

Meeting: Governing Body (Meeting in Public)			
Meeting Date	25 November 2020	Action	Approve
Item No.	10	Confidential	No
Title	Emergency preparedness, resilience and response (EPRR) core standards assurance process 2020/21		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Linh Nghiem, Resilience Manager, GMSS		
Clinical Lead	-		

Executive Summary

NHS England has an annual statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. To do this, NHS England and NHS Improvement ask commissioners and providers of NHS funded care to complete an annual emergency preparedness, resilience and response (EPRR) assurance process.

This year the 2020/21 EPRR assurance process has been amended to focus on three areas:

- 1) progress made by organisations that were reported as partially or non-compliant in the 2019/20 process;
- 2) the process of capturing and embedding the learning from the first wave of the COVID-19 pandemic;
- 3) inclusion of progress and learning in winter planning preparations.

In addition, Clinical Commissioning Groups (CCGs) are asked to submit a statement of assurance to the relevant NHS England and NHS Improvement regional head of EPRR by 31 October 2020. This statement is expected to include: (1) the updated assurance position for the relevant commissioners and providers of NHS-funded care; (2) assurance that those organisations have undertaken a thorough and systematic review of first wave of the COVID-19; and (3) confirmation that key learning identified as part of the first wave review is actively informing wider winter preparedness activities for the local system.

The Emergency Accountable Officer submitted the statutory statement to meet this timeframe and the full basis of the statement are included within this report.

Recommendations

The Governing Body is asked to:

- Note the EPRR NHS Core Standards process;
- Note the update for Bury CCG against the 2020/21 EPRR NHS Core Standards process; and
- Note the core standards position/updates from of our main commissioned providers

Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input checked="" type="checkbox"/>
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input type="checkbox"/>
SO3 Budget To deliver a balanced budget for 2019/20	<input type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF N/A	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

EPRR NHS Core Standards Self-Assessment 2020/21

1. Introduction

- 1.1. This paper provides an update to Governing Body on the 2020/21 emergency preparedness, resilience and response (EPRR) core Standards assurance process and the progress of Bury CCG and its main commissioned providers, as well as the Annual Assurance Statement for 2020/21.

2. Background

- 2.1. NHS England has an annual statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. To do this, NHS England and NHS Improvement ask commissioners and providers of NHS funded care to complete an annual EPRR assurance process.
- 2.2. This year, the 2020/21 EPRR assurance process has been amended to focus on three areas:
 - 1) progress made by organisations that were reported as partially or non-compliant in the 2019/20 process;
 - 2) the process of capturing and embedding the learning from the first wave of the COVID-19 pandemic;
 - 3) inclusion of progress and learning in winter planning preparations.
- 2.3. As set out in the 2020/21 assurance process, clinical commissioning groups (CCGs) are asked to submit a statement of assurance to the relevant NHS England and NHS Improvement regional head of EPRR by 31 October 2020. This statement is expected to include: (1) the updated assurance position for the relevant commissioners and providers of NHS-funded care; (2) assurance that those organisations have undertaken a thorough and systematic review of first wave of the COVID-19; and (3) confirmation that key learning identified as part of the first wave review is actively informing wider winter preparedness activities for the local system.
- 2.4. The CCG submitted its statement as provided at Appendix 1.
- 2.5. Following submission of CCG assurance statements, the regional head of EPRR will, as necessary, undertake structured conversations with CCGs to better understand their statements.
- 2.6. This document seeks to provide the following:
 - a) an update on the EPRR Core Standards rated by Bury CCG and its main providers as 'partially compliant' or 'not compliant' in 2019/20
 - b) assurance that Bury CCG has undertaken review of its response to the first wave of the COVID-19 pandemic in order to identify learning from it
 - c) confirmation that winter preparedness being undertaken by Bury CCG is being actively informed by key learning from the review of the pandemic first wave

3. Update on EPRR Core Standards position

3.1 For the 2019/20 EPRR annual assurance process Bury CCG declared an overall rating of 'substantial compliance' i.e. the organisation was 89-99% compliant with the core standards it was required to achieve.

3.2 In 2019/20, the standards that the CCG has rated itself as 'partially compliant' (Amber) was:

Ref.	Domain	Standard	Rating
40	Co-operation	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	Amber

3.3 Since the self-assessment in 2019 the CCG can report the following update:

Ref.	Standard	[Current rating] Update
40	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	[Green] There hasn't been any LHRP meeting this year due to the ongoing pandemic incident. Across the NE Sector, it has been agreed that the NE Sector HERG chair will attend on behalf of the CCG.

- Update on EPRR Core Standards position – Northern Care Alliance (NCA)

3.4 Since the self-assessment in 2019 the NCA have reported the following update(s):

Ref.	Standard	[Current rating] Update
20	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	[Amber] The NCA exercised their whole site evacuation plan in 2019; the NCA has adjusted the rating to align with the rest of Greater Manchester. This is due to the requirement for mutual aid when responding to this type of incident.
40	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	[Green] Assurance received from GM LHRP that Trust representation on North East Sector, Manchester & Salford Health Economy Resilience Groups provides compliance against this standard.

- Update on EPRR Core Standards position – Pennine Care Foundation Trust

3.5 Since the self-assessment in 2019, Pennine Care Foundation Trust have reported the following update(s):

Ref.	Standard	Standard	Requirement	Update
3	Governance	EPRR reports board	Schedule presentation of EPRR assurance	Green: The AEO provided regular updates to Board in respect of our emergency response to the

Ref.	Standard	Standard	Requirement	Update
			process at Public Board	Coronavirus pandemic; however it is to be noted that Governance arrangements have been stepped down somewhat during the course of the pandemic as per NHSi recommendations.
4	Governance	EPRR work programmer	Annual work plan to be developed with measurable milestones	AMBER – Annual work plan to be agreed when the emergency response to the pandemic steps down. The Trust has robust Governance arrangements in place to manage our emergency response (Specifically to the Covid-19 pandemic) that are reviewed periodically and which are taken through a full assurance process. The annual work plan will include annual exercises etc.
7	Duty to risk assess	Risk assessment	Any EPRR risks to be recorded on the Trust Risk Register	GREEN - All EPRR Risks are recorded, monitored and reviewed in line with the Board Assurance Framework.
17	Duty to maintain plans	Mass Counter measures	<ol style="list-style-type: none"> 1. Trust does not have the resources or infrastructure to deal with a Mass Countermeasure on its own. 2. Trust is part of the GM Mutual Agreed agreement. 3. National guidance would be followed. 	<p>The Trust has partnership arrangements in place to deal with mass countermeasures as this would be a full system response and not an individual response by the Trust</p> <p>Will remain Amber</p>
18	Duty to maintain plans	Mass Casualty - surge	<ol style="list-style-type: none"> 1. Trust does not have the resources or infrastructure to deal with a Mass Countermeasure on its own. 2. Trust is part of the GM Mutual Agreed agreement. 3. National guidance would be followed. 	<p>The Trust has partnership arrangements in place to deal with mass countermeasures as this would be a full system response and not an individual response by the Trust</p> <p>Will remain Amber</p>
28	Command and Control	Trained on-call staff	1. Training plan to be developed	<ul style="list-style-type: none"> •EPRR Team has created a training and exercising database; listing training attended, dates, times, locations and attendees. •EPRR Team circulate any available GM training as it is published •Loggist training – attempts made to source formal training, however developing in-house training in the interim. •In-house on-call training materials developed to support staff with their on-call responsibility in terms of using scenarios/examples.

Ref.	Standard	Standard	Requirement	Update
				<ul style="list-style-type: none"> • Formal EPRR on-call training not currently available. • All on-call staff meet the National Occupational Standards
26	Training and exercise	EPRR Training	1. Training plan to be developed	Formal EPRR on-call training not currently available but a plan will be developed as soon as formal training can be sourced. EPRR leads are proficient in EPRR principles and practice.
28	Command and Control	Strategic tactical responder training and	<ol style="list-style-type: none"> 1. Sign post identified staff to external training opportunities. 2. Look at the provision of support through any On-call training 	Senior managers attended training end of 2019. Local Trust on line 'Major Incident' training package being developed with external company
33	Response	Loggist	The Trust to review how and when loggists are accessed out of hours, and whether this is a dual role for the on-call manager	The Trust has agreed that in-hours loggist support will be provided by Corporate staff due to the prolonged nature of the pandemic. It has been agreed that the role of loggist out-of-hours will become a dual role for Silver and Bronze on-call. Staff will requires training in this function and the On-Call policy updated to reflect this arrangement - this will be built into the annual training plan.
40	Cooperation	LHRP attendance	Review LHRP representation arrangements	Trust is now a member of LHRP Green

4 Review of the organisation's response to the first wave of the COVID-19 pandemic

- 4.1 Bury CCG has participated in debriefs to capture learning from the first wave of the COVID-19 pandemic. The Greater Manchester Health and Social Care Partnership (GMHSCP) requested that each health organisation completed the Acute phase response debrief identifying key learning points and recommendations.
- 4.2 The key learning from the CCG was forwarded to GMHSCP and contributed towards the NHSE GM Covid-19 Acute Response Phase Review document, published in September 2020. The learning from this was also shared with the Winter Planning Sub-group in the 1st October 2020.

5 Winter preparedness and key learning from the first wave of the COVID-19 pandemic

- 5.1 The Winter Plan for 2020/21 is currently being reviewed and covers the review winter

planning processes and incorporates learning from the response to the first wave of COVID-19. This includes regular debriefs to review lessons learnt, new models of care and incorporating new digital ways of working. A winter planning scenario exercise is being organised by the Winter Planning Group to test the winter plan and will include all relevant stakeholders.

5.2 The CCG have signed up to the NHSE led Peer Review process for winter planning and any recommendations will be incorporated into the Winter Plan process.

6 Actions Required

6.1 In line with the reporting requirements, the CCG is required to:

- Receive the updated assurance position for the relevant providers of NHS-funded care to inform the local assurance statement;
- Submit the a statement of assurance to NHS England and NHS Improvement regional head of EPRR by 31 October 2020;
- Provide an update to the CCG's Governing Body on the outcome of the 2020/21 EPRR core standards assurance process.

7 Associated Risks

7.1 No significant risks in relation to the CCG's compliance with the Core Standards for EPRR have been identified.

8 Recommendations

8.1 It is recommended that the Governing Body:

- Note the EPRR NHS Core Standards process
- Note the update for Bury CCG's against the 2020/21 EPRR NHS Core Standards process; and;
- Note the core standards position/updates from of our main commissioned providers.

Ling Nghiem
Resilience Manager
November 2020

Appendix 1 : Emergency Preparedness, Resilience and Response (EPRR) Assurance for 2020-21

STATEMENT OF ASSURANCE

Further to the letter from Stephen Groves (Director of EPRR – National) and Daniel De Rozariuex (National Director of Elective and Emergency Care and Operations and Performance) of 20 August 2020, which set out requirements for the 2020/21 EPRR annual assurance process, this statement provides assurance that **Bury Clinical Commissioning Group (CCG)** has undertaken the following:

1. updated its assurance position for EPRR Core Standards that were rated partially or non-compliant in 2019/20;
2. received an update from commissioned providers regarding the assurance position for EPRR Core Standards that were rated partially or non-compliant in 2019/20;
3. reviewed the locality response to the first wave of the COVID-19 pandemic and developed a plan to embed learning into practice;
4. incorporated key learning identified as part of the pandemic first wave review within the wider winter preparedness activities for the local system.

With regard to points 1 and 2 above, a paper has been prepared for the Governing Body of Bury CCG in which the updated assurance positions for the CCG and its commissioned providers are detailed. This paper will be/was presented to the Governing Body on 25 November 2020.

The assurance paper for the CCG Governing Body also includes a summary of how the locality has taken account of learning from the first wave of the COVID-19 pandemic and how this learning is informing the locality's preparedness for winter 2020/21.

Geoff Little

Signed by the organisation's Accountable Emergency Officer

03/11/2020

Date signed