

Pandemic Flu SHA Assurance Board Assessment

Summary

NHS Yorkshire and The Humber Board have assessed their 'state of readiness' of the NHS in the region for a potential second wave swine flu outbreak over the coming months against the Department of Health's assurance template for both external organisations and for the Authority as detailed below

CONTENT	COMMENTS	
	External	Internal (to the SHA)
<p>1. Leadership 1.1 There is a robust plan in place to support delivery of a coordinated response to flu pandemic across the region</p>	<p>1.1 Two levels of Memorandums of Understanding have been developed over the last month as detailed below:</p> <p>a. Memorandums of Understanding between the SHA and Lead PCTs have been developed to formalise the role of the Lead PCT as part of the regional command and control arrangements.</p> <p>b. Memorandum of Understanding between Lead PCTs to formalise Memorandums of Understanding between Lead PCTs, the Authority and their constituent organisations.</p> <p>The SHAs held assurance meetings with Lead PCTs on 10th September 2009 to review all trusts' plans are in line with national guidance as well as a regional exercise Peak Practice held on 22nd September 2009 to further refine plans at a local, sub regional and regional level.</p> <p>The SHA have established a single point of contact with all NHS organisations.</p>	<p>1.1 On Call arrangements for SHA robust and tested. Includes regular training. All on call staff hold dedicated file including action cards, policies, Major Incident plan and systems. Also held on encrypted memory stick. Supports all business continuity/ emergency planning, including pan flu. IT infrastructure supporting SHA working resilient and robust. Tried and tested throughout 2008/09. Business continuity plans for IT providers and other key suppliers held.</p> <p>Analytical resource for essential pan flu reporting has BIA (business impact assessment) in place.</p> <p>Links provided for potential mutual aid support via university clinical trainees</p> <p>All business continuity work for SHA captured within SHA business plan 2009/10 under Effective HQ objective.</p> <p>The SHA has established a swine flu incident control room and single point of contact.</p>

Yorkshire and the Humber

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<p>1.2 Each NHS organisation has the equivalent of a full time Director dedicated to flu preparedness and resilience, and internal structures which enable that Director to discharge his / her responsibilities effectively</p>	<p>Every organization within the region has a named executive lead for swine flu. Simon Morritt, Chief Executive NHS Bradford & Airedale is the named Executive Lead for NHS Yorkshire and the Humber.</p>	<p>1.2 SHA business plan has objective on Effective HQ, including business continuity. Has Director lead and SRO (Senior Responsible Officer) Cross-directorate SHA Business Continuity Pan Flu group meeting regularly, led by SRO. SPF (Staff Partnership Forum) and directorate meetings also discuss issue regularly.</p>
<p>1.3 There is a director level led vaccination programme in place to ensure the maximum possible uptake of both the swine flu and seasonal flu vaccines among priority public groups and frontline staff</p>	<p>The Regional Directors of Public Health working with Directors of Public Health and the Regional Swine Flu Co-ordination Group, Chaired by Simon Morritt, have systems in place to ensure the maximum possible uptake of vaccinations is achieved in the region.</p>	<p>1.3 RDPH leads (Regional Directors of Public Health). Seasonal flu vaccination sessions arranged at SHA HQ, Blenheim House, Leeds. All staff encouraged to attend, or open sessions in Leeds. Includes staff based elsewhere in patch. Details sent via Staff Update and attached to pay slips.</p>
<p>2. Governance</p>		
<p>2.1 All NHS Trust Boards have agreed and signed off their assessment of readiness.</p>	<p>All NHS Boards have provided the SHA with a copy of their board minute demonstrating their assessment of readiness.</p>	<p>2.1 Senior Management Team (SMT) papers in July, September. Board updates in August and September.</p>
<p>2.2 There is a robust governance accountability framework in place for NHS Organisations through to SHAs and onto the NHS Flu Resilience Directorate.</p>	<p>The SHA has established a Regional Swine Flu Co-ordination Group which has been in place since June 2009.</p>	<p>2.2 External audit undertaken April 2009 on Emergency Preparedness by West Yorkshire Audit Consortium included business continuity and gave significant assurance.</p>

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<p>2.3 There are effective reporting mechanisms in place to support the regional response and to participate in national reporting</p>	<p>The SHA through the Performance and Delivery Directorate and SHA Incident Room provides a collated reporting system for all NHS organizations in region as well as to the Department of Health and Government Office.</p>	<p>2.3 Rota for staff resource to provide data collation and validation in place. IT systems to provide data robust. BIA in place for team providing data. SHA working towards BS25999 on business continuity. All directorates have Business Impact Assessment (BIA) in place from May 2009. Had dedicated training and full details of BS25999 (British Standard).</p>
<p>2.4 There is a communications strategy in place to convey consistent and timely messages to staff, the public, the media, and which addresses engagement with key external stakeholders.</p>	<p>The SHA has a regional communication strategy which is updated and circulated to all NHS organizations on a regular basis in accordance with national guidance.</p>	<p>2.4 Internal communications in place to keep all staff updated, includes detailed Information Pack, weekly Staff Update, personal briefings from Chief Executive (CE), SPF updates, directorate updates, cross-directorate meetings. All used as required.</p>
<p>2.5 Maintenance of accurate records of decisions, patient care, vaccination uptake rates and requested epidemiology</p>	<p>The Regional Director of Public Health has established a shadow Scientific Technical Advisory Cell. The purpose of this group is to provide timely advice in response to scientific and technical questions and problems identified by the Regional Swine Flu Co-ordination Group.</p> <p>The SHA has also a Serious Untoward Incident policy that includes all incidents related to swine flu.</p>	<p>2.5 Detailed HR plan in place. Includes absence details due to flu, carer leave. Seasonal flu vaccination uptake known in total, not by name. No other internal needs currently. Staff reminded of need for records to be kept up to date via Information Pack.</p>

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3. Resilience		
3.1 Each organisation has undertaken the HPA resilience test and attended the “Peak Practice” exercise in September with at least Board level attendance.	All 36 organisations, Ambulance Services, Acute Hospitals, Mental Health Trusts, Primary Care Trusts, together with Directors of Adult Social Care, Health Protection Agency and Yorkshire and the Humber Government Office participated in Exercise Peak Practice held on 22 nd September 2009.	3.1 SHA representation included CE, Directors of Communication, Public Health, Performance, Workforce and Strategy. Associate Directors for Emergency Planning and Business Continuity.
3.2 Pandemic plans have been stress tested to ensure high level delivery of care to swine flu, seasonal flu and non flu patients	Analytical reviews of winter planning capacity and individual reviews of swine flu plans have been undertaken by the SHA and reviewed with the four Lead PCTs in a ‘Confirm and Challenge’ meeting held on 10 th September 2009.	3.2 On call rota stress tested including training and handling issues in real time. Recommendation to SMT in September 09 to ‘road test’ SHA led Strategic Co-ordination Group (SCG).
3.3 Effective HR policies and practices are in place to support resilience as evidenced by the August workforce return	All trusts have completed the August 2009 workforce return and have action plans in place to continue to refine gaps in plans at a local level which again will be reviewed in the September workforce return.	3.3 August workforce return submitted on time, included details of policies and practices, as applicable to an SHA. Full details of relevant policies and practices, including how staff support can be accessed, incorporated in Information Pack, available for all staff by end September 2009.
3.4 Arrangements are in place for staff to receive seasonal and H1N1 vaccines as evidenced by the August workforce return	All trusts have vaccination plans in place.	3.4 As detailed under 1.3 above seasonal flu vaccination details in place for SHA staff.
3.5 A service priority assessment tool as evidenced by the August workforce assurance has been completed to include: 1. The potential gain by the deferral of non essential services	All trusts have completed the workforce return against the criteria. Plans continue to be refined.	3.5 1. Not applicable for SHA 2. Overall Business Impact Assessment in place for SHA for business essential (none are critical) services. Populated from input from individual BIAs from all teams.

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<p>2. Staff training plans and staff deployment plans are in place to support prioritized services (eg critical care)</p> <p>3. The impact of service prioritization has been considered</p> <p>4. Optimal utilization of health and social care resources</p>		<p>3. Impact of above has been considered and effects worked through by all teams. Workforce details include where people can work from, what IT they have to work remotely from the SHAs HQ, and whether they have any other needs to take into account (eg caring responsibility).</p> <p>4. Details captured for non-essential work which could be stood down (with internal SHA or wider external permission), and therefore allow optimal use of SHA staff.</p>
<p>3.6 There are mechanisms in place to support the Local Authority with their planning for frontline adult and children's services social care staff</p>	<p>All PCTs are working on local planning arrangements to ensure frontline adult and children's services staff are supported. The SHA through the Regional Swine Flu Group has a nominated social care lead to review consistency between local systems and share good practice.</p>	<p>3.6 Although principally an issue for local working (ie co-terminous PCT with Local Authority (LA) the SHA should have a lead overview via appropriate policy leads. Details of this are not currently captured.</p>
<p>4.Service Specific (to include areas of service where extra resilience work has been undertaken across the Region.</p>		<p>As an overall comment for 4. the SHA does not have specific (patient/service user) services. However policy leads for specific areas should have an overview, as needed, for 4.1-4.4, particularly through the performance team.</p> <p>The Swine Flu Assurance Framework and Risk Register details this information.</p>
<p>4.1 PCTs – have in place a robust network of ACPs and other critical services to support delivery of the NPFS and the supply chain</p>	<p>A Regional Swine Flu Group has been established to address extra resilience work and focus on: Anti viral collection points, delivery of the National Pandemic Flu Line Service, supply chain and business continuity.</p>	

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4.2 Acute Services – Critical Care capacity and other essential services to ensure business continuity (eg paediatrics, A&E, acute medicine)	A regional critical care task group has been established to focus on the resilience of the critical care services for both adults and children in accordance with the National Critical Care Strategy.	
4.3 Mental Health – to have systems in place to enable the delivery of physical health care and resilient HR plans	A Regional Swine Flu Group membership includes a Deputy Chief Executive from Leeds Partnership Foundation Trust who has assessed all mental health trust plans and was a panel members at the Confirm and Challenge meetings held on 10 th September 2009.	
4.4 Ambulance Services – plans to support 999 resilience and critical transfer arrangements	The Yorkshire Ambulance Service is part of the Regional Swine Flu Co-ordination Group. It has recently held Exercise Pepper to test its plan with partners. Key learning points from this exercise are currently being acted upon.	