

Report to the NHS Somerset Clinical Commissioning Group on 24 September 2020

Title: Update on COVID-19	Enclosure F
Version Number / Status:	1.0
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Purpose of Paper	<p>This paper gives the Governing Body a brief outline of the current issues Somerset CCG is facing in response to the COVID19 pandemic. In particular this includes:</p> <ul style="list-style-type: none"> • The operation and management of the CCG Incident Coordination Centre (ICC) • Potential pressures over winter 2020 • Measures being taken to plan for the next phase of the incident response • Learning form the early phase of the incident
Recommendation	The Governing Body is asked to note the update.
Previous GB/ Committee(s), Dates	Previous update report presented on 30 July 2020

Impact Assessments – key issues identified	
Equality	Equality and Diversity is considered in focusing planning on vulnerable groups who may be at risk from the pandemic.
Quality	A key principle of EPPR planning is ensure that controls and assurances that are in place to manage the identified community risks and to minimise disruption and maintain the quality of services as far as possible.
Privacy	All partner agencies in Somerset are signatories to the Somerset Information Sharing Protocol. There was a specific cell concentrating on data protection and information sharing.
Engagement	There has been broad communication and engagement with partners and local groups over the course of the pandemic response.

Financial / Resource	Resources have been identified within the CCG budget for emergency planning and business continuity. Additional resources have been allocated to support the pandemic response.			
Governance or Legal	The CCG's Legal duties in relation to Emergency Preparedness Resilience and Response (EPRR) are set out in section 4 of the Emergency Planning and Resilience Policy.			
Risk Description	Risks associated with the incident have been captured on a CoVid-19 risk register and also on the Corporate Risk Register (Datix refs 386, 390, 406, 427,428)			
Risk Rating	CoVid-19 Corporate Risk	Consequence	Likelihood	RAG Rating
	Increased demand for mental health services (ref 406)	4	4	16
	Risk of nosocomial transmission (ref 428)	5	3	15
	Personal Protection Equipment (PPE) - protection & prevention (ref 386)	3	4	12
	Clinical safety (ref 390)	3	4	12
	CAMHS Access rate (ref 427)	3	4	12

UPDATE ON COVID-19

1. INTRODUCTION

This report sets out for the Governing Body the progress being made in managing the Covid-19 Major Incident, learning from the incident to date and the plans for maintaining the CCG Incident Coordination Centre (ICC) as we move into the winter period and manage the ongoing incident, along with winter pressures, vaccination programmes and EU Exit requirements.

2. PURPOSE OF THE ICC

It is widely recognised that the efficiency and effectiveness of an ICC is greatly improved through the utilisation of a formal structure.

Benefits of this include:

- Unity of effort – all team members operate under a common list of objectives
- Accountability – each individual has a specific role for which they are responsible
- Eliminates redundancy – clearly established division of labour eliminates duplication of effort

All organisations need to have in place suitable and sufficient arrangements to effectively manage the response to an incident. Arrangements for the ICC need to be flexible and scalable to cope with a range of incident scales and hours of operation required.

There are five broad tasks typical of ICCs:

- **Coordination** – matching capabilities to demands
- **Policy making** – decisions pertaining to the response
- **Operations** – managing requirements to directly meet the demands of the incident
- **Information gathering** – determining the nature and extent of the incident and ensuring that situational awareness is shared
- **Dispersing public information** – informing the community, news media and partner organisations

The ICC provides the focal point for coordinating the response and gathering, processing, archiving and disseminating information, internally for the CCG, across the Somerset system and externally with other partners.

3. STAFFING THE ICC

The CCG trains and prepares staff to run an ICC as part of our normal EPRR plans. This provided the initial basis for running the ICC. It was these staff who stepped up to provide our ICC at the beginning of the pandemic.

As the incident progressed, it became clear that the number of individuals providing this support needed to be expanded. In response, a large number of staff stepped forward and volunteered for these roles, for which we providing training and shadowing opportunities to upskill these individuals.

At the height of our response, we were running the ICC 7 days a week from 8am to 10pm with out of hours cover provided by the Director on Call, with a second Director on Call as a backup.

The staffing levels in the ICC were able to be modified over recent months to reflect the reduced activity and we are currently staffing the ICC 5 days a week from 8am to 6pm with out of hours cover provided by the Director on Call.

We know recognise that Covid-19 has the potential to run over an extended period of time and there are clear indications that the pressure over winter will grow considerably. A key element of this longer term management will be the impact of the usual service pressures associated with winter, the potential for a second peak of Covid-19 to be experienced alongside seasonal flu and other outbreaks and planning for the EU Exit.

To support this, we have planned for the ICC to remain operational until 31 March 2021 and in order to make the ICC more sustainable, secondment appointments have been filled to provide for a full time Operations Manager and Officer Manager.

We continue to monitor the situation and will step back up 7 day working if and when required.

4. POTENTIAL PRESSURES

There are a number of potential pressures that the CCG will face over the coming months:

Local outbreaks of Covid-19

There have been a growing number of outbreaks being experienced across the UK. And this has illustrated how local outbreaks can suddenly emerge and put significant pressure on local systems. It is likely that such outbreaks could emerge in a variety of settings across the system.

Responsibility for managing outbreaks in Somerset is through the Somerset Covid-19 Health Protection Board (previously the Somerset Health and Social Care Gold) under the leadership of the Director of Public Health, Trudi Grant, however the ICC will be responsible for managing the coordination of operational pressures for the

CCG of any outbreak. There is a Local Outbreak Management Plan (LOMP) in place which has been exercised and which the CCG will play an active role in.

The On Call Director and ICC will be critical resources to support the operational management of such outbreaks.

Second unrelated Major or Critical Incidents

The emergency planning system needs to be able to react to any unrelated incidents that should arise. The ICC is central to the management of any incident acting as the single point of contact but, depending on the type of incident, it is necessary to provide additional discrete resources that can manage the new incident.

Responding to EU Exit escalation

Planning for a no deal exit when the transition period ends on 31 December 2020 is expected to recommence. Whilst many of the staffing issues have now been resolved by right to remain, logistics is expected to remain an issue and based on the previous no deal exit, is likely to take some considerable time for staff to coordinate system responses. Our previous response was led by David Freeman as COO, with support from the EPRR team.

Seasonal pressures

The CCG will face the annual pressures associated with winter around increased pressure on the urgent care system, seasonal flu and the delivery of the vaccination programme and the potential for severe weather. There could also be the potential to have to deliver a mass vaccination programme for COVID-19 should a vaccine emerge and become widely available.

5. MANAGING THE PRESSURES

The key elements to manage the potential pressures are as follows:

ICC Tasks	Local Outbreaks	Second Incident	Ongoing Covid-19
Coordination	PHE led response supported by NHSE, LRF and system structures	Standing up incident response within system dependant on type of incident	Command and control via the Incident Director linked into NHSE, LRF and system structures
Policy Making	Incident Director in hours and Director on Call out of hours System outbreak management	Standing up a 2 nd On call as necessary	Incident Director in hours and Director on Call out of hours
Operations	Incident Director/ Director on Call led with ICC coordination support	2 nd on call led with ICC coordination support	Incident Director/ Director on Call led with ICC coordination support
Information gathering	ICC single point of access	ICC single point of access	ICC single point of access
Dispersing information	Communications leads linked into the PHE and NHSE communications	Communications leads within system org. dependant on type of incident	NHSE, LRF and system communications cells

Escalation Triggers

The OPEL escalation triggers have been adapted locally to take better account of CoVid-19 case outbreaks, learn from the outbreak earlier in the summer at Weston General Hospital and enable this to provide a better early warning framework for activating a system response.

There is a clear need to maintain the ICC operation but the level of resources will need to be adaptable in order to be able to be scaled up and down to meet the changing pressures.

Task and Finish Cells

In response to Covid-19, we created a 39 task and finish cells across the Somerset System, reporting into the ICC through the overarching Health and Social Care Tactical Coordination Group. The purpose of these task and finish cells was to have nominated subject matter experts who were able to respond quickly to priority risks, issues & questions as they arose.

As the incident has progressed, some of these cells have been stood down, whereas others are expected to remain stood up for the length of the Covid-19 response (for example PPE, Infection Prevention Control and Care Home support).

We will continue to flex our response to the needs of the pandemic in Somerset.

Regional Operations Centre (ROC)

NHS E/I are moving to an Regional Operations Centre (ROC) which will become a shared resource to co-ordinate the SW regional operational response and reporting needs for CoVid-19, Winter 20/21 and EU Transition. The Centre is in the process of recruiting to the centre with a view to reaching full operating capability by 31 October 20 20 or earlier if a second pandemic wave is experienced.

Our local response will need to be scaled up appropriately to respond to the ROC in a timely manner.

6. LEARNING FOR INCIDENT MANAGEMENT

The pandemic has changed the way that the CCG and system has had to approach its normal ways of working and adapt in order to continue to provide an effective incident response and continue delivering services.

There has been extensive learning within each organisation, the Local Resilience Forum, South West region and national structures which is currently being disseminated and learning adopted.

For the CCG the learning has been collated under the broad themes of:

- Incident Management
- IT/Digital
- HR and Workforce

- Communication
- Corporate Business

Teams within the CCG have been responding to the learning as the incident has evolved and a large number of adaptations, particularly in incident response, have been built into the processes that we now have in operation. The key actions undertaken to date include:

- Review of the ICC structures and processes supporting the incident which were adapted to reflect the remote working that was essential
- Establishment of the battle rhythm and series of system calls which ensured that system partners were able to share and escalate key risks and for the system to work collectively on solutions
- Development of a multi-agency cell structure which addressed important workstreams such as PPE, care home support and testing
- Development of new tools to support the Incident Director, On Call Director and ICC team in its decision making in the remote environment

The work continues to be supported through the Somerset and South West Emergency Planning Forums and a workshop is being planned for Somerset partners to share their learning and build this into refining the command and control processes as we head into the winter period. The South West Academic Health and Science Network is carrying out a system wide analysis of learning which will be available shortly and will be incorporated into our system learning.

7. CONCLUSION

The system has been under severe pressure during the pandemic but the incident processes and procedures have largely worked very effectively in order to identify and minimise any risks as they have arisen. There is likely to be an increase in the pressure again as we move into the winter months and so the priority is to build upon the first phase of our incident response and plan for the key pressures identified in this paper.

The Governing Body is asked to note the progress report.

Maria Heard
Incident Director

Detected cases



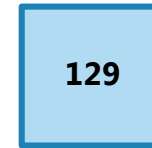
Outbreaks being managed



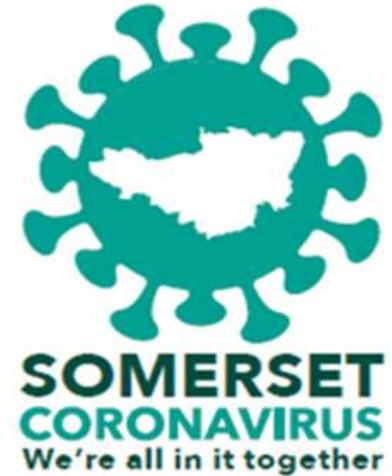
Open



Surveillance



Closed

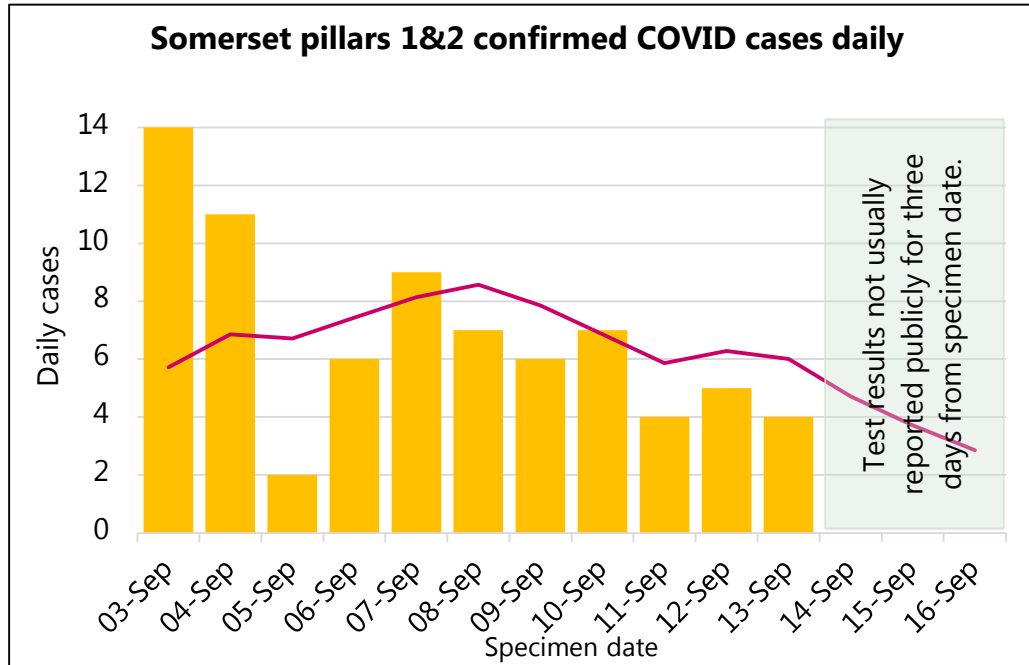


Latest 7 day rate per 100k

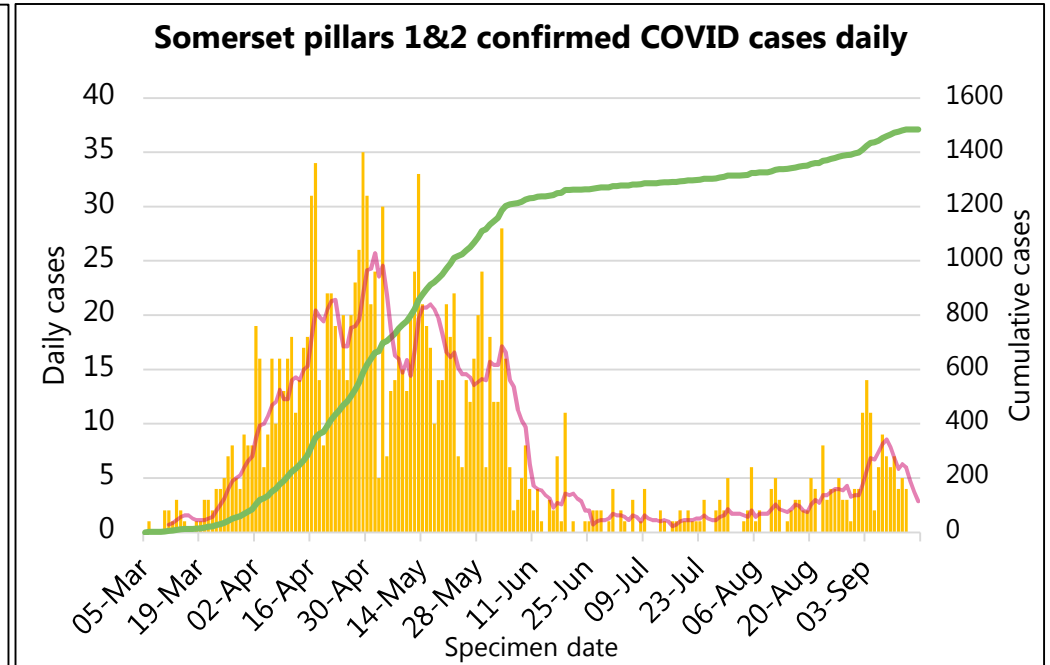
07-Sep to 13-Sep



Most recent days of cases



Overall profile of the epidemic in Somerset



Somerset COVID-19 Local Outbreak Management Plan Dashboard

Weekly cases (excludes most recent three days with incompletely reported results)

District	17-Aug to 23-Aug	7 day rate per 100k	24-Aug to 30-Aug	7 day rate per 100k	31-Aug to 06-Sep	7 day rate per 100k	07-Sep to 13-Sep	7 day rate per 100k
Mendip	9	7.7	7	6.0	14	12.0	15	12.9
Sedgemoor	5	4.0	6	4.8	9	7.2	9	7.2
Som W & Taun.	6	3.8	1	0.6	14	8.9	12	7.6
Sth Somerset	4	2.4	9	5.3	15	8.9	6	3.5
Somerset	24	4.2	23	4.1	52	9.2	42	7.4



Somerset COVID-19 Local Outbreak Management Plan Dashboard

Latest R number range for the South West

0.9-1.2

Last updated on Friday 11 Sep 2020

Produced by:

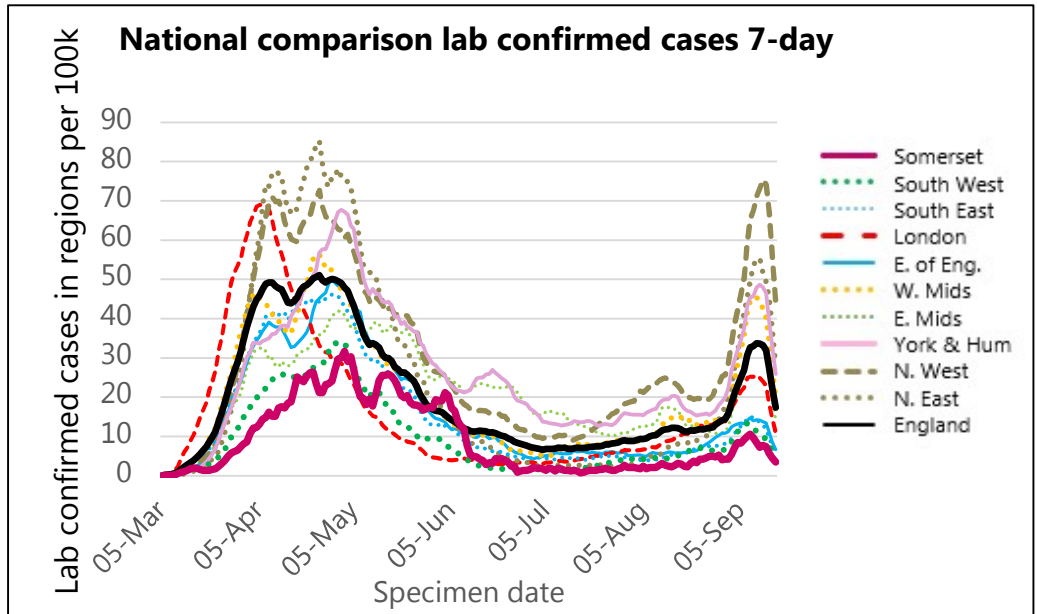
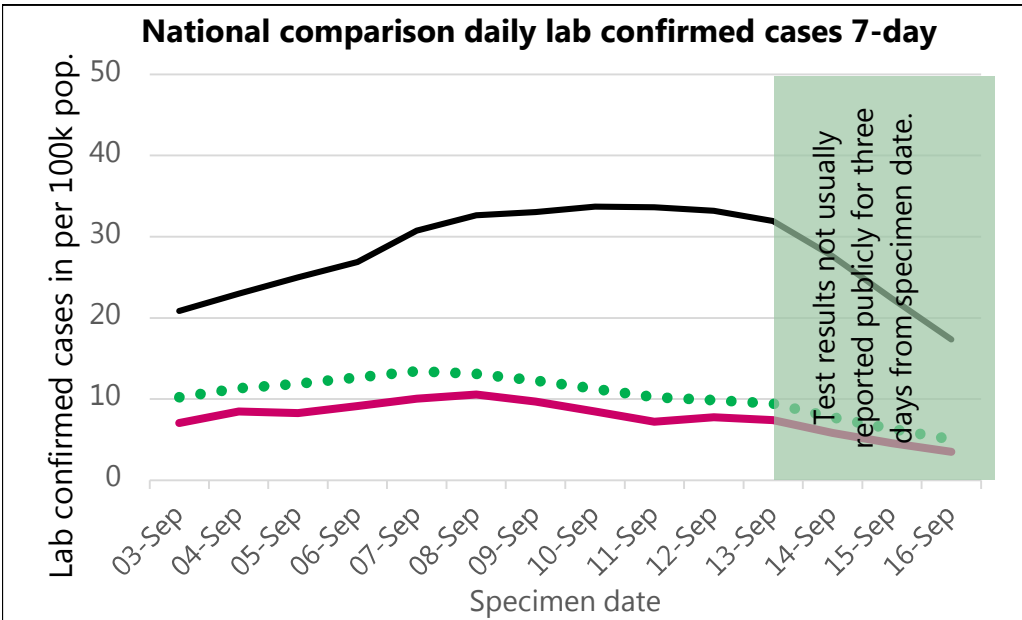
UK Government Scientific Advisory Group for Emergencies (SAGE)

What is R?

The reproduction number (R) is the average number of secondary infections produced by 1 infected person.

An R number of 1 means that on average every person who is infected will infect 1 other person, meaning the total number of new infections is stable.

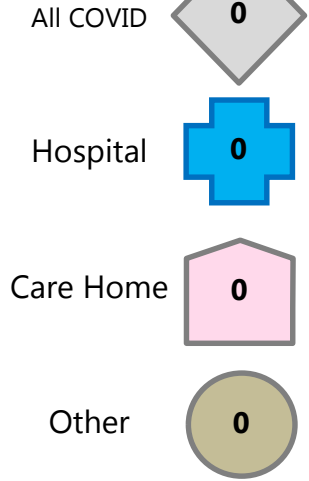
Region	R
UK	1.0-1.2
England	1.0-1.2
East of England	0.9-1.2
London	1.1-1.3
Midlands	0.9-1.1
NE and Yorks	1.0-1.2
North West	1.1-1.3
South East	1.0-1.2
South West	0.9-1.2



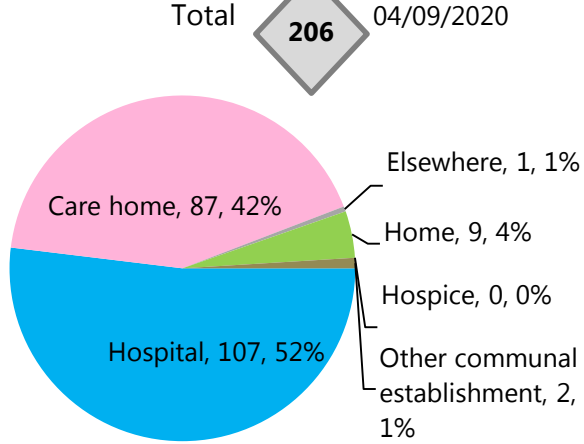
Somerset COVID-19 Local Outbreak Management Plan Dashboard

COVID deaths week ending

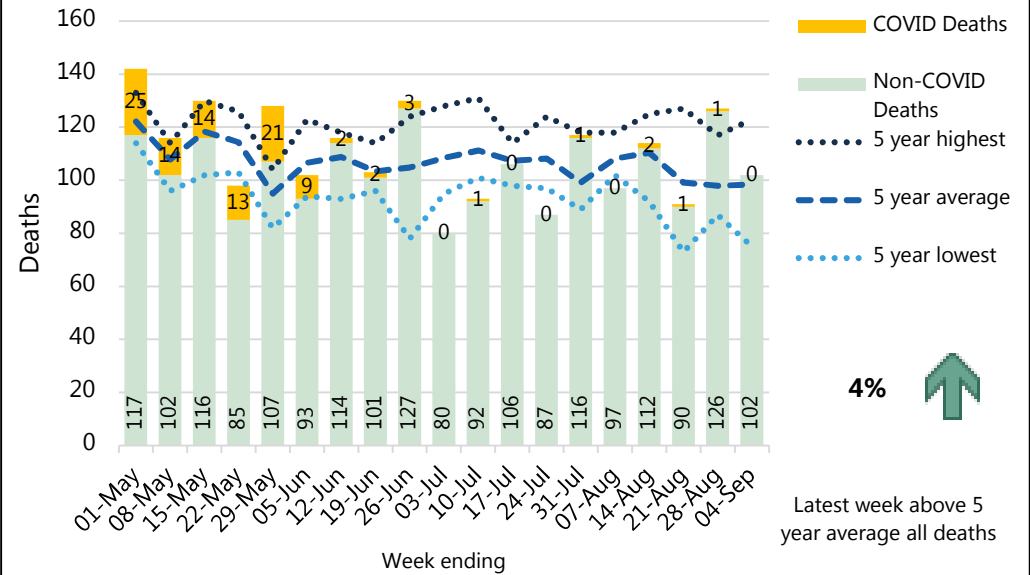
📅 04/09/2020



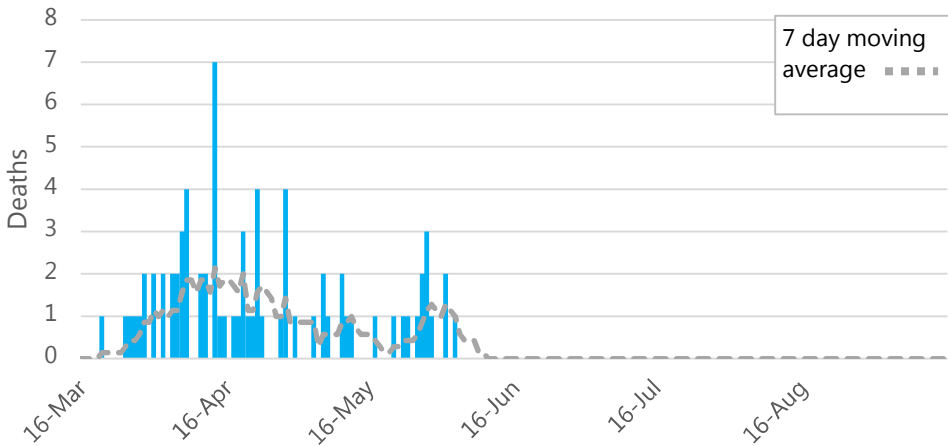
All COVID Deaths in Somerset by Place of Death (ONS)



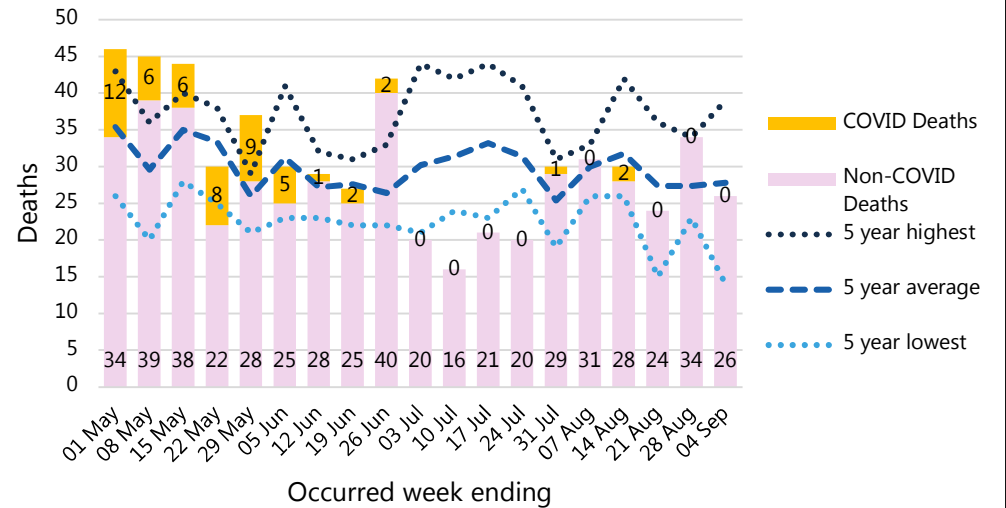
Somerset All Deaths (weekly) (ONS)



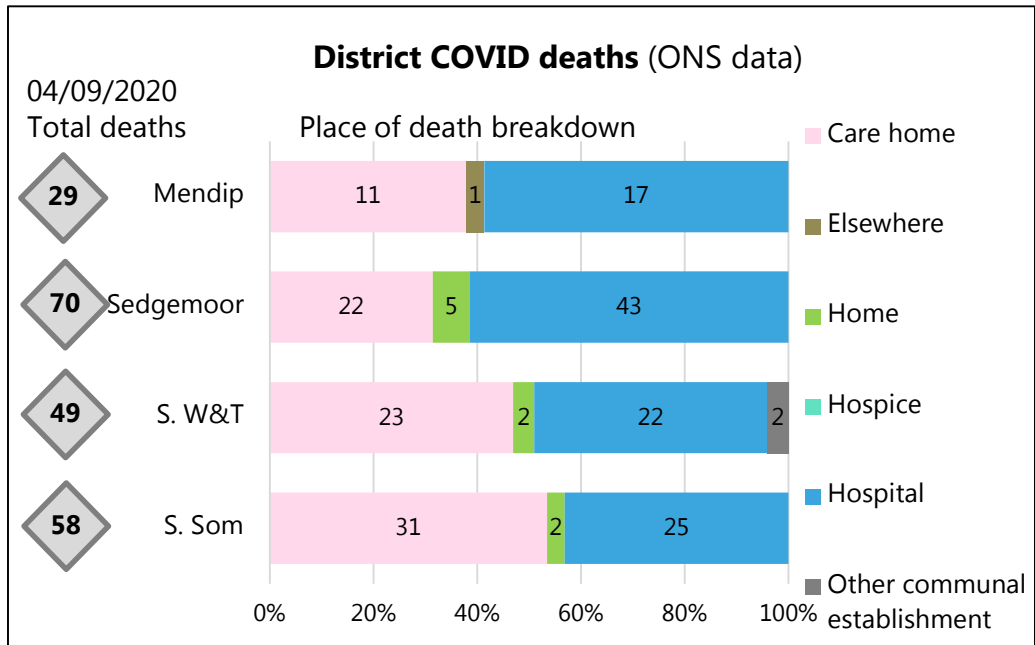
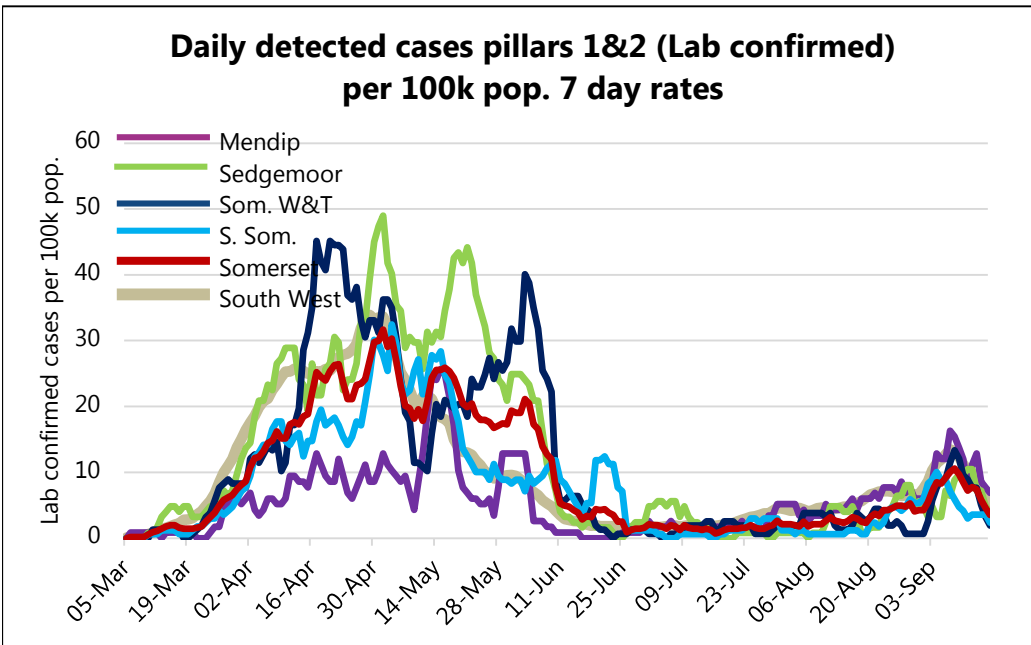
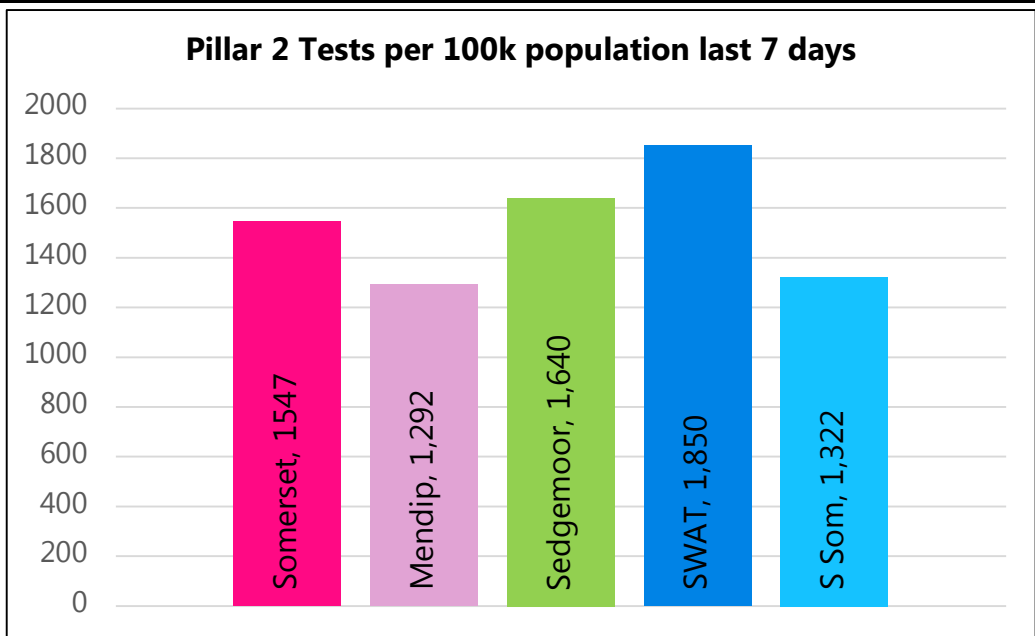
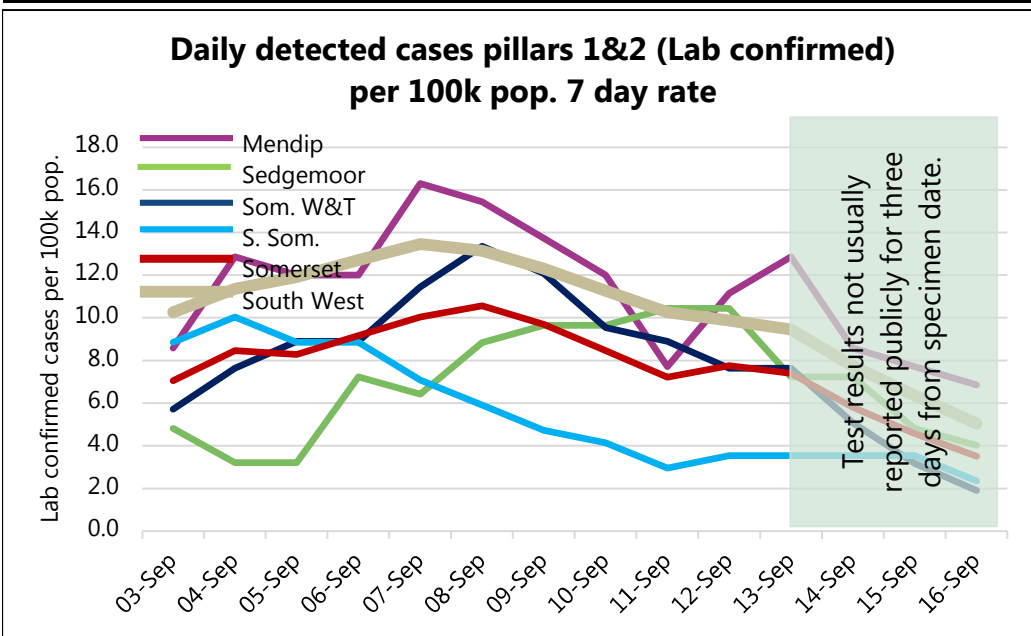
Daily COVID Deaths at Somerset Hospitals



Somerset Care Home Deaths (weekly) (ONS)



Somerset COVID-19 Local Outbreak Management Plan Dashboard



Somerset COVID-19 Local Outbreak Management Plan Dashboard

Data type	Next updated	How published	Link for more information
Public Health Outbreaks	17/09/2020	Summarised end of day, daily.	None. Not publicly distributed.
Lab confirmed cases: Pillars 1 & 2	18/09/2020	Published daily ~5pm with data to day before. By specimen date.	https://coronavirus.data.gov.uk/
R value from SAGE group	18/09/2020	Published weekly on Friday.	https://www.gov.uk/guidance/the-r-number-in-the-uk
Pillar 2 testing	23/09/2020	Summarised weekly on Tuesdays.	None. Not publicly distributed.
Hospital deaths (NHSE)	17/09/2020	Published daily ~2pm with data to day before. Most recent 5 days subject to data updates.	https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/
Death counts (ONS) County and district level	22/09/2020	Published weekly on Tuesday with data to the Friday 11 days before.	https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard

As of 2nd June 2020, numbers of lab-confirmed positive cases now include those identified by testing in all settings (pillars 1 and 2).

NB The higher case numbers seen in early June include a number of cases that have been falsely identified as positive following an issue at the laboratory. For further information please see the following statement from Somerset NHS Foundation Trust <https://somerseft.nhs.uk/?news=issue-affecting-some-covid-19-test-results-for-some-inpatients-at-musgrove-park-hospital>

Dashboard available at: <https://www.somerset.gov.uk/covid-19-dashboard/>