

Emergency Preparedness Resilience and Response (EPRR) Annual Report 2021/22

Author: Ben Collins, EPRR Manager Sponsor: Debra Mitchell, Acting Chief Operating Officer

Trust Board paper K

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above

Executive Summary

Context

NHS England's EPRR Framework requires that the Trust Board is updated at least annually on the Trust's EPRR arrangements and this paper supports that requirement.

Questions

1. Is the Trust Board assured by the progress made to its EPRR in the 12 months to August 2021?
2. What are the key priorities for the Trust in the next 12 months relating to its EPRR?

Conclusion

1. The EPRR Team has undertaken a significant amount of work in the 12 month period to August 2021, and continued to deliver against work described on the agreed EPRR Work Programme. This has included reviewing and updating the Trust's Relatives' Reception Centre Plan, Pandemic Plan, Business Continuity Plan, and Capacity, Flow and Escalation Plan.
2. Alongside the continued delivery of the EPRR Work Programme, the EPRR Team has continued to support the Trust in preparing for, responding to, and recovering from COVID-19.
3. The EPRR Team has completed its annual self-assessment against NHS England's core standards for EPRR which continues to illustrate the Trust as being "substantially compliant" against the standards.

4. There remain four key areas of work required to achieve full compliance with NHS England's core standards for EPRR. The EPRR Team is confident that it will become fully compliant with the core standards for EPRR by the time of the next self-assessment in the summer of 2022.

Input Sought

The Trust Board is asked to note the content of this report and the attached EPRR work programme.

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	No
Safely and timely discharge	No
Improved Cancer pathways	No
Streamlined emergency care	No
Better care pathways	No
Ward accreditation	No

2. Supporting priorities:

People strategy implementation	No
Estate investment and reconfiguration	No
e-Hospital	No
More embedded research	No
Better corporate services	No
Quality strategy development	No

3. Equality Impact Assessment and Patient and Public Involvement considerations:

An Equality Impact Assessment (EIA) was completed for this report and no impacts were identified

4. Risk and Assurance

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?		
Organisational: Does this link to an Operational/Corporate Risk on Datix Register	X	If the Trust fails to improve its emergency preparedness, resilience and response (EPRR) arrangements... caused by a lack of appropriate time and resources to develop them... then there is a risk that the Trust is not adequately prepared to respond to a business continuity, critical or major incident.

5. Scheduled date for the **next paper** on this topic: August 2022
6. Executive Summaries should not exceed **5 sides** My paper does comply

REPORT TO: Trust Board

DATE: 02 September 2021

REPORT BY: Ben Collins, EPRR Manager
Mo Patel, Emergency Planning & Business Continuity Officer

SUBJECT: Emergency Preparedness, Resilience & Response (EPRR) Annual Report 2021/22

1. INTRODUCTION

1.1.1 The patients and communities we serve expect us to be there for them when they need it, irrespective of the circumstances we face. As a Trust, we must do all that we can to ensure we are well prepared to respond to any disruptive challenges or emergencies and this is achieved in the NHS through a programme of work referred to as emergency preparedness, resilience and response (EPRR).

1.1.2 NHS England requires that the Trust Board is regularly updated on its EPRR arrangements and this report supports fulfil that requirement by describing, for the period of August 2020 – August 2021, details of the Trust's:

- EPRR governance arrangements;
- Compliance with NHS England's Core Standards for EPRR;
- EPRR work programme;
- EPRR policies and plans;
- EPRR training;
- EPRR tests and exercises;
- Incidents of note.

2. EPRR GOVERNANCE ARRANGEMENTS

2.1 Introduction

2.1.1 The Trust has robust governance arrangements to support meet its statutory and non-statutory requirements for EPRR.

2.2 Accountable Emergency Officer

2.2.1 The Trust is required to have an Accountable Emergency Officer with strategic responsibility for EPRR and for providing assurance to the Trust

Board that the organisation is meeting its statutory and legal requirements. The Trust's Accountable Emergency Officer is fulfilled by the Acting Chief Operating Officer, Debra Mitchell.

2.3 Non-Executive Director

2.3.1 The Non-Executive Director with EPRR added to their portfolio is Ian Crowe.

2.4 EPRR Board

2.4.1 The Trust has an established EPRR Board to ensure it delivers against its statutory and non-statutory obligations, including those described in:

- Civil Contingencies Act 2004;
- Health and Social Care Act 2012;
- Care Quality Commission Regulations 9 and 24 (regulated activities) outcomes 4 and 6;
- NHS England's Core Standards for EPRR;
- International Standard (ISO) 22301 – Societal Security – Business Continuity Management Systems.

2.4.2 The EPRR Board reports to the Trust Board via the EPRR Annual Report.

2.4.3 The EPRR Board is chaired by the Deputy Chief Operating Officer and its membership includes senior members of staff from across the Trust, including each clinical management group (CMG) and a number of corporate services.

2.4.4 In the period covered by this report, the EPRR Board met on 2nd September 2020, 9th March 2021 and 8th June 2021.

2.5 Deputy Chief Operating Officer

2.5.1 The Deputy Chief Operating Officer provides senior management support to the EPRR Team and is fulfilled by Fiona Lennon.

2.6 EPRR Team

2.6.1 The EPRR Team leads on the operational delivery of the Trust's EPRR work programme.

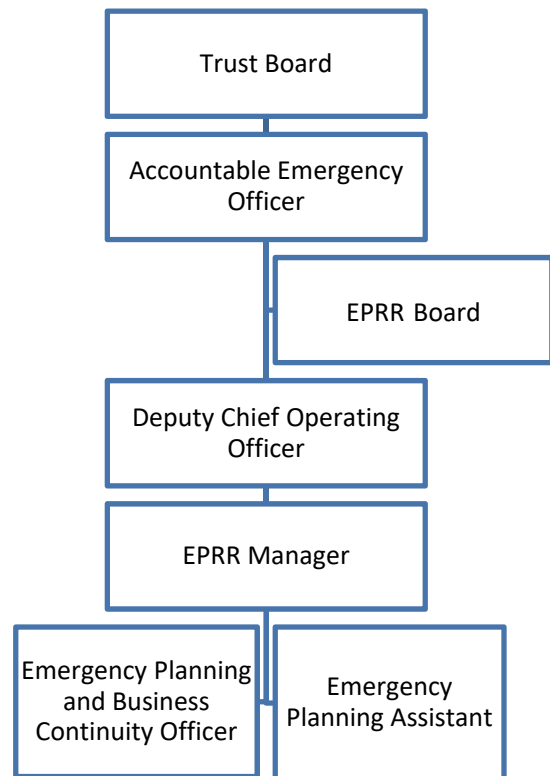


Figure 1: EPRR Structure

2.6.2 The EPRR Team includes a full-time EPRR Manager (Ben Collins), a full-time Emergency Planning & Business Continuity Officer (Mo Patel) and a part-time Emergency Planning Assistant (Katie Leah).

2.7 EPRR Budget

2.7.1 In 2021/22, the EPRR work programme was provided a non-pay budget to support funding for:

- The emergency notification cascade system (Everbridge);
- The Trust's contribution to the Leicester, Leicestershire & Rutland (LLR) Local Resilience Forum (LRF);
- Equipment maintenance costs.

2.7.2 The total non-pay budget for 2019/20 was £19,439 and at the end of March 2021 a total of £14,071 had been spent. Consequently, the EPRR work programme in 2021/22 was delivered 27.6% under budget.

2.8 Internal Audit

2.8.1 No internal audits were undertaken during the period covered by this report.

2.9 Multi-Agency Working

2.9.1 The Trust works closely with multi-agency partners to ensure all of our emergency plans are joined up and best able to meet the needs of the local communities we serve. As part of this, the Trust is represented at a number of local and regional groups, including:

- LLR Local Health Resilience Partnership (LHRP) Executive Committee;
- LLR Local Health Resilience Partnership (LHRP) Sub-Group;
- LLR Prepared Executive Board;
- LLR Health Economy Tactical Coordination Group (HETCG);
- LLR Governance & Delivery Group;
- LLR People and Communities Group;
- LLR Practice Group;
- LLR Media & Communications Group.

3. NHS ENGLAND'S CORE STANDARDS FOR EPRR

3.1 Introduction

3.1.1 NHS England's core standards for EPRR are the minimum standards which NHS organisations and providers of NHS funded care must meet to comply with the requirements of NHS England's EPRR Framework, the NHS Contract and the Civil Contingencies Act (2004).

3.1.2 NHS England has an annual statutory requirement to formally assure itself of both its own, and of the NHS in England's, EPRR readiness. This assurance is provided through a four-stage process and includes:

1. EPRR self-assessment by commissioners and providers of NHS-funded care;
2. Local Health Resilience Partnership (LHRP) confirm and challenge;
3. NHS England and NHS Improvement (NHSEI) Regional Team EPRR confirm and challenge with LHRPs;
4. NHSEI National Team EPRR confirm and challenge with NHSEI Regional Teams.

3.2 Core Standards Self-Assessment 2021/22

3.2.1 NHS England's core standards for EPRR are split into ten domains and include:

1. Governance;
2. Duty to risk assess;
3. Duty to maintain plans;
4. Command and control;
5. Training and exercising;
6. Response;
7. Warning and informing;
8. Cooperation;
9. Business Continuity;
10. Chemical, Biological, Radiological, Nuclear (CBRN).

3.2.2 For the 2021/22 self-assessment, NHS England decided to withdraw a number of core standards as these have been reported to not replicate current best practice. The standards which have been removed are currently

subject to review by NHS England and it is expected they will be re-introduced as part of the next annual assurance process in 2022/23.

3.2.3 The Trust’s Emergency Planning & Business Continuity Officer undertook a self-assessment against NHS England’s core standards for EPRR on 12 August 2021. The outcome of the self-assessment illustrates that UHL is fully compliant with all but one of core standards which it is expected to achieve. Based on the outcome of this self-assessment, UHL will be assigned an overall assurance rating of “substantially compliant” as it is compliant with between 89 – 99% of the core standards it is expected to achieve.

3.2.4 The one standard for which the Trust is not fully compliant with relates to its arrangements to shelter and/or evacuate whole buildings or sites.

3.2.5 Table 1 below shows the Trust’s self-assessment scores for 2021/22 in the context of the previous three years and illustrates the Trust’s improving position:

Year	Self-Assessment Rating	Total standards applicable	Fully compliant	Partially compliant	Non compliant
2018/19	Partially Compliant	64	49	6	9
2019/20	Substantially Compliant	64	57	6	1
2020/21	Substantially Compliant	64	59	5	0
2021/22	Substantially Compliant	46	45	1	0

Table 1: 12 Month Progress against NHS England’s Core Standards for EPRR

3.2.6 Recognising that the next self-assessment in 2022/23 will likely include enhanced versions of the 18 standards which were temporarily withdrawn this year, there remain four key areas of work to complete if UHL is to achieve full compliance as planned. This includes:

- Development of a new Shelter and Evacuation Plan;
- Development of a new Viral Haemorrhagic Fever (VHF) Plan;
- A full review of the Trust’s plan for incidents involving Chemical, Biological, Radiological and Nuclear (CBRN) contaminants, including arrangements for the distribution of mass countermeasures;
- Completion of the roll-out of the Business Continuity Toolkits for each service & department across the Trust.

3.2.7 The above four areas of work remain part of the Trust’s EPRR Work Programme, further details of which are provided in Section 4 of this report.

3.3 Core Standards Deep Dive Self-Assessment 2021

3.3.1 In addition to the ten domains listed above in Section 3.2.1, NHS England also use the self-assessment process to undertake a deep dive into a specific area. Importantly, the self-assessment against deep dive topics does not

contribute to the Trust’s overall EPRR assurance rating and are reported separately.

3.3.2 For 2021/22, the deep dive topic is on piped oxygen systems.

3.3.3 The deep dive self-assessment was undertaken on 12 August 2021 by the Emergency Planning & Business Continuity Officer alongside the Senior Specialist Engineer and Head of QSHE Compliance. The outcome of this self-assessment is shown below in Table 2.

Year	Deep Dive Standards	Fully compliant	Partially compliant	Non compliant
2021/22	7	3	4	0

Table 2: Outcomes of the Deep Dive Self-Assessment

3.3.4 An action plan to become “fully compliant” against the four deep dive stands for which the Trust has assessed itself as “partially compliant” has been developed, and includes the following key actions:

- Update the Trust’s Management of Medical Gas Pipeline Systems Policy;
- Ensure the Trust has a specific risk assessment to support the safe supply of oxygen.
- Ensure the Trust has an accurate and up to date technical file on its oxygen supply system with the relevant instructions for use;
- Roll-out e-learning training for Designated Medical and Nursing Officers;

3.3.5 The above listed work will be undertaken by the Trust’s Estates Department and Pharmacy Team and progress against these actions will be reported to the Trust’s EPRR Board.

4. EPRR WORK PROGRAMME

4.1.1 Following a comprehensive review of the Trust’s EPRR arrangements in April 2018, the EPRR Team put forward an ambitious 3-year EPRR work programme to ensure UHL is meeting all of its requirements.

4.1.2 During the last 12 months, the EPRR Team have taken the opportunity to update the EPRR Work Programme so to ensure that the Trust is prioritising work which will enable it to become fully compliant against the remaining 4 core standards for which it is currently assessed as being only “partially compliant”. The updated timescales to complete this work have been updated to account for the ongoing demand that the EPRR Team faces in supporting the Trust’s continued response to the COVID-19 pandemic, including maintaining an operational COVID-19 Incident Coordination Centre.

4.1.3 Following the review of the EPRR Work Programme, the EPRR Team now forecast to achieve full compliance with all 64 of the original core standards in

its next self-assessment which is expected to be undertaken in the summer months of 2022.

- 4.1.4 The EPRR Work Programme will continue to be regularly reviewed by the EPRR Board at its quarterly meetings to ensure work remains on target.

5. EPRR PLANS, POLICIES AND PROCEDURES

5.1 Introduction

5.1.1 A significant proportion of the EPRR Work Programme is focused on reviewing the Trust's existing EPRR plans, policies and procedures. In the 12 months covered by this report, the EPRR Team has continued to develop the Trust's plans, policies and procedures in support of it achieving full compliance against NHS England's core standards for EPRR.

5.1.2 Details of key changes to the Trust's plans, policies and procedures are set out below.

5.2 UHL Pandemic Plan

5.2.1 A new UHL Pandemic Plan was developed during the summer of 2020 and was signed off by the EPRR Board in September 2021.

5.2.2 The new UHL Pandemic Plan sets out the tactical and strategic-level response arrangements for how the Trust will respond to future potential pandemics and has been developed to account for pandemics which result from both influenza (flu) and other viral infections such as COVID-19.

5.2.3 The new UHL Pandemic Plan is based on the latest available national guidance alongside initial lessons learned from the COVID-19 pandemic.

5.3 UHL Relatives Reception Centre Plan

5.3.1 An updated Relatives' Reception Centre Plan has been developed to address lessons learned from the Trust's last live emergency planning exercise, Exercise Soteria, which was held in 2017.

5.3.2 The aim of the Relatives Reception Centre Plan is to provide a service for the relatives of missing persons / casualties who may have been involved in a major incident. The plan includes providing a location away from the Emergency Department where UHL staff – alongside Leicestershire Police and the Casualty Bureau – can help provide relatives with information on the status and whereabouts of those who are missing.

5.3.3 The revised plan includes a number of key changes, including:

- Relocation of the centre from the Clinical Skills Centre in the Victoria Building to Outpatient Clinic A in the Jarvis Building;

- Enhanced arrangements to support equality, diversity and inclusion, including a new dedicated section within the plan and translated information leaflets for service users; and
- New flow charts to illustrate how the Centre will work operationally.

5.4 UHL Business Impact Analysis

5.4.1 In 2019/20, the Emergency Planning & Business Continuity Officer developed a new Trust-wide Business Continuity Plan to provide generic response procedures for the Trust to follow in preparing for, responding to and recovering from disruptive events, including business continuity and critical incidents.

5.4.2 Following the development of the Trust-wide Business Continuity Plan, the priority now is to develop local Business Continuity Plans at service level, including localised business impact analyses (BIAs) and risk assessments. To achieve this, the EPRR Team has developed a new Business Continuity Toolkit which will need to be completed and maintained by every service and department across the Trust, for which there are currently 150 identified. To support services and departments undertake this work, the Emergency Planning & Business Continuity Officer is facilitating individual business continuity appointments with each of the Trust's services and departments. As of 01 August 2021, 25% of the Trust's Business Continuity Toolkits have been completed and the remaining are on track to be completed over the next 12 month period.

5.5 UHL Capacity, Flow & Escalation Plan

5.5.1 UHL's Capacity, Flow and Escalation Plan was updated during the spring of 2020 and signed off and approved at the Trust's Operational Management Group in June 2021.

5.5.2 The aim of UHL's Capacity, Flow and Escalation Plan is to describe how the Trust will manage the capacity and flow of patients through Leicester's hospitals.

5.5.3 The revised plan includes a number of key changes, including:

- Updated Operational Pressures and Escalation Level (OPEL) triggers and a new OPEL Calculator for the Duty Management Team to help set the Trust's current OPEL Level. The OPEL Calculator has since been recognised as an example of best practice and has been adopted for use within Leicester Partnership Trust;
- Updated Action Cards for each CMG;
- A series of new Patient Flow Maps to help illustrate how patient flow works across Leicester's Hospitals;

- Revised documentation to bring it in line with the format of other EPRR plans, policies and procedures.

5.6 Current EPRR Policies and Plans

5.6.1 As of 01 August 2021, the Trust has in place the following EPRR plans, policies and procedures, all of which are in date with the exception of those marked as 'currently under review':

- EPRR Policy, V2.0
- Business Continuity Policy, V4.0
- Lockdown Policy, V2.0
- Viral Hemorrhagic Fever Policy, V6.0 (currently under review)
- Incident Response Plan, V1.0
- UHL & LLR Major Incident & Mass Casualty Plan, V1.0
- Business Continuity Plan, V1.0
- Relative's Reception Centre Plan, V5.0 **[NEW]**
- Chemical, Biological, Radiological, Nuclear (CBRN) Plan V4.0 (currently under review)
- Influenza Pandemic Plan, V1.0 **[NEW]**
- Operation Consort and Carbon Steeple (VIP/High Profile Patient), V2.1
- Severe Weather Plan, V1.3
- Heatwave Plan, V1.4 [Updated to reflect COVID-19 pressures]
- Cold Weather Plan, V1.2
- Bomb Threat, Suspect Package and Lockdown Plan, V1.1
- UHL Capacity, Flow & Escalation Plan V3.1 **[NEW]**
- UHL COVID-19 Response Plan, V11.0 **[UPDATED]**
- UHL COVID-19 Escalation Framework, V13.0 **[UPDATED]**

5.6.2 All of the Trust's EPRR plans, policies and procedures are available to staff on INsite and printed copies are available in each of the Trust's dedicated Incident Coordination Centres.

6. EPRR TRAINING

6.1.1 Training is an essential part of the emergency planning and business continuity cycles. To reflect this, a full training needs analysis is now undertaken as part any developmental work to the Trust's new or existing emergency or business continuity plans. These training needs are then used to inform planned training which is included on the EPRR Training and Exercise Plan and which is overseen by the EPRR Board.

6.1.2 In the 12 months covered by this report, the EPRR Team has overseen the following training:

- 2 on-call directors received face-to-face training to support them in their role as a member of the UHL Strategic Incident Coordination Team;
- 4 members of staff received virtual training to support them in their role as loggist for the Trust;
- The communications team was provided training on the use of UHL ALERTS.

6.1.3 Recognising the pressure COVID-19 has placed across the organisation, the Trust had limited scope to provide additional EPRR Training since the last annual report. In the next year, the Trust is looking to:

- Provide UHL Tactical Commanders and UHL Duty Manager's the opportunity to complete the Incident Decision Form in an exercise environment. This will support staff gain familiarity in gathering and assessing information to help determine whether scenarios justify declaring or going on standby for an incident;
- Provide UHL Strategic Commanders, UHL Tactical Commanders and UHL Duty Managers with Loggist Training.

7. TESTS AND EXERCISES

7.1.1 NHS England's EPRR framework requires the Trust regularly tests its emergency arrangements through:

- A live, or simulated live exercise at least every 3 years;
- A tabletop exercise at least every year;
- A communication test at least every 6 months.

7.1.2 During the period covered by this report:

- 13 members of ITAPS staff attended a tabletop exercise on 10 September 2020 to validate updates to the UHL COVID-19 Escalation Framework;

- The Trust held a multi-agency tabletop exercise on 06 May 2021 to validate the updated Relatives' Reception Centre Plan;
- 22 members of Women's & Children's staff attended a tabletop exercise on 04 June 2021 to validate changes to the UHL COVID-19 Escalation Framework which now makes account for potential surges in COVID-19, winter pressures and Respiratory Syncytial Virus (RSV);
- The Trust ran two communications exercises to test its emergency notification system.
 - Exercise Venus 3 tested UHL ALERTS on 9th October 2020
 - Exercise Venus 4 tested the response to Major Incident Bleeps out of hours on 25th June 2021.

The exercises provided further assurance that the Trust can notify and update all staff registered to receive UHL ALERTS of a business continuity, critical or major incident.

- The Trust did not carry out any live or simulated exercise during the last 12 months. While the Trust's most recent live exercise is now more than three years ago, the Trust is able to use its experience in responding to the COVID-19 pandemic as means of meeting this requirement.

8. INCIDENTS OF NOTE

8.1 Introduction

8.1.1 In the 12 months to August 2021, the Trust faced a number of challenging incidents, including:

- Severe weather across LLR on 24 January 2021. While no incident was officially declared, the Trust did activate its Severe Weather Plan and utilised support from the LLR 4x4 Network. Because staff were provided advance notice of the inclement weather, only four staff members requested support from the LLR 4x4 network and any staffing shortages were managed through business as usual practice;
- An out of hours outage to the Trust's IM&T infrastructure at the Leicester Royal Infirmary on 15 August 2020. This was managed within business as usual and no incident was officially declared;
- Localised flooding at the Leicester Royal Infirmary on 30 July 2021. This short-duration incident was managed quickly and the fast response by staff avoided the need for an incident to be officially declared;
- A requirement to plan for the End of the Transition Period (EoTP);

- The continued response to the COVID-19 pandemic.

8.2 Continued COVID-19 Response

8.2.1 The Trust Board has been well sighted to the Trust's ongoing to response to COVID-19 and this report does not seek to duplicate these reports.

8.2.2 Throughout the last 12 months, the EPRR Team has continued to support the Trust in coordinating the response to COVID-19 through:

- Ensuring its COVID-19 Incident Coordination Centre (ICC) remains operational in line with the requirements set by NHSEI. During the peak of the second wave, the ICC was open 08:00 – 20:00 seven days per week. Currently however, the ICC is operational 09:00 – 17:00 five days per week.
- Supporting the Trust respond to the second wave of COVID-19.
- Coordinating a Trust-wide debrief following the second wave of COVID-19 to ensure lessons learned could be identified and incorporated into plans for any potential further waves.
- Supporting the Trust's operational team responsible for the COVID-19 vaccination programme.
- Continuing to support the Trust maintain a COVID-19 Response Plan, Escalation Framework and ICC Log.
- Supporting the Trust prepare for increased winter pressures resulting from a potential combination of COVID-19, respiratory syncytial virus (RSV), seasonal influenza and operational pressures.

8.2.3 The above listed activities have represented a significant proportion of the work carried out by the EPRR Team during the last 12 months, with at least half of the Team's time over this period being dedicated to work associated with COVID-19.

9. CONCLUSION

9.1.1 In the 12 months since the last annual report, EPRR has maintained a high profile at all levels following the continuation of the COVID-19 pandemic. While the COVID-19 pandemic has taken up a significant proportion of the EPRR Team's time during the last 12 month period, further progress has still been achieved against its long-term EPRR Work Programme.

9.1.2 The 2021/22 self-assessment against NHS England's core standards for EPRR illustrate the continued progress the Trust is making against its EPRR Work Programme and is now "substantially compliant" with the standards.

9.1.3 The Trust remains fully committed to achieving full compliance with NHS England's core standards for EPRR and the EPRR Team forecasts achieving

this milestone at the time of the next self-assessment in the summer of 2022. To achieve this, the EPRR Team will continue to coordinate the delivery of work on its EPRR Work Programme, which over the next 12 months will include:

- Development of a new Viral Haemorrhagic Fever (VHF) Plan;
- Development of a new plan for incidents involving Chemical, Biological, Radiological and Nuclear (CBRN) contaminants, including arrangements for the distribution of mass countermeasures;
- Development of a new Shelter and Evacuation Plan;
- Completing the roll-out of the new Business Continuity Toolkit to all 150 services and departments across the Trust.

9.1.4 In addition to the above listed planned work, the EPRR Team will continue to support the Trust in preparing for, responding to, and recovering from future potential waves of COVID-19, alongside additional winter pressures. Furthermore, the Team will also support the Trust in preparing for the COVID-19 public inquiry which is due to commence in 2022.

9.1.5 The Trust Board is asked to note the content of this report and support the continued delivery of the EPRR Work Programme as the Trust works towards full compliance with NHS England's core standards for EPRR.