

## BOARD PAPER - NHS ENGLAND

<p><b>Title:</b> Emergency Preparedness, Resilience and Response (EPRR)</p>
<p><b>Clearance:</b> Matthew Swindells, National Director, Operations &amp; Information</p>
<p><b>Purpose of paper:</b></p> <ul style="list-style-type: none"><li>• To update the Board on NHS Emergency Preparedness, Resilience and Response (EPRR) in line with the 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).</li><li>• To provide the Board with assurance that NHS England and the NHS in England is prepared to respond to an emergency.</li></ul>
<p><b>Key issues and recommendations:</b></p> <ul style="list-style-type: none"><li>• NHS England has responded to several incidents and events since the last update including industrial action undertaken by Junior Doctors, an E. coli outbreak, the temporary voluntary suspension of Marie Stopes' services and the Croydon tram crash.</li><li>• NHS England prepared for and participated in Exercise Cygnus, a three-day exercise looking at the impact of a pandemic influenza outbreak, and the significant impacts on health delivery a widespread pandemic in the UK would trigger.</li><li>• NHS England has led the EPRR annual assurance check for NHS England and the NHS in England in 2016-2017 against updated NHS Core Standards for EPRR. This included a 'deep dive' into Business Continuity and fuel disruption preparedness.</li><li>• The Board should also be aware this paper will inform the NHS England assurance provided to the Department of Health in relation to EPRR.</li></ul>
<p><b>The Board is invited to:</b></p> <ul style="list-style-type: none"><li>• Note progress made on the EPRR work programme over the last year and the incidents successfully responded to detailed within this paper, and;</li><li>• Receive assurance that NHS England and the NHS in England are prepared to respond to an emergency, and have resilience in relation to continuing to provide safe patient care.</li></ul>

# Emergency Preparedness, Resilience and Response (EPRR)

## Introduction

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 is to ensure that NHS England and the NHS in England is properly prepared to deal with potential disruptive threats to its operation and to take command of the NHS, as required, during emergency situations.
2. The CCA (2004) requires NHS organisations, and providers of NHS-funded care, to demonstrate their ability to deliver safe patient care during emergency situations, whilst maintaining essential services. Therefore, the NHS needs to plan for, respond to and recover from a wide range of incidents and emergencies. These are wide ranging and could be anything from extreme weather conditions to outbreak of an infectious disease, a major transport accident or a terrorist incident.
3. This paper provides the Board with:
  - An update on actions since the last report to the Board in March 2016; and
  - The outcome of the annual EPRR assurance process and resulting actions.

## Key Activities in 2016/17

4. Since the last update in March 2016, NHS England has continued to work with all parts of the NHS and our external partners to maintain a state of readiness.
5. During 2016/17 NHS England mobilised significant resources to manage the impact of the British Medical Association (BMA) Junior Doctors industrial action, supported regional responses to the Croydon tram crash, an E. coli outbreak and East Coast tidal surge. We have routinely participated in cross-government exercises and developed responses to Marauding Terrorist Firearms Attacks (MTFA), fuel disruption and mass casualty incidents.
6. The BMA industrial action was the first dedicated action by medical staff to occur since the action of November 2011. Junior Doctors undertook rolling industrial action throughout 2015 and into 2016. NHS England continued its leadership role during this period to ensure safe services for patients were maintained and plans were in place to mitigate impacts to service delivery. The dispute, and all subsequent planned industrial action, was suspended in October 2016.
7. The High Consequence Infectious Diseases (HCID) programme, under the leadership of Sir Michael Jacobs, has designed new pathways for managing patients with potential Viral Haemorrhagic Fever. The work for 2017/18 focuses on the development of commissioning standards for tendering by Specialised Commissioning. This includes a whole system approach to early identification, isolation, testing and treatment in a range of healthcare settings. This model of operation will allow improved patient management during the diagnosis of suspected HCID patients.

8. Our preparations for pandemic influenza were exercised in October 2016 with NHS England participating in Exercise Cygnus. The exercise was set seven weeks into a severe pandemic outbreak and challenged the NHS to review its response to an overwhelmed service with reduced staff availability. Plans are currently being revised to incorporate the learning from this exercise and ensure our continued preparedness for future pandemic influenza outbreaks. We are also continuing the challenging work around the management of surge and escalation decision making processes.
9. The Clinical Reference Group (CRG) for EPRR has met four times during the 2016/17 period. This group is chaired by Dr Bob Winter, National Clinical Director for EPRR and Critical Care, with clinical representation from key clinical groups within England including Royal Colleges, MOD, and the NHS provider sector. The CRG assesses the clinical appropriateness of emergency preparedness arrangements being developed by NHS England for the NHS and has recently reviewed repatriation arrangements for military personnel (RAMP).
10. Other key activities undertaken by EPRR during the past year include:
  - supporting a review of the management of burns patients from the Romanian nightclub fire, and initiating changes to the burns escalation arrangements for similar events in the future;
  - continuation of our work with the Department of Health and NHS Supply Chain, Medicines & Healthcare products Regulatory Agency (MHRA) and partners in the management of the consequences of the disruption to the supply of medical products;
  - supporting Clinical Commissioning Groups (CCGs) to manage the temporary voluntary suspension of Marie Stopes' operations across the country; and
  - development of a Concept of Operations for NHS England and the NHS in the event of a mass casualty incident beyond the scope of local major incident arrangements.
11. During 2016, there was a successful transition of EPRR oversight from Richard Barker to Matthew Swindells. Due to her extensive EPRR experience, Dr Anne Rainsberry continues to provide strategic direction for the EPRR function at a national level and maintains the role of Incident Director during responses. Simon Weldon has taken up the post of Director of NHS Operations and Delivery, with the day to day operational oversight of EPRR.

## **EPRR Assurance 2016-17**

12. The NHS has a statutory duty to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These range from extreme weather conditions to an infectious disease outbreak or a major transport incident.

13. One aspect of this work is to seek assurance on the preparedness of NHS England and the NHS in England to respond to an emergency<sup>1</sup>, and ensure resilience in the provision of safe patient care. This process informs the NHS England annual EPRR statement of assurance provided to the Department of Health.
14. The assurance process and content for 2016/17 builds on lessons identified from previous years, including:
  - Ensuring CCGs continue to support the assurance process throughout the NHS and understand its implications;
  - Increasing the role of Local Health Resilience Partnerships (LHRPs) in the management and oversight of assurance and action plan management in organisations; and
  - Expansion of the number of organisations completing the NHS England Assurance to include NHS 111 providers, and non-NHS ambulance organisations.
15. The 2016/17 assurance process was undertaken through local assessment of providers and NHS England Directors of Commissioning Operations, Regional Offices and National EPRR (against the NHS Core Standards). Led by NHS England with support from LHRPs, it included representation from CCGs and Directors of Public Health. Peer review was conducted at all levels of the assurance, with NHS England Regional Offices reviewed by the national EPRR team, which in turn was peer-reviewed by the Midlands and East region.
16. The assurance exercise identified several areas of developing good practice including:
  - LHRPs and Local Resilience Fora (LRF) continue to have a risk based approach to planning, with Pandemic Influenza and flooding remaining key risks across all regions; and
  - NHS England and the NHS in England continue to build on their response arrangements; good practice across these services is still being compiled by the regional offices. It includes close partnership working, local training and robust planning for a variety of scenarios. Once these have been assessed further learning will be shared across the NHS.
17. The assurance exercise has also identified areas for improvement. These will be included in the priorities of the EPRR Assurance Programme outcomes action plans for 2017/18 and are:
  - Building on the exercising and training materials and programmes available to the staff of NHS England and the NHS in England;
  - Identifying single points of failure and building resilience against the failure of utilities and suppliers, a key finding of the lessons from flooding and supply chain failures;

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<sup>1</sup> An emergency can be defined as: “(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom; (b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom; (c) war, or terrorism, which threatens serious damage to the security of the United Kingdom”. Civil Contingencies Act 2004, NHS England EPRR Framework 2015

- Identification of strategically important health assets within organisations and enhancement of the EPRR assurance system to better understand organisational compliance to the relevant Core Standards,
- Further developing the role of clinical networks in the response to major incidents; and
- Engaging in reconfiguration and service redesign, assisting in the delivery of proposed care models whilst ensuring that capacity and capability to respond to major incidents is maintained.

18. The business continuity and fuel resilience deep dive identified:

- Over reliance on the activation of the National Emergency Plan – Fuel within organisations and a lack of understanding of NHS fuel use across government;
- Further national guidance is required to ensure the continuation of NHS health services and NHS-funded care during a disruption to the national fuel supply; and
- Business Continuity arrangements continue to mature across the NHS, however application varies in organisations with limited resources.

19. 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 2017/18**

20. The EPRR work programme for 2017/18 will include:
- a. Development of an action plan based on the EPRR Assurance Programme outcomes of 2016/17;
  - b. Agreement of the assurance process for 2017/18, including a review of the NHS England Core Standards and updated guidance for EPRR;
  - c. Ensuring NHS England staff are appropriately trained and undertake planning for EPRR exercises;
  - d. Finalisation of the work already undertaken to develop the NHS response to a mass casualty incident;
  - e. Engaging in reconfiguration and service redesign, ensuring capacity and capability to respond to major incidents;
  - f. Continuing to work with the Department of Health on Pandemic Influenza readiness and policy; and
  - g. Ensuring changes to working practice as part of the Home Office review into MTF model response are captured and implemented in the NHS Ambulance Service response, with oversight from NHS England via the National Ambulance Resilience Unit.

## **Summary and recommendations to the Board**

21. The Board is invited to:

- Note progress made over the last year on the EPRR work programme and the successful response to incidents detailed within this paper; and

- Receive assurance that NHS England and the NHS in England are prepared to respond to an emergency, and have resilience in relation to the continued provision of safe patient care.

**Matthew Swindells**  
**National Director: Operations and Information**  
**March 2017**