

NHS England and NHS Improvement Board meetings held in common

Paper Title: Annual Emergency Preparedness, Resilience and Response (EPRR) Assurance Report

Agenda item: 14 (Public session)

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Paper type: For noting

Organisation Objective:

NHS Mandate from Government	<input type="checkbox"/>	Statutory item	<input checked="" type="checkbox"/>
NHS Long Term Plan	<input type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

Executive summary:

This paper updates the Boards on NHS Emergency Preparedness, Resilience and response (EPRR) statutory requirements placed upon NHS England by the Civil Contingencies Act (2004) and the NHS Act (2006) as amended by the Health and Social Care Act (2012), as required by the NHS England EPRR Framework.

Action required:

- Note the response to incidents detailed within this paper; and
- Receive assurance that NHS England and the NHS in England is prepared to respond to an emergency and has resilience in relation to the continued provision of safe patient care.

Risk:

This paper links to a wide range of risks that could be affected by NHS response to future incidents.

Background

1. EPRR is a core function of the NHS and is a statutory requirement of the Civil Contingencies Act (CCA) 2004. Responding to emergencies is also a key function within the NHS Act (2006) as amended by the Health and Social Care Act (2012). The role of NHS England relates to potentially disruptive threats and the need to take command of the NHS, as required, during emergency situations. These are wide ranging and may be anything from extreme weather conditions to outbreak of an infectious disease, a major transport accident or a terrorist incident.
2. This paper provides the Boards with:
 - An update on incidents and actions during 2020/21; and
 - The outcome of the annual EPRR assurance process and resulting actions.

Key Activities in 2020/21

3. Since the last update to the Boards, NHS England has continued to work with all parts of the NHS and external partners to maintain a state of readiness. NHS England oversight of EPRR is provided by Amanda Pritchard as the Accountable Emergency Officer (AEO). Professor Keith Willett is the National Director for Emergency Planning and Incident Response.
4. Following the NHS England and NHS Improvement joint working programme, additional capacity has been provided within the National EPRR team. This has provided additional resilience to the team structure and on-call arrangements.
5. Building on the legacy of the EU Exit programme, a new Potential Incident Investigation Preparation and Recovery (PIIPR) function has been established alongside the National EPRR team. The PIIPR function supports business continuity threats to services in internal commissioning and policy teams prior to them being declared as national EPRR incidents.

Incident Response

6. The primary focus of 2020/21 has been the continued response to the coronavirus pandemic, which NHS England declared as a Level 4 national incident in January 2020. Incident Coordination Centres have been operating regionally and nationally from the outset of the pandemic, with command, control, coordination and communication arrangements in place to ensure that the National Incident Response Board (NIRB) and the supporting national cell structure has a clear line of sight to the impact of the pandemic across the NHS.
7. As well as supporting the Level 4 Covid-19 response, the EPRR team also responded to a number of incidents concurrently.
8. In June, several people were stabbed in a park in Reading, resulting in three fatalities. The incident was later confirmed to be a terrorist incident. South Central Ambulance Service and local hospitals supported the response, with NHS mental health services supporting the community in the recovery from the incident.
9. In October, a company providing reagents to NHS laboratories experienced a backlog of dispatching orders, following the implementation of a new automated picking system in its UK warehouse. Contingency arrangements were put in place and the National EPRR team provided coordination and oversight of the incident, working with Pathology networks, the Department of Health and Social Care and Devolved Administrations to ensure urgent orders were prioritised. The incident was stood down in November once all the orders raised from the warehouse were able to be fulfilled in a timely manner and a plan to transition to business as usual was put in place.
10. At the height of the wave one response to the pandemic, a series of bomb threats were made to extort £10 million in bitcoin from the NHS. The National

EPRR team worked with the National Crime Agency. The perpetrator was identified as an Italian national living in Berlin. In February 2021 the individual was sentenced to three years in prison.

11. Reinforced Autoclaved Aerated Concrete (RAAC) is a type of concrete plank which was extensively used in public sector construction during the 1970s and 1980s. The planks are principally used to provide support to structures such as roofs and are significantly weaker than normal concrete. EPRR teams have supported Estates subject matter experts in identifying RAAC in the NHS estate so that trusts and providers assess/monitor potential risks and ensure items have appropriate mitigating plans in place.
12. In November, the team received reports of issues with clinical waste due to the increase of infectious waste. Working with the Estates team, a number of mitigating actions have been taken, including setting up a central logistics cell and publication of a standard operating procedure for Covid waste.
13. In addition to the incidents outlined above, the National EPRR team have also supported the health response to heatwave and cold weather alerts issued by the Met Office, stabbings in Birmingham and Wolverhampton, and the response to high severity cyber alerts issued by NHS Digital.

Training and Development

14. Building on the learning from EU Exit planning, the EPRR team training of staff from across the organisation was prioritised to ensure sufficient reservists were readily available should the need arise for a response to an enduring incident, requiring support from outside EPRR. The reservist model became essential to support the pandemic response, with over 300 staff from across the organisation supporting the national incident coordination centre throughout the year. EPRR training has been also provided to the leads of national cell structure set up to support thematic areas involved in the response.
15. Whilst responding to the pandemic, the National EPRR team have also participated in cross-government exercises to ensure that concurrent incidents can be responded to whilst the ongoing pandemic response continues.

Audit and Review

16. In 2020/21, the National Ambulance Resilience Unit (NARU) contract was awarded to West Midlands Ambulance Service University NHS Foundation Trust. NARU continue to work with the NHS ambulance services to ensure they maintain specialist capabilities and are fully prepared to respond to any incidents that may occur. NARU have provided specialist knowledge and support in response to the coronavirus pandemic.
17. The Clinical Reference Group (CRG) for EPRR assesses the clinical appropriateness of emergency preparedness arrangements being developed by NHS England for the NHS. The group continued to meet throughout the year, although with reduced frequency due to the pandemic response. This

group has clinical representation from key clinical groups within England including Royal Colleges, Ministry of Defence, and the NHS provider sector.

18. The CRG has continued to provide expert clinical input into updated guidance and has supported the development of the Clinical Guidelines for Major Incidents and Mass Casualties. Version 2 of these guidelines were published in September 2020 and have been shared widely across the NHS in the UK and beyond.

EU Exit

19. The UK exited the EU on 31 January 2020 starting a transition period until 31 December 2020. Keith Willett as SRO and his team have overseen an NHS EU Exit End of Transition programme supported by the EPRR team nationally, as part of a single, shared operational readiness and response structure alongside Covid-19, restoring services and winter.
20. Only minor impacts have been experienced by the NHS. Full border checks may come into effect from 1st July so we have established a final incident response phase of the programme which will run until the end of July 2021. This will maintain oversight of the NHS's operational response to EU Exit and ensure that any actions required in relation to future changes in trading relationships between the UK, the EU and the rest of the world, are embedded as business as usual within directorates.

EPRR Assurance

21. Due to the ongoing response to the pandemic, an amended process of assurance was sought from all NHS organisations and NHS regions on three areas:
 - progress made by organisations that were reported as partially or non-compliant in the 2019/20 process;
 - the process of capturing and embedding the learning from the first wave of the COVID-19 pandemic;
 - inclusion of progress and learning in winter planning preparations.
22. Responses from each region have confirmed that they have completed the process and all have reported substantial compliance with the assurance process for 20/21 for both the providers of NHS services and NHS England and NHS Improvement regional teams.

Risks and implications

23. Some risks are included in the National Security Risk Assessment and National Risk Register. At any time, a previously unknown issue could result in a risk arising for which the training and use of standard NHS operating procedures may be required.

Next steps

24. The EPRR work programme for 2021/22 will include:
- Ongoing response to the coronavirus pandemic and implementation of the learning identified from the pandemic response during 2020/21;
 - Review of the National Incident Response Plan, EPRR Framework and supporting procedural documents;
 - Updating plans and standard operating procedures to take account of changes to the National Security Risk Assessment (NSRA) and National Risk Register published in December 2020;
 - Ensuring that NHS England and NHS Improvement staff who trained for and supported the response to the pandemic continue to receive training for future significant incidents that need support from the wider organisation;
 - Further development of the EPRR core standards and annual assurance programme;
 - Preparations for the G7 summit in Cornwall in June 2021 and planning for the 2022 Commonwealth Games in Birmingham.