

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR)
ASSURANCE REPORT 2020/21

Date of the meeting	20/01/2021
Author	S Sutton, Urgent and Emergency Care Programme Director
Lead Director	P Richardson, Chief System Integration Officer
Clinical Lead	S Watkins, Urgent and Emergency Care Clinical Lead
Purpose of Report	To provide an overview of the EPRR Assurance for 2020–2021.
Recommendation	The Governing Body is asked to note the report

Monitoring and Assurance Summary

Conflicts of Interest	N/A
Involvement and Consultation	The EPRR assurance process required the involvement of all NHS provider Accountable Emergency Officers and EPRR Leads. NHS England and Improvement have also supported both the assurance process and system level learning from phase one of the Covid-19 Pandemic in Dorset.
Equality, Diversity and Inclusion	N/A
Financial and Resource Implications	Additional cost recovery has been applied to the Covid-19 Response across the Dorset ICS. Finance is represented on the CCG Incident Management Team.
Legal/governance	The content of this report meets the duties of the Civil Contingencies Act 2004 and Health and Social Care Act 2013
Risk description/rating	Corporate risk assessments for all CCG directorates and the Dorset Health and Care Silver are recorded in relation to a range of risks including the ongoing response to CoVID-19.

1. Introduction

- 1.1 The EPRR agenda has dominated NHS operations in 2020. This is a collective result of COVID-19 response command structures, which were established in March and the management of several concurrent risks and incidents including, the end of EU Transition Period, excess visitor numbers to Dorset and avian influenza.
- 1.2 COVID-19 is a realisation of the highest scored item on the UK Government National Risk Register – Pandemic. However, the root cause infection was not the long-anticipated influenza pandemic, but a novel corona virus. The virus continues to present NHS providers with substantial clinical challenges in its treatment and containment, including the supply and safe use of personal protective equipment and demand for critical care services.
- 1.3 All NHS organisations have been required to meet the national expectation of running Incident Coordination Centres from 0800 – 2000 hrs daily and hold regular Incident Management Teams.
- 1.4 Business continuity management has been evoked in all NHS and social care organisations, as planned staffing remains under pressure and supply chain of essential equipment has at times been tested to the extreme.
- 1.5 Dorset NHS Provider and the CCG have addressed a broad range of national countermeasures including multiple forms of testing, enhanced provision of ventilators, cessation of elective care and COVID safe patient transport and hospital layouts. Where possible IT services have provided remote working capability, which has greatly assisted the delivery of primary care services and the work of the Clinical Commissioning Group in coordinating the Dorset Integrated Care System (ICS) response.
- 1.6 The CCG has played the role of the coordinating body in the Dorset ICS response by facilitating the Dorset Health and Care Silver Group and engagement with the South West NHS England and Improvement Regional Gold Group.
- 1.7 Further to the risks presented to health and social care providers, the Dorset Local Resilience Forum (LRF) declared COVID-19 a Major Incident in March and has required an extensive command structure to support both Strategic and Tactical Coordination Groups ever since. The NHS has been a core member of this structure in-conjunction with Public Health Dorset throughout. The LRF command structure has been central in managing issues and risks including the management of excess deaths, military aid, voluntary sector assistance, testing at ports and multi-agency recovery coordination.
- 1.8 The concurrent risks faced by the LRF in the last year also included large scale forest wildfire, changes in COVID-19 restrictions and the end of the EU Transition period.

- 1.9 The 2020 - 2021 EPRR assurance process required NHS England and Improvement, CCGs, Ambulance Trusts, Acute, Community and Mental Health providers of NHS care to display how they had undertaken learning and improvement from phase one of the pandemic. NHS Organisations were also asked to confirm that there had been no deterioration in compliance with the 2019/20 EPRR Core Standards Self-Assessment.
- 1.10 During October and November the CCG Accountable Emergency Officer (Dr Phil Richardson) met with both the acute providers and Dorset Healthcare to discuss their assurance returns. It was agreed that all Dorset based NHS organisations had retained substantial compliance with the core standards (see Appendix 1) and had put learning and improvement processes in place following wave one of the Pandemic.
- 1.11 Following a confirm and challenge meeting of the Dorset Local Health Resilience Partnership on 18 November, NHS England & Improvement South West provided the CCG with a letter approving of the response to the EPRR assurance process in Dorset.
- 1.12 In its role as Coordinating Commissioner for the regional ambulance trust, Dorset CCG was required to oversee the EPRR assurance of South Western Ambulance NHS Service Foundation Trust (SWASFT). SWASFT has also achieved a full compliant status against all core standards.

2. Examples of EPRR good practice across the Integrated Care System

- 2.1 Learning and improvement processes applied to phase one of the Pandemic identified the following good practice:
 - The **integration between health and social care** has been exemplary during the response to COVID-19. Adult and Children's services representation in both the Health and Care Silver Command Structure and the LRF subgroups has been very well sustained. Clinical support to social care services must continue to be provided where necessary, by the NHS as the response progresses.
 - The local management of **Personal Protective Equipment** was an immense challenge, however the CCG adapted to create a service which safety sourced, stored and logged such provisions from a broad range of channels, including donation management. Many organisations across health and social care benefitted from this response which was well linked to LRF supply chain.
 - **Adaptability of the local workforce** should also be raised as best practice in Business Continuity Management. The redeployment of thousands of staff to support key priorities in an uncertain environment, meant that many patients were supported promptly and in the right setting.

3. Dorset NHS Overall Compliance Levels

3.1 Overall compliance levels can be found in Appendix 1.

4. Key themes and challenges

4.1 Learning and improvement processes applied to phase one of the Pandemic identified the following examples of challenges, which were the basis for improvement:

- From the onset of the incident the Dorset ICS was overwhelmed with guidance material and dictates from the National Incident Coordination Centre and UK Government departments. **Assimilating and analysing this volume of information** so that it could be presented to clinicians and commanders for appropriate action soon overcame the planned response. To meet this challenge the CCG created an information and intelligence cell to extract the most pertinent information prior to it being shared.
- The range of impacts experienced during COVID-19 meant that command structures grew rapidly into multiple sub-groups of both the Dorset LRF and Integrated Care System Response. **The flow of information** between these groups is paramount to the success of the response and there is acceptance, that in future incidents, this would need to be clearly communicated at an earlier stage and supported by clear strategy from the outset of the incident. Well established LRF processes have could be the basis for improvement in this area.

A full record of learning and improvement processes for the Dorset ICS is held by the CCG and has been shared as evidence in support of this year's EPRR Assurance Process.

5. CCG EPRR Assurance Summary

5.1 The CCG's Accountable Emergency Officer and Emergency Planning Lead met with the Head of EPRR for NHS England and Improvement South West on 16 November 2020, to discuss the CCG's own self-assessment of the EPRR Core Standards.

5.2 It was agreed that the CCG has retained full compliance with the EPRR Core Standards position of 2019/20 and had undertaken a suitable internal learning and improvement process and similarly on behalf of the Dorset ICS.

6. CCG EPRR Activity

- 6.1 The CCG's EPRR training and exercising programme is based on regular needs analysis and modular content and is aligned to the National Occupation Standards for Civil Contingencies. Additional training to ensure continuity in staffing of the Incident Coordination Centre has been required this year.
- 6.2 In the last year the CCG provided between 50 and 60 members of the Incident Coordination Centre with training in the roles they were redeployed into. Examples include a week's fast track course in EPRR to five members of staff.
- 6.3 Skills acquired in training were put to good use during Exercise Novus Coronet which took place in April. The CCG also coordinated the facilitation of Exercise Laso in late November, which tested planning for the Mass Vaccination Campaign.
- 6.4 The response to the challenges described in the introduction above, generated learning issues which in the case of COVID-19 were captured in the CCG's Mid Incident Debrief Report and similarly the Health and Care Silver Mid Incident Debrief Report. The later of these documents includes a recommendation and learning tracker to display a continuous improvement process. See sections 2 and 4 of this report for examples of lessons learned.

7. Next steps

- 7.1 NHS England and Improvement South West wrote to the CCG to summarise the discussions from the regional EPRR confirm and challenge meeting . The CCG will write to each provider detailing the level of compliance achieved within Dorset in January 2021. A copy of this letter will also be sent to each provider's contract review meeting and in the case of SWASFT the CCG will write to other commissioners.
- 7.2 The protracted response to COVID-19 and other concurrent incidents overseen by the Dorset ICS and LRF, remains paramount to the safe delivery of health and care services in Dorset. The CCG and providers in this area remain in a state of readiness to manage the impact of the winter and continue to embed learning from this experience.

8. Conclusion

- 8.1 The Governing Body is asked to **note** this report as a requirement of the 2020-2021 assurance process for EPRR.

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APPENDICES	
Appendix 1	EPRR Compliance Levels Table and Dorset NHS Organisations Overall Compliance Levels (as of the 19th November 2019 Local Health Resilience Partnership Meeting).

Appendix 1: EPRR Compliance Levels Table and Dorset NHS Organisations Overall Compliance Levels (as of the 19th November 2019 Local Health Resilience Partnership Meeting).

Overall EPRR assurance rating	Criteria
Fully	<p>The organisation is 100% compliant with all core standards they are expected to achieve.</p> <p>The organisation's Board has agreed with this position statement.</p>
Substantial	<p>The organisation is 89-99% compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>
Partial	<p>The organisation is 77-88% compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>
Non-compliant	<p>The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p> <p>The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.</p>

Organisation	Outcome	Overall Compliance Level
Dorset County Hospital	92% Compliance - 59 out of 64 core standards achieved	Substantially compliant
Dorset Healthcare	89% Compliance - 48 out of 54 core standards achieved	Substantially compliant
Poole Hospital	94% Compliance - 60 out of 64 core standards achieved	Substantially compliant
Royal Bournemouth Hospital	90% Compliance - 58 out of 64 core standards achieved	Substantially compliant
SWAST 999 & 111	100% Compliance	Fully compliant
NHS Dorset CCG	100% Compliance	Fully compliant