy Board papers Audit reports 	Partially compliant	Review current audits that are commissioned for the various directorates to consider whether EPRR could be reviewed as part of this. Consider whether the reviews completed under DSPT are sufficient or whether additional focus is required as the CCG moves into ICS form.	Levi Clements-Pearce	Dec-22	The CCG completes various processes to audit its own BCMS including annual review of BCP and relevant plans, EPRR assurance process, 6 monthly comms testing, monthly action reviews; however an external independent company does not complete this review and the CCG wishes to consider its current arrangements of

									internal audit to understand where EPRR needs to sit.
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