

NHS England and NHS Improvement Board meetings held in common

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

Agenda item: 9 (Public session)

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Paper type: For information

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:

The Boards are asked to:

1. Note the key activities undertaken, response to incidents detailed within this paper; and
2. 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.

Background

1. Emergency Preparedness, Resilience and Response (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 2021/22; and
 - The outcome of the annual EPRR assurance process and resulting actions.

Key Activities in 2021/22

3. During 2021/22, NHS England and NHS Improvement oversight of EPRR was provided by Amanda Pritchard (March 2021 - August 2021), Professor

Stephen Powis (August 2021 - January 2022) and Sir David Sloman (January 2022 - March 2022) as the Accountable Emergency Officer. Further oversight has been provided by Professor Sir Keith Willett and Dr Mike Prentice as Senior Responsible Officers for EPRR.

4. The EPRR work programme for 2021/22 has included:
 - Ongoing response to the coronavirus pandemic and implementation of the learning identified from 2020/21.
 - The establishment of an operational framework to provide robust oversight of the national EPRR work plan and its delivery.
 - The publication of number of key documents:
 - i. Responding to the needs of people affected by incidents and emergencies to support planning, delivering and evaluating psychosocial and mental healthcare.
 - ii. Concept of Operations for the management of mass casualties: Burns Annexe.
 - iii. Evacuation and Shelter guidance for the NHS in England to support preparation and response to the evacuation and/or shelter of patients, staff and the public from, or within, healthcare settings.
 - A review and update of the National Incident Response Plan, and EPRR Framework which is due to be published in spring 2022. This will be supported by the Minimum Occupational Standards for EPRR in parallel.
 - Ongoing preparatory work to support the establishment of Integrated Care Boards (ICBs) and expected statutory requirements ensuring sustainable EPRR structures are in place by July 2022.
 - Continued work to scope and develop a Pandemic Disease Preparedness Programme (disease agnostic) to align with HMG's approach; and
 - Preparations for the 2022 Commonwealth Games in Birmingham.
5. In addition to the publication of the updated national evacuation and shelter guidance for the NHS in England, considerable work has been undertaken in the East of England and North East and Yorkshire to develop region-wide shelter and evacuation arrangements driven by the heightened risk associated with Reinforced Autoclaved Aerated Concrete (RAAC) in these areas.

Incident Response

6. As in 2020/21, the response to the coronavirus pandemic was the priority through 2021/22, with national incident management arrangements stood up throughout the year. Although the COVID-19 response reduced to level 3 in March 2021 (with co-ordination moving to regional level), there was still a need to maintain a national incident infrastructure. In December 2021, a level 4 incident was again declared in response to the Omicron variant and other winter pressures.
7. A significant number of other incidents occurred throughout the year, requiring incident management mechanisms to be established:
 - Operation Forth Bridge plans activated following the death of the Duke of Edinburgh in April 2021.
 - Damage to the helipad at Addenbrookes hospital during the departure of a US Air Force aircraft in April 2021.

- Support to the G7 Leaders summit in the South West in June 2021.
 - Flooding at Whipps Cross Hospital (July 2021) and Queen Alexandra Hospital, Portsmouth (January 2022).
 - Plymouth shootings in August 2021.
 - Supporting the health input into the Afghan Relocations and Assistance Policy (ARAP) and Managed Quarantine Service setup for those travelling to England from red list countries.
 - Impact on the NHS of increased demand for road fuel supplies in September 2021.
 - Coordination of potential health support following a tanker explosion in Freetown, Sierra Leone in November 2021.
 - Taxi explosion outside Liverpool Women's Hospital in November 2021, which was declared a terrorist incident.
 - IT disruption to the South East Coast Ambulance Service Computer Aided Dispatch system in November 2021.
 - Impacts from a number of severe weather events including Storms Arwen, Eunice and Franklin in November 2021 and February 2022.
 - Supporting NHS Digital and NHSX with a number of High Severity Alerts (HSAs) for cyber security, including the Log4J issue in December 2021.
 - Monitoring of avian influenza cases, and response to a human case in the South West in December 2021.
 - Issuing guidance and assurance relating to Met Office Heat Heath and Cold Weather alerts.
 - Three cases of Lassa Fever in East of England in February 2022.
 - Declaration of critical incidents due to system pressures between January and March 2022.
8. In January 2022, as part of preparations for a potential wave of Omicron admissions, eight Nightingale surge hubs were erected to improve NHS resilience should existing capacity be at risk from a surge in admissions. NHS Trusts were also asked to identify areas that could be converted to accommodate patients to create up to an additional 4000 super surge beds.
 9. An increased number of supply disruptions occurred throughout 2021/22. Field Safety Notices were issued for CPAP and BiPAP devices used by patients with Obstructive Sleep Apnoea and type 2 respiratory failure. A shortage in the supply of blood specimen collection tubes which are used for a wide range of diagnostic tests across Pathology networks. These incidents were supported by either Incident Management Teams or by the Clinical Cell providing advice on the management of the disruption and communications to those areas affected.
 10. The UK terrorism threat level was increased to Severe following the explosion outside Liverpool Women's Hospital in November 2021. This was reduced to Substantial in February 2022.

National Ambulance Resilience Unit

11. The National Ambulance Resilience Unit (NARU) is commissioned by NHS England and NHS Improvement and works on their behalf to provide specialist knowledge and guidance, to the English Ambulance Services. Their remit is to develop, deliver and maintain the interoperable standards in accordance with

the EPRR Core Standards. The Interoperable standards are defined as the provision of the Hazardous Area Response Teams (HART), the Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) capability, the Marauding Terrorist Attack (MTA) response programme and Mass Casualty Vehicles (MCV) deployment.

12. NARU also provides support by ensuring the standards specified within the EPRR Core Standards for ambulance services are audited on an annual basis. To support the CQC compliance process, the assurance returns are shared with the CQC and forms part of the overall CQC inspection programme with the ambulance services. This is the first year this has been in place and is a key step forward in developing a partnership approach with the CQC and provider organisations in being able to represent a collegiate and comprehensive assessment of their capabilities.

EPRR Clinical Reference Group

13. The EPRR Clinical Reference Group (CRG) provides specialist, timely advice and clinical leadership to NHS England and NHS Improvement in the planning for and responding to national incidents and/or emergencies. The CRG has representation across specialties including representatives from various Royal Colleges, Defence Medical Services, UK Health Security Agency, NHS Blood and Transplant and NHS provider organisations.
14. The CRG continues to meet on a quarterly basis and has supported a subgroup conducting an evidence-based review of major incident triage. Looking ahead the CRG will be reviewing recommendations arising from the Manchester Arena Inquiry, to ensure clinical lessons are embedded into the response to similar incidents in the future, as well as supporting the introduction of revised triage processes.

Training and Development

15. In ensuring the continued requirement to maintain the National Incident Co-ordination Centre in response to COVID, 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 continues to be essential to support the pandemic response, with over 300 staff from across the organisation supporting the national incident coordination centre throughout the year.
16. The National EPRR team have routinely participated in NHS and Cross-Government exercises focusing on emerging risks, including COVID and non-COVID related incidents.

EPRR Assurance

17. The annual assurance process for 2021/22 aimed to return some of the previous mechanisms following a reduced assurance process in 2020/21. However, the EPRR core standards were adapted to acknowledge the continuing challenges posed by COVID-19 pandemic and concurrent incidents,

and the changing landscape of the NHS. A deep dive was also undertaken into the supply of oxygen.

18. The 2021/22 annual assurance process was undertaken through local self-assessment of providers against the amended standards. Regional EPRR teams were asked to work with provider organisations to agree a process to gain confidence with organisational ratings, obtain organisational level assurance ratings and provide an environment to promote the sharing of good practice.
19. Each region has submitted assurance ratings for each of their respective organisations, which have been reviewed by the National EPRR team in confirm and challenge sessions. Peer review of the National EPRR assurance assessment was also undertaken by the North East & Yorkshire region. A further session is being planned for all regions to share their learning.
20. The assurance exercise identified areas of developing good practice including:
 - Development of national EPRR work programme and operational framework to prioritise and progress work that had previously been suspended due to the impact of COVID-19. It is recognised that further work is required to align national and regional work programmes.
 - Development of lessons identified and continuous improvement process on the back of COVID-19 lessons process and establishment of the lessons identified coordination and delivery group. Additionally, a lessons database is in development to enable more detailed tracking from identification through to learning and associated actions.
 - Building on the legacy from EU Exit and the establishment of the Potential Incident Investigation Preparation and Recovery (PIIPR) function who have successfully worked alongside and provided support to the national EPRR function, there is ongoing work to develop a single NHS Resilience team integrating both functions.
21. The assurance exercise also identified areas for improvement. These will be included in the priorities of the EPRR assurance outcomes action plans for 2022/23 and are:
 - Development of an NHS England and NHS Improvement EPRR Policy document which defines and sets out how the organisation will meet its statutory duties with regards to EPRR.
 - Work is being undertaken across the health economy to review Pandemic planning considering lessons identified during the COVID-19 response, including a more generic all hazards approach to pandemic preparedness rather than disease specific.
 - EPRR will undertake a strategic review of the national CBRNe/Hazmat programme with a view to bring current pieces of work under one umbrella and consider interdependencies between other areas of work
22. The oxygen systems deep dive identified:
 - There is generally good assurance across the NHS,
 - this year's deep dive returns were also compared to the oxygen systems question response within the annual Premises Assurance Model (PAM) return for 2021.

- Areas for further improvement include business continuity and disaster recovery; review of skills and competencies of staff; and undertaking of risk assessments in the development of medical gas installations, in line with Health Technical Memorandum HTM02-01D.
 - Reviews of the deep dive responses has identified exemplar trusts and others which require improvement in some domain areas. potentially calling upon the exemplar trusts to share learning and best practice to assist others in their development plans.
23. Overall, assurance was gained 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.

Priorities for 2022/23

24. The work programme for 2022/23 will include:
- Transition of the Incident Coordination Centre into the National NHS Operations Centre
 - Publication of lessons identified from COVID-19 and the comprehensive work programme that will include the whole organisation, including staff impacts.
 - Implementation of health recommendations from the forthcoming Manchester Arena Inquiry report.
 - Considerations arising from the National Resilience Strategy and potential implications for the Civil Contingencies Act.
 - The changing face of partners and work programmes with the introduction of the UKHSA.
 - UK policy changes due to the sustainability agenda and being more reliant on electricity and the impact this will have on estates provision and maintenance of service delivery during power outages.