

Annual Report 2021/2022

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 and North East 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 2020 to March 2022.

2.0 GOVERNANCE

2.1 The CCG has both an Executive Lead (E. Daley, Chief Operating Officer) and a Lay Member (K. Marshall) identified with specific roles to support Business Continuity / EPRR. The Deputy Director of Integrated 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, North Lincolnshire and North East Lincolnshire CCG's. 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, North Lincolnshire and North East Lincolnshire CCGs with a two Director taking the on-call role one for the South Bank (North Lincolnshire & North East Lincolnshire) and one for the North Bank (Hull & East Riding) across the 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 undertook a Communications Test, testing numbers to ensure all contacts were maintained and up to date including those out of hours contacts. All successful and no reported issues identified.

Undertake a desk top exercise – every year

A desktop exercise was undertaken in March 2021 which involved testing Business Continuity Plans in respect of the loss of telecommunications and IT. An action plan was developed from this testing to mitigate any risk identified.

- Undertake a live exercise – every 3 years

COVID19 Pandemic has been used as a live incident and is still ongoing. Phase 1 was reviewed and the learning from this phase formulated an associated action plan. Actions were completed moving into phase 2 response and recovery.

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, as 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 2021/22 demonstrated substantial compliance with the national standards.

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 national Public Health England, Cold Weather Plan 2018 and this remains the same for the winter in 2020 and 2021. 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 (Update from this years self assessment)*

Following the 2021/22 self-assessment an action plan was put in place to address those areas of reduced compliance:

Assurance received from primary care in respect of Business Continuity Plans being in place for each practice, collation of evidence required.

3.6 *EU Exit*

During the latter part of 2020 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 December 2020. This work included 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 been stood down following further negotiations as part of the national exit process as deals are being made with the EU to support various transitions and as other trade deals are agreed.

4.0 **JOINT BUSINESS CONTINUITY / EPRR MEETINGS**

4.1 The joint meetings occur bi-monthly were suspended throughout the COVID Pandemic but we hold weekly Humber EPRR meetings which 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 joint 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:

5.0 **SUMMARY**

During 2020/2021 the CCG has continued to develop its systems and processes in relation to internal business continuity and wider emergency preparedness, resilience and response and these documents have been reviewed and approved through IAGC. In response to the COVID19 pandemic this is currently ongoing and regular TCG meetings are held with escalations to SCG when required in terms of the Hull & East Riding System. This has enabled the CCG to maintain its substantial compliance against the core EPRR competencies.

Deputy Director of Integrated Commissioning

30/08/2021