

BOARD PAPER - NHS ENGLAND

Title: Emergency preparedness, resilience and response (EPRR)

Clearance:

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Purpose of paper:

- To update the Board on NHS emergency preparedness, resilience and response in line with the NHS England EPRR model adopted from April 2013.
- To provide the Board with assurance that NHS England and the NHS in England is prepared to respond to an emergency, and has resilience in relation to continuing to provide patient care.

Key issues and recommendations:

NHS England has a command and control function in times of emergency. National and regional/local functions are regularly assessed and tested.

NHS England has undertaken the annual assurance process for 2013/2014 against recently published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. In addition, areas of work have been identified which, once completed, will further enhance the emergency preparedness, resilience and response capabilities across the NHS in England.

The Board should also be aware that this paper will inform the NHS England assurance provided to the Department of Health in relation to EPRR.

Actions required by Board Members:

- note progress on the implementation of the EPRR model from April 2013 in those areas detailed in 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 continuing to provide safe patient care.

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 (2004). The role of NHS England is to ensure that the NHS in England is properly prepared to be able to deal with potential disruptive threats to its operation and to take command of the NHS, as required, during emergency situations.
2. The Act requires NHS organisations, and providers of NHS-funded care, to show that they can continue to operate safe patient care during emergency situations whilst maintaining essential services. Therefore the NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an 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 February 2013;
 - the outcome of the annual EPRR assurance process; and
 - proposed next steps to further consolidate and build on EPRR engagement nationally.

NHS EPRR Programme Update

4. In February 2013, the Board was asked to note that progress towards delivery of the new EPRR model had been maintained in line with planning and that the NHS England transitional assurance process was underway to ensure that the new model of EPRR would be effectively implemented across England from 1 April 2013.
5. Since February 2013, regular review has been maintained upon the implementation of the new model for EPRR via the NHS England Board assurance framework (BAF). Work streams under particular scrutiny have been pandemic influenza and exercising and training.
6. Further publications and guidance have been uploaded onto the NHS England EPRR internet page. These resources continue to provide the foundations for NHS providers across England and NHS England Area and Regional Teams,

to assist them in meeting their statutory and contractual obligations in relation to emergency preparedness, resilience and response.

7. The broad themes of the NHS England internet page content now encompass:
 - a. **Pandemic Influenza:** These documents provide an update to EPRR Accountable Emergency Officers and others with an interest and responsibility for EPRR and a pandemic influenza response in NHS commissioned services on the current status of NHS Pandemic Preparedness through:
 - i. Outlining the changes to the NHS since April 2013 and consequences of this for pandemic influenza;
 - ii. Describing the current status of pandemic influenza guidance, frameworks and strategies relevant to the NHS at international, national and sub-national level; and
 - iii. Infectious Respiratory Viruses – the use of facemasks and respirators
 - b. **Command and Control Framework:** This document sets out the nationally recognised NHS command and control structure. It explains the framework for responding to periods of pressure, significant incidents and emergencies at local, regional and national levels. This document supersedes the *DH Strategic Command Arrangements for the NHS during a Major Incident* guidance published in December 2007.
 - c. **Incident Response Plans:** These set out the arrangements for the command, control and co-ordination of an NHS England health response in the event of periods of pressure, significant incidents or emergencies at either national, regional or area team level.
 - d. **Flood advice for the public:** PHE have published useful advice to help people who may be affected by the flooding due to the current severe weather conditions and this is referenced on the NHS England internet.

Progress implementing the NHS England command and control structures

8. Following on from the training programmes reported to the Board in February 2013, NHS England has been involved in a number of exercises:
 - a. Exercise Safe Hands – October 2013: a counter terrorism and mass casualties cross border exercise with Scotland;

- b. Exercise Alban Targe – November 2013: showing how NHS England could support the NHS in Scotland;
 - c. Exercise Helicoid – December 2013: DH led exercise; and
 - d. Exercise Paladin - October/ November 2013. Exercise Paladin was commissioned by NHS England to be delivered by the Training and Exercising Team at Public Health England (PHE) in each of the four NHS England Regions. To enable a level of consistency across the country a similar scenario was utilised in each exercise to test the command, control and communication (C3) arrangements between the Area Teams and Regional Teams.
9. A Clinical Reference Group has been set up under the chair of Dr Bob Winter, National Clinical Director for EPRR and Critical Care. The purpose of the EPRR clinical reference group is to provide specialist, timely advice and clinical leadership to NHS England in the planning for and responding to national incidents and/or emergencies.

Progress implementing local health resilience partnerships (LHRPs)

10. The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector (including private and voluntary sector where appropriate) which facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. The key responsibilities of the LHRP are to:
- Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning; and
 - Provide support to NHS England Area Teams and PHE Units in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level.¹
11. The NHS England assurance process, outlined below, has sought to confirm that appropriate LHRPs are in place across the whole country. The process has given sound assurance that all LHRPs are appropriately constituted and have met, and have an appropriate development programme that reflects local assessments.

Assurance

12. Assurance is used to provide the Board with confidence, by way of a positive declaration, of the status of the emergency preparedness, resilience and response capabilities across the NHS in England. Assurance is also used to

¹ Health Emergency Preparedness, Resilience and Response from April 2013 Local Health Resilience Partnerships: Model Concept of Operations, DH 2012

identify best practice, as well as where improvements can and will be made in order to further enhance these capabilities.

13. As part of its annual programme, NHS England seeks assurance on the preparedness of NHS England and the NHS in England to respond to an emergency, and that there is resilience in relation to continuing to provide patient care. This process informs the NHS England assurance provided to the Department of Health in relation to EPRR. Assurance for 2013-14 focused on Category 1 responders as defined in the Civil Contingencies Act (2004).
14. The assurance process was undertaken through local assessment by Area Teams with LHRP involvement and engagement, reviewed by regions, and regional peer review by the NHS England national EPRR team. In turn, the NHS England national EPRR team's assessment was peer reviewed by the North Region.
15. Every Category 1 responder undertook an assessment against the core standards and presented this to their Board as part of this assurance exercise.
16. The assurance exercise identified a number of areas of good practice which enables NHS England to confirm that NHS England and the NHS in England are prepared to respond to an emergency, these are:
 - That all LHRPs are established, are meeting regularly and have established programmes of work.
 - All NHS organisations have a board level Accountable Emergency Officer, who is aware of their role and responsibilities.
 - NHS Organisations have plans which set out how they plan for, responds to and recover from disruptions, significant incidents and emergencies.
 - NHS England (National) EPRR team is assured that it has plans setting out how they contribute to co-ordinated planning for emergency preparedness and resilience. Although NHS England (National) is not part of any Local Health Resilience Partnerships (LHRPs), it holds weekly meetings with EPRR DH and PHE to ensure this co-ordinated approach is maintained.
 - That on-call personnel have received appropriate training.
 - NHS England (National) EPRR team is assured that NHS England has provided a suitable environment for managing a significant incident or emergency (an incident control centre (ICC)), and that this includes a suitable space for making decisions and collecting and sharing information quickly and efficiently
17. The assurance exercise has also identified areas for improvement that will further the emergency preparedness, resilience and response capabilities

across the NHS in England, with the aim of ensuring full compliance with all the core standards. These areas will form the priorities of the EPRR work programme for 2014/2015. The broad themes of these are:

- Work more closely with the NHS England internal business continuity team, a function which is provided by the Policy Directorate, to strengthen the organisational resilience of NHS England;
- To work with Clinical Commissioning Groups (CCGs) to enable them to better understand the EPRR agenda, their responsibilities as a Category 2 responder under the Civil Contingencies Act and what this means in operational terms;
- To identify collaboratively across the regions, areas teams and national team key core training needs which can be sourced centrally thereby ensuring value for money from the EPRR non-pay budget; and
- Work with the regions, areas teams and providers to maintain the state of readiness achieved to date as the new NHS landscape continues to 'bed in', as we move into 2014-15.

18. Overall, good assurance was gained via the processes undertaken in each region and area that NHS England and the NHS in England is ready to respond to an emergency.

Next Steps

19. The EPRR work programme for 2014-2015 will include:
- a. Development of an action plan based on the EPRR Assurance Programme outcomes of 2013-14 and agreement of the assurance process for 2014-15;
 - b. Planning for Exercise Cygnus, a Department of Health led cross government pandemic influenza exercise;
 - c. Continuing to update the NHS EPRR guidance; and
 - d. NHS England EPRR arrangements will be the subject of an audit by Deloitte as part of the Board agreed internal audit programme.

Summary and recommendations to the Board

20. The Board is invited to:
- note progress on the implementation of the EPRR model from April 2013 in those areas detailed in 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 continuing to provide safe patient care.

Dame Barbara Hakin
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March 2014