

**Meeting:** Oxfordshire CCG Board

<b>Date of Meeting</b>	<b>26 November 2020</b>
<b>Title of Paper</b>	EPRR Annual Report
<b>Lead Director</b>	Catherine Mountford, Director of Governance and Accountable Emergency Officer
<b>Author(s)</b>	Rachel Jeacock, Lead Primary Care Manager and Emergency Planning Officer
<b>Paper Type</b>	The report presented is for assurance.
<b>Action Required</b>	The Board Members are asked to note the contents of the report.

**Executive Summary**

To share with the Board the Emergency Planning Annual Report. The report describes the emergency planning response activities of Oxfordshire Clinical Commissioning Group covering the period November 2019 – October 2020.

The report details the outcome of the annual self-assessment process against the NHS England Core Standards for EPRR. As part of the assurance process all organisations must ensure their Boards are sighted on the level of compliance achieved.

## **Emergency Preparedness Response and Resilience (EPRR) Report 1 November 2019 – 31 October 2020**

### **1 Introduction**

This report describes the emergency planning and response activities of Oxfordshire Clinical Commissioning Group (OCCG) in order to meet the requirements of the Civil Contingencies Act 2004 and NHS Emergency Planning Guidance 2005. The necessary EPRR arrangements were implemented in 2013 and are reviewed annually to ensure they remain fit for purpose.

### **2 Background**

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the UK. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at a local level.

The Act divides local responders into two categories, imposing a different set of duties on each category. Category 1 responders are those organisations at the core of the response to most emergencies and are subject to the full set of civil protection duties. Category 2 responders have a lesser set of duties and are required to operate and share relevant information with other Category 1 and 2 responders.

All Clinical Commissioning Groups are Category 2 responders and as such are subject to the following civil protection duties:

- Maintain robust business continuity plans for their own organisations
- Ensure relevant EPRR elements, including business continuity planning, are in contracts with provider organisations
- Provide support and assistance to NHS England

The Civil Contingencies Act 2004 places a legal duty on responders to undertake a risk assessment and publish a Community Risk Register. OCCG is a participating member of the Thames Valley Local Resilience Forum that undertakes this activity.

### **3 Emergency Preparedness Incident Response Operational Manual**

The Incident Response Operational Manual is reviewed periodically to ensure that it continues to accurately reflect the role of OCCG in a major incident and how this role fits in with other NHS organisations and the emergency services.

The Incident Response Operational Manual was last reviewed in September 2019 and signed off by the Executive Team.

#### **Business Continuity Policy and Framework**

The Framework outlines how OCCG will continue to discharge its core functions in the event of disruption to business operations. Each directorate has an overall Business Continuity Plan with individual plans for each service supporting the overall directorate plan as appropriate. The Policy and

Framework was last reviewed in September 2019 and is currently subject to a comprehensive review drawing on learning from the requirement for staff to work remotely for an extended period.

#### **4 NHS England EPRR Assurance Process**

All organisations who receive NHS funding are asked to carry out a self-assessment against the NHS Core Standards for EPRR. The aim of the process is to clearly set out the minimum EPRR standards expected of NHS organisations and providers of NHS funded care. OCCG are responsible for undertaking the local assurance process with NHS funded providers. As part of the assurance process all organisations must ensure their Boards are sighted on the level of compliance achieved.

In light of the pandemic the assurance process was light touch with organisations asked to review areas of non-compliance and reference the areas of improvement. Assurance was also sought that all commissioners and providers had undertaken a thorough and systematic review of their response to the first wave of the pandemic and plans are in place to embed learning into practice.

##### *4.1 Oxfordshire CCG*

OCCG maintain a substantially compliant status and are compliant with 40 of the 43 standards which is an improvement of two from the 2019 assurance process. Plans are in place to address the remaining three. Following the review process both Oxford Health NHS Foundation Trust (OH) and Oxford University Hospitals NHS Foundation Trust (OUH) remain substantially compliant. Actions plans have been drawn up by both trusts to ensure full compliance.

Last year the Board asked that the Accountable Emergency Officer should meet with one of the Clinical Directors to consider whether greater clarity is needed for primary care about response and mobilisation in an emergency. This has identified that the CCG should undertake some work over the coming months involving primary care representatives and the Local Medical Committee thinking about different scenarios including:

- Incidents where the CCG leads on behalf of primary care and defining how we support practices (such as Covid)
- Issues affecting a single practice (such as flooding or IM&T issues)
- Response to a public health outbreak e.g. meningitis

##### *4.2 Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust*

Both Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust provided reports detailing how they had reviewed the response to the first wave of the pandemic. The CCG Accountable Emergency Officer and Emergency Planning Officer met with their Trust counterparts to discuss the reports and share learning. The information identified:

- What was going well
- What would be done differently in subsequent waves / future pandemics
- What new processes or procedures would be kept

Where appropriate learning identified will be incorporated into their key processes and procedures.

## 5 Training and Exercising

OCCG participated in the following training

Director on Call Training (attended by all Directors who participate on the rota) Regular training sessions are arranged with the Directors on Call. The purpose of these sessions is to share learning as well as work through scenarios. A joint Director on Call rota was implemented across Oxfordshire and Buckinghamshire in early October 2019. When the NHS declared Covid-19 as a Level 4 incident it was necessary to ensure there was a resilient and safe solution so for a period the rota was covered by two Directors on Call.

Arrangements for on call have been kept under review to ensure a flexible solution to the dynamic situation.

### EU Exit

OCCG were fully prepared and participated in regional and national events which included briefings, exercises and daily situation reporting. Extensive plans were developed ready to be stood up in the event of an EU exit without a deal. The learning from this is being used to inform ongoing planning and preparation for the end of the transition period.

Further regional training events were postponed to enable the NHS to focus on the response to the Covid pandemic.

## 6 Live Events

### **Covid-19 Pandemic**

Covid-19 was declared a Level 4 incident by NHS England / Improvement (NHS E/I) in March. A Level 4 incident requires NHS England National Command and Control to support the NHS response. This is co-ordinated by NHS E/I in collaboration with local commissioners at the tactical level. To ensure a co-ordinated response to the pandemic it was necessary to work with colleagues from the NHS and other partners at place and BOB ICS level. A battle rhythm was established through a range of regular meetings and a Standard Operating Procedure was developed to manage the flow of communication / queries.

In line with government guidance all staff have worked from home. The learning from this will be incorporated into a comprehensive review of the Business Continuity Policy and Framework.

Following wave one a system preparedness meeting was held to review the response to date and identify learning / changes required in response to a second wave. This has led to adjusting the ICC arrangements (more being undertaken at an ICS Level), refining communication flows and clarifying expectations of response cells.

The Board is asked to note the contents of the annual report.