

Date of Meeting:	Wednesday 3 November 2021				
Meeting:	Board of Directors				
Title of report:	Emergency Preparedness, Resilience and Response Annual Report 2020/21 – item 13 (i)				
Author:	Rob Aitchison, Chief Operating Officer Carol Woolgar, Trust EPRR Manager				
Previous Forums:	n/a				
Purpose of the Report					
<p>This annual report on Emergency Preparedness, Resilience and Response (EPRR) is intended to inform the Trust Board of Directors of activity relating to all aspects of Emergency Planning from 1st April 2020 to 31st March 2021.</p> <p>The report brings together the requirements for EPRR at the Trust, particularly:</p> <ul style="list-style-type: none"> • Compliance with the requirements for testing Major incident arrangements • Revision of key response plans • Performance against the requirements of the NHS England EPRR core standards. • A summary of the EPRR work relating to Reinforced Autoclaved Aerated Concrete (RAAC) Panels and Covid-19. Detailed updates on these two issues are provided in the regular board reports and updates. 					
Key Points to Note					
<p>During 2020 the Trust completed the significantly abridged 2020 NHSE Core Standards for EPRR assessment. External assurance for this assessment was provided via Commissioners and NHS England.</p> <p>During 2021, the full EPRR Core Standards assurance process has been restarted and the self-assessment is due for submission in October 2021. The Trust Board is asked to approve the 2021 Core Standard Statement of Compliance found in Appendix A.</p> <p>The Board is requested to note the contents of the report and approve the Trust's Major Incident Plan, EPRR Policy and NHSE Core Standards Statement of Compliance (Appendix A).</p>					
EQIA – Equality Impact Assessment					
There are no differential equality impacts resulting from these areas of work at this point					
Fit with strategic objective	Population	Patients	People	Partnership	Progressive
	X	X	X	X	



Recommendation

The Board is requested:

- To **APPROVE** the Major Incident Plan, EPPR policy and NHSE Statement of Compliance.
- To **RECEIVE AND NOTE** the Emergency Preparedness, Resilience and Response Annual Report.



Emergency Preparedness Resilience and Response Report April 2020 - March 2021

Introduction

This report provides an overview of Airedale NHS Foundation Trust's activity for 2020-2021 in delivering Emergency Planning, Resilience and Response (EPRR) and in addressing the contingency planning requirements of the Civil Contingencies Act 2004 and NHS England EPRR core standards and guidance.

During 2020-2021 Reinforced Autoclaved Aerated Concrete (RAAC) panels and the Covid-19 pandemic have continued to present a significant challenge to the Trust. Our response to address these is summarised below, detailed updates are provided through the regular board reports.

Background

The requirements for EPRR at the trust are set out in the

- Civil Contingencies Act 2004 (CCA). As a category 1 responder the trust is required to:
 - assess the risk of emergencies occurring and use this to inform contingency planning
 - put in place emergency plans
 - put in place business continuity management arrangements
 - put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
 - share information with other local responders to enhance co-ordination
 - co-operate with other local responders to enhance co-ordination and efficiency

The CCA is currently under review, with revised legislation expected in the first half of 2022. The amendments will include the duties of ICS and once details are known the Trust's EPRR arrangements will be reviewed to ensure compliance.

- NHS Standard Contract - Service Condition 30, requirements include
 - Nomination of an Accountable Emergency Officer (AEO) to assume executive responsibility and leadership for EPRR. The AEO for ANHSFT is the Chief Operating Officer (Rob Aitchison).
 - The provision of whatever support and assistance may reasonably be required by the Commissioners and/or NHS England and NHS Improvement and/or Public Health England in response to any national, regional or local public health emergency or incident.
 - The Trust must use reasonable endeavours to minimise the effect of an Incident or Emergency on the Services and to continue the provision of Elective Care and Non-elective Care
- NHS Emergency Preparedness Framework 2015, this is a strategic national framework containing principles for health emergency planning for all NHS England at all levels including NHS provider organisations, providers of NHS-funded care, clinical commissioning groups (CCGs), GPs and other primary and community care organisations.
- NHS EPRR Core Standards 2021, which set out clearly the minimum EPRR standards which NHS Organisations and providers of NHS-funded care must meet.



Emergency Planning Structure

Led by the EPRR Manager, identified leads are assigned key responsibilities in supporting the planning and testing of plans in relation to both major incident (MAJAX) and contingency planning. Oversight of the EPRR process is provided by the Health, Safety and Resilience Committee (HS&RC).

The EPRR policy describes the overall approach to EPRR at the trust; this was approved by the Trust Procedural Documents Ratification Group in October 2021 and remains in force until 30th September 2024. It is available on the Procedural Documents page of Aireshare [here](#). Board approval is requested for this policy.

Risk Management

EPRR specific risks (as identified in the national and community risk registers) are recorded on the Trust risk register system, further Trust identified EPRR specific risks or risks with EPRR implications are also recorded on this system and are therefore available to all staff with system access. In compliance with the Trust's standard risk assessment process, risks are predominantly escalated through Directorate reporting systems. Where assessments score 12 or above, or are expected to reach 12 and above in the near future, they are reviewed by the HS&RC and, if required, escalated to Board.

Major Incident Planning (MAJAX)

The Trust MAJAX Plan was reviewed in July 2021 and approved by the HS&RC. A series of role cards reflect all key roles required to manage the response should there be a disaster. The plan is continuously updated as role card holders or exercises identify required changes and lessons learnt. In addition, the Trust is represented at cross-regional working groups and forums. This also ensures that lessons learnt from other organisations and revisions to national guidance are identified and implemented appropriately within the organisation.

As a minimum requirement, all NHS organisations are required to undertake a major incident exercise every three years; a table top exercise every year and a test of communications cascades every six months. ANHSFT has met these requirements as follows:

- Communications tests carried out August 2020 and April 2021. The planned exercise for February 2021 was delayed until April 2021 due to the installation of a new bleep system in switchboard. This slight delay meant the Trust could be assured that the upgraded system would provide the required functionality in the event of a MAJAX.
- Internal RAAC multi-agency desktop exercise - December 2020
- Major Incident desktop – this requirement does not apply if the arrangements have been implemented in “real life”. The Covid pandemic meets this requirement during 2020-2021. A Major Incident desktop exercise is currently planned for November 2021.

Where issues were identified these were escalated to the appropriate leads / senior managers and actions taken to resolve the issue. Assurance on completed action plans is provided by the HS&RC.

The full MAJAX plan is available [here](#) and Board approval is requested.



Contingency Planning

The usual contingency planning work at the trust was significantly affected by the Covid-19 Pandemic. During 2020, and with the agreement of the COO and HS&RC, several existing contingency plans were extended, rather than reviewed. Subsequently, a full review of all Trust plans has been completed and all but one plan reviewed and updated. It is anticipated the review of this plan will complete by November 2021. A full list of trust wide contingency plans can be found on Aireshare [here](#).

COVID-19

At the time of writing this annual report, the Trust is still heavily engaged in an ongoing response to Covid-19. Information about the Trust's response is regularly communicated to staff via regular updates and the Board of Directors, the key actions taken in response to the pandemic are summarised below.

- Emergency planning arrangements were put in place, utilising Gold, Silver and Bronze command structures as described within the Corporate Contingency Management Plan. An audit of these arrangements found significant assurance that the Trust had introduced effective governance processes maintained to support planning and decision making.
- A Clinical Reference Group was established to act as an advisory group to Gold in providing advice and direction on over 1300 pieces of guidance issued in response to the pandemic.
- The rapid, creation of integrated escalation plans for all operational areas of the Trust.
- Staff resources and support arrangements; including setting up “wobble rooms”, and provision of rapid guidance for managers, including redeployment processes and information.
- Revision of waste management guidance to deal with the increase in infectious waste.
- Regular staff communications were in place, including virtual staff briefings and a dedicated Aireshare site [here](#) to manage and link to all Covid-19 information.
- Production of patient information specific to Covid-19, including leaflets and guidance on the Trust website.
- Frequent external demands for information were received, this included FOI requests and the daily Situation reports (SITREPS). Further SITREPS covering discharges, staffing, daily hospital data, PPE stocks, etc. were also required. The trusts response to these required the input of staff from across the trust.
- Completion of the NHE / I Covid debrief process

Re-enforced Aerated Autoclaved Concrete (RAAC) planning

In May 2019, an alert was issued by the Standing Committee on Structural Safety relating to aerated concrete. Airedale is constructed almost entirely of Siporex, a form of aerated concrete.

Whilst the Trust has put in place detailed monitoring and maintenance arrangements to ensure the safety of our patients and colleagues, alongside this, it is essential that arrangements are put in place to deal with a range of potential events. As a result, the following have been put in place

- Actions to take in response to a range of issues that could occur, for example cracking or panel deflection. The cards are available on Aireshare [here](#)
- Revision of the whole site evacuation plan to include RAAC and identify areas to shelter in place
- ANHSFT representation at the NHSE regional evacuation working group, which is reviewing arrangements for the evacuation of any Acute Trust whether from RAAC or another reason



- Attendance at ICS / NHSE meetings to coordinate the regional response to a whole site evacuation of AGH.

An internal desktop exercise took place in December 2020 and plans were updated in response, in addition a regional, multi-agency exercise took place in June 2021 which examined the operational arrangements required by receiving trusts and YAS to support a whole site evacuation of AGH.

Alongside work related to the emergency planning response to RAAC, the Trust continues to escalate the need for investment for a rebuild of the Airedale General Hospital site.

Pandemic Flu

The Trust is required to have in place an approved plan to respond to a flu pandemic, irrespective of source. Planning has required the Trust to work closely to the Department of Health guidance in responding to a pandemic and continued service delivery.

The pandemic flu plan is available on Airoshare [here](#). It was reviewed prior to the outbreak of Covid and formed the basis of the Trust initial response to the Covid pandemic.

NHSE is currently carrying out a review of the national and regional arrangements for a pandemic and once these are published, the Trust's existing pandemic plans will be reviewed and amended where applicable.

Climate Change

Changing weather patterns, more frequent extreme weather and rising temperatures have direct implications on the Trust's ability to provide healthcare to our local communities. It is therefore essential that that Trust puts in place actions to both adapt to, and mitigate, these impacts when they occur.

- The Trust recognises that Adaptation is everyone's responsibility and encourages every person who visits the site to do their bit.
- EPRR supports the mitigation of the consequences of climate change when they occur, for example the heatwave and adverse weather plans while the various escalation plans address the surges in attendance caused by the heath impacts of climate change.
- Risk assessments for all types of adverse weather and climate change are in place, reflecting both the national and local risk register assessments of the impact of climate change. Where appropriate, the Trust also contributes to regional plans to deal with the consequences of climate change and the regional working groups and arrangements already in place provide a suitable forum for this activity.

Engagement with External Stakeholders

In response to emergency planning the Trust has engaged with a range of stakeholders through the following:

- Attendance at multi-agency EPRR Groups in Yorkshire and the Humber
- Attendance at NHS EPRR Groups for West Yorkshire and the region
- Attendance at specific planning events including Covid-19 and Winter planning.



Throughout the year the Trust has worked closely with NHS England Regional Team, CCGs, Local Authorities and other NHS Organisations across a range of planning and information sharing exercises.

Assurance

In 2020, due to the Covid-19 the usual NHSE Core standards approval process was replaced with an assurance process run via NHSE and the CCGs, this covered:

1. Progress made by organisations that were reported as partially or non-compliant in the 2019/20 process
2. The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic
3. Inclusion of progress and learning in winter planning preparations

The Trust fully met the requirements of this process.

In 2021 the full NHSE Core standards assurance process has been restarted and submission to NHSE is due in October 2021. The Trust has assessed compliance against these standards as ‘substantially compliant’ and the Board is asked to approve the Statement of Compliance found in Appendix A. An action plan is in place to address the gaps identified. Progress against the action plan will be monitored by the Health & Safety and Resilience Committee.

In addition to the core standards assessment, the Yorkshire Ambulance Service (YAS) completed an audit of the Trust’s Chemical Biological Radiological Nuclear Explosive (CBRN-e) arrangements, this deemed the Trust as “prepared” to deal with any CBRN / Hazardous Materials type incidents. One action was identified as a result of this audit. This action has been completed.

Progress against 2020-21 Key Actions

The following actions were identified in the 2019-2020 Annual report:

ACTION	STATUS	COMMENTS
Review and update contingency plans extended during the pandemic	Underway	24/25 plans have been revised and approved by the HS&RC. It is anticipated that work on the remaining plan will be completed by November 2021.
Revise key trust plans to include the lessons identified throughout Covid19	COMPLETE	The learning from Covid has been included as part of the plan revision work described above
Exercising the Trust’s response to an issue with RAAC, this will involve both regional and multi-agency representation	COMPLETE	<ul style="list-style-type: none"> • Internal RAAC Desktop exercise - December 2020 • Regional RAAC Desktop – June 2021
Complete the 2020-21 EPRR Core Standards assessment within the required timescales (details still to be confirmed by NHE/I)	COMPLETE	



Next steps and key actions for 2021-22 include:

- Development and implementation of a service level continuity approach across the trust (to include IT, surge and escalation and quality checking / assurance process)
- Review of the Trust's Operational Management and Escalation arrangements in preparation for Winter, this will include review and better integration with the Trust's Contingency Management Arrangements
- Completion of the 2021 NHSE Core Standards assurance process
- Completion of desktop exercises covering Major Incidents, Oxygen and Security
- Working with NHSE, the CCGs and other acute trusts to further develop the Trust and regional response to a major RAAC event / whole site evacuation of the Trust.

September 2021
Carol Woolgar
EPRR Manager



Appendix A – NHSE EPRR Core Standards Assurance Process Statement of Compliance



Assurance process
Statement of Compliance

