

Annual Report 2018/19

Business Continuity / Emergency Preparedness, Resilience and Response

1.0 INTRODUCTION

- 1.1 Under the both the Civil Contingencies Act 2004 and the Health and Social Care Act a duty is placed on the CCG to take all reasonable actions to maintain core organisational services and act as local health system leader in times of emergency.
- 1.2 Under the Civil Contingencies Act the CCG is classed as a Category 2 responder, as such the CCG is expected to coordinate the local health response across Hull and to provide requested support to Category 1 responders (acute providers, NHSE, etc.).

The main duties are to:

- Co-operate in the delivery of an emergency response, including the sharing of relevant information, with other Category 1 and 2 responders
 - Have robust plans to support the organisational response to internal and external incidents. A significant amount of work undertaken over the last few years to develop our plans and arrangements to respond to major incidents and also to ensure the organisation can maintain business continuity when faced with specific threats, for example the loss of staff, Information Management & Technology (IMT) systems or buildings
 - Act as health system leader, coordinating and overseeing other organisations responses to incidents
- 1.3 The work to ensure that the CCG is organisationally prepared to respond to both internal and external incidents is coordinated through the Joint Business Continuity / Emergency Preparedness, Resilience and Response (EPRR) meeting which covers Hull, the East Riding of Yorkshire and North Lincolnshire CCGs. The meeting is chaired by the Deputy Director of Commissioning, Hull CCG and works to ensure that all three organisations, with due regard to its terms of reference and the CCG's organisational objectives, have systems and processes in place to support the delivery of the CCGs, and the wider systems, core functions at all times. This supports the promotion and delivery of high quality, safe services that deliver the outcomes expected by the local population.

1.4 The purpose of this report is to update on the work undertaken by the Clinical Commissioning Group (CCG's) to sustain, develop and enhance the CCG's ability to respond to potential or actual negative impacts on the CCG's and/or it's commissioned providers' ability to deliver core services.

1.5 This report covers the work of the CCG on Business Continuity / EPRR from April 2018 to March 2019.

2.0 GOVERNANCE

2.1 The CCG has both an Executive Lead (E. Daley, Director of Integrated Commissioning) and a Lay Member (K. Marshall) identified with specific roles to support Business Continuity / EPRR. The Deputy Director of Commissioning and Associate Director of Corporate Affairs jointly lead on a daily / operational basis with regards to EPRR and Business Continuity Respectively.

2.2 The CCG Board has delegated responsibility to the Planning and Commissioning Committee to oversee the general delivery of Business Continuity / EPRR. This Committee receives and reviews national incident and internal incident lessons learnt documents to evaluate which lessons might apply to the CCG and require internal action. It also reviews the CCG's annual self-assessment of preparedness and oversees the supporting action plans.

2.3 The Joint Business Continuity / EPRR meeting works to ensure that plans, where appropriate, are aligned across Hull, the East Riding and North Lincolnshire. It also provides peer review and challenge to ensure consistency.

2.4 *Director On-Call*

Part of the requirements of being the system lead is that the CCG has to have a Director on call 24/7 to ensure that the organisation is contactable and a response to an incident can be initiated when needed.

It has been agreed that the on-call will be coordinated across Hull, East Riding of Yorkshire and North Lincolnshire CCGs with a single Director taking the on-call role across all three organisations for a week at a time (Friday to Friday). Hull CCG's Associate Directors and Deputy Directors are also a part of this on-call rota.

2.5 *System Tests / Exercises*

The CCG is required to:

- Undertake a Communications Test - every 6 months

The CCG tested the response flow chart relating to IT. Challenges were experienced in the first instance with no contact being made via the identified route. The process has been reviewed and refreshed. The second communication test was a live test when attempts were made to set up a system call in response to system pressures, which went less than smoothly. This experience has led to changes in how contact details for the out of hour's period are communicated across the system.

- Undertake a desk top exercise – every year

Due to changes in the coverage of the on-call rota a desktop exercise was held with the Directors on Call exploring responses to system challenges which could occur anywhere across the CCG's footprint.

- Undertake a live exercise – every 3 years

The CCGs response to and lessons learnt from the Wannacry IT incident provided a live incident against which systems and processes were tested. Lessons learnt mainly focussed around communications both between the CCGs IT support and the CCG and the CCG with the full range of primary care.

2.6 *CCG Self-Assessment*

Every year the CCG has to self-assess against nationally published standards setting out the systems, processes and standards that organisations are expected to deliver. The self-assessment is undertaken in October and, such, represents the preceding calendar twelve months but is classified as the self-assessment for the year it occurs.

The CCG's self-assessment for 2018/19 demonstrated substantial compliance with the national standards. The tables on the next page illustrate the level of compliance against the core standards.

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	5	1	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	9	9	0	0
Command and control	2	2	0	0
Training and exercising	3	2	1	0
Response	5	4	1	0
Warning and informing	3	3	0	0
Cooperation	4	3	0	1
Business Continuity	9	9	0	0
CBRN	0	0	0	0
Total	43	39	3	1

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Incident Coordination Centres	4	2	2	0
Command structures	4	4	0	0
Total	8	6	2	0

3.0 OUR PLANS

Under the Health and Social Care Act 2012, the CCG is required to develop sufficient plans to ensure that the organisation and all commissioned provider services are well prepared to respond effectively to major incidents/emergencies. The CCG has a number of plans in place to support our emergency response, which have been reviewed and revised over the last year. These include:

3.1 *Business Continuity*

The CCG's Business Continuity Plan(s) has been reviewed against the NHS England framework and the plan has been updated to reflect the changes that impact on the CCG. Each Directorate has reviewed their core operations and developed action cards to support the maintenance of their identified core services in the event of an incident affecting service delivery.

3.2 *Severe Weather Plan / Cold Weather Plan / Winter Plan*

The CCG adopted the Hull Cold Weather Plan in 2017/18 with regard to system responses and continue to work within that plan. NHSE/ CCGs are responsible for co-ordinating the system response monitoring weather alerts from the Met Office and escalating where appropriate. The CCG undertakes

risk assessments and coordinates the system response to any factor that arises as part of system resilience ensuring that both the CCG and commissioned services are taking appropriate steps at times of poor weather.

System Resilience (winter planning) is undertaken jointly, at a strategic level, across Hull and the East Riding but specific local plans are developed to reflect the different services commissioned / population requirements. The system capacity to respond to increases in demand, associated with expected winter activity impacts, is assessed through the Hull and East Riding A&E Delivery Board.

3.4 *Fuel Disruption Plan*

From 2017 CCGs are expected to coordinate the primary care response in terms of a fuel disruption and shortages. A joint plan has been put in place in partnership with East Riding of Yorkshire CCG. Practices are required to maintain a list of Priority Users and liaise with the CCG to obtain temporary logos if required.

3.5 *Self-Assessment Action Plan*

Following the 2018/19 self-assessment an action plan was put in place to address those areas of reduced compliance:

- EPRR Resource within the CCG

Agreement was given to include a system resilience post within the CCG to support the delivery of the EPRR and Unplanned Care agendas.

- Strategic and Tactical Responder Training

The introduction of the training matrix and the requirements to systemise training for the on-call Directors did not go to plan with the introduction of the training not being systematic. This action has been carried forward into 2019/20.

- Availability of loggists 24/7

It is unlikely that the full requirement of having a 24/7 on-call loggist within the CCG will be either deliverable or proportionate. Reciprocal agreements need to be explored to ensure that the CCG has a proportionate response.

- Local Health Resilience Partnership (LHRP) Attendance

The LHRP meetings are now prioritised with the Exec Lead. Cross cover arrangements have also been agreed between Hull and East Riding CCGs.

3.6 *EU Exit*

During the latter part of 2018/19 work was undertaken to ensure that the CCG and its commissioned services were prepared for the potential of a no-deal EU exit at the end of March 2019. This work including working both as a local system and under the oversight of NHSE, the lead health organisation as the Category 1 responder, to ensure that the NHS was in a position to maintain services in the event of a no-deal exit. The work undertaken evaluated positively for preparedness both locally and wider. This work has temporarily stood down but it is anticipated it will recommence during 2019/20

4.0 **JOINT BUSINESS CONTINUITY / EPRR MEETINGS**

- 4.1 The joint meetings occur bi-monthly and work within the agreed terms of reference with a focus upon joint work to deliver an integrated consistent response to national and local incidents, confirm and challenge around each other's plans and self-assessments and sharing of best practice.
- 4.2 The meetings are well attended by Hull CCG representatives with representation on the meeting from each Directorate within the CCG.
- 4.3 The work plan is generated by the action plans identified through the CCG's self-assessment and has included:
- Confirm and challenge of the self-assessments
 - Further development of the proposed single Director on-call training matrix

5.0 **SUMMARY**

During 2018/19 the CCG has continued to develop its systems and processes in relation to internal business continuity and wider emergency preparedness, resilience and response. This has enabled the CCG to maintain its substantial compliance against the core EPRR competencies.

Deputy Director of Commissioning

28/06/19