

**BOARD PAPER - NHS ENGLAND**

**Title:** Emergency Preparedness, Resilience and Response (EPRR)

**Clearance:**

Dame Barbara Hakin, National Director: Commissioning Operations

**Purpose of paper:**

- To update the Board on NHS emergency preparedness, resilience and response in line with the statutory requirements placed upon NHS England by the Civil Contingencies Act (2004) and the Health and Social Care Act (2012).
- To provide the Board with assurance that NHS England and the NHS in England is prepared to respond to an emergency.

**Key issues and recommendations:**

NHS England has responded to two major issues during 2014-15; the Ebola outbreak in West Africa and the healthcare unions' industrial action here in England.

NHS England has led the Emergency Preparedness, Resilience and Response (EPRR) annual assurance check for the NHS in 2014-2015 against the updated NHS Core Standards for EPRR arrangements. This included a 'deep dive' into Chemical, Biological, Radiological and Nuclear (CBRN) preparedness

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.

**The Board is invited to:**

- Note progress made over the last year on the EPRR work programme and the incidents successfully responded to 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) (CCA). Responding to emergencies is also a key function within the Health and Social Care Act (2012). The role of NHS England is to ensure that 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 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. 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 March 2014;
  - The outcome of the annual EPRR assurance process and resulting actions.

### **Key Activities in 2014/15**

4. Since the last update to the Board in March 2014, NHS England has continued to work with all parts of the NHS and other partners to maintain the state of readiness achieved to date as the new NHS landscape continued to 'bed in'.
5. Deloitte, the NHS England internal auditors, conducted an audit of EPRR arrangements in NHS England during Q1 2014-15. Deloitte found that "overall assessment of assurance in respect of the process in place to develop and implement NHS England's framework for emergency preparedness arrangements is "substantial assurance"<sup>1</sup>. The rating reflected "the significant progress NHS England has made with the development and communication of the core EPRR standards/framework, establishment of key structures to deliver the standards and subsequent efforts to gain assurance that providers of NHS funded care are both compliant with the standards and aligned with key external stakeholders"<sup>1</sup>.

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<sup>1</sup> Deloitte Audit report of NHS England Emergency Preparedness, Resilience and Response (EPRR) Final Internal Audit Report (1314-P002)

6. During 2014-15 we have mobilised two major responses required.
7. The Ebola outbreak in West Africa, whilst devastating to the three main countries affected, Guinea, Liberia and Sierra Leone, has also required significant focus to ensure the preparedness, resilience and response of NHS England and the NHS in England.
8. An Ebola Programme board has been established supported by a dedicated programme team. This board coordinates our contribution to the response to the outbreak in West Africa and leads the programme of work across the NHS in England. Through its work the board has ensured that the NHS is fully prepared to manage suspected and confirmed cases. For example the board has ensured that the NHS has enough specialised beds available, the right type of protective equipment and that staff are trained in its use. In addition, exercises have been run across the country to test these preparations. As of 19<sup>th</sup> March 2015, there have been two confirmed cases that have been managed successfully by the highly skilled team at the Royal Free Hospital in London, and a third confirmed case is currently being cared for by the team there. There have also been 13 medical evacuations of suspected cases or individuals of interest for assessment and monitoring extracted from Sierra Leone to the UK.
9. The Industrial Action (IA) by healthcare unions was the first across the sector to impact operational delivery of healthcare since November 2011. Healthcare unions and the Department of Health discuss national pay and conditions but NHS England has a leadership role to maintain patient safety. Across the health service all worked to ensure that patient safety was maintained during direct IA taken in October and November 2014 and action short of a strike which extended in to January 2015.
10. Government negotiations with NHS Trade Unions over pay, concluded on 2 March 2015. Most of the Health Unions members in England including Unison, GMB, RCM, SoR and RCN have voted in favour of accepting the revised pay offer and the full NHS Staff Council met on Monday 9 March 2015 and confirmed acceptance of the offer. There was no industrial action on 13 March 2015. NHS England will continue to work with DH and CCS to work through the lessons identified in preparation for any future industrial action which may affect the NHS.
11. Our preparation for pandemic influenza also continued, although Exercise Cygnus, a significant cross-government exercise, was postponed due to operational pressures caused by Ebola. Pandemic influenza will continue to be a significant part of our 2015 workplan.
12. The Clinical Reference Group for EPRR has continued to meet. It 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. A dedicated Ebola sub-group was established to

manage the specific implications of the Ebola workload. Topics covered during 2014/15 in addition to Ebola included new proposals for Shelter and Evacuation Guidance, Mass Casualty Vehicles and Pre-hospital drugs.

### **EPRR Assurance 2014-15**

13. The NHS has a statutory duty 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 infectious disease outbreak or a major transport accident.
14. 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>2</sup>, and that there is resilience in relation to continuing to provide safe patient care. This process informs the NHS England annual statement of assurance provided to the Department of Health in relation to EPRR.
15. The assurance process and content for 2014-15 built upon lessons identified from the 2013-14 assurance process, including:-
  - Incorporating business continuity more fully into the main EPRR work programme.
  - Supporting Clinical Commissioning Groups (CCGs) to understand their role in EPRR, and;
  - Identifying and supporting training in NHS England and across the NHS in England including a 'deep dive' into a particular topic area across the NHS. For 2014-15 this topic was the preparedness required to respond to a chemical, biological, radiological or nuclear (CBRN) substance, which may have been released accidentally or intentionally.
16. The 2014-15 assurance process was undertaken through local assessment of providers (against the NHS Core Standards) and NHS England led by Local Health Resilience Partnerships (LHRPs). Regional peer review was conducted by the NHS England national EPRR team. In turn, the NHS England national EPRR team's self-assessment was peer reviewed by the Midlands and East Region.
17. The assurance exercise has identified a number of areas of developing good practice including:
  - Better engagement and support to CCGs to enable them to understand the EPRR agenda, and their responsibilities as a Category 2 responder under the Civil Contingencies Act (2004) and what this means in operational terms.

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<sup>2</sup> A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements (NHS England Emergency Preparedness Framework, 2013).

- The work NHS England continues to take forward to support EPRR training across NHS England. A comprehensive training needs analysis has been undertaken to support and underpin future training in NHS England and the NHS in England. In turn, the Department of Health has committed to develop a training and exercising policy to set out key requirements and expectations for the NHS in England, NHS England and other healthcare partners.
- Strong collaboration working with key partners in both planning and response.

18. The assurance exercise has also identified areas for improvement. These will be included in the priorities of the EPRR work programme for 2015-16 and are to:

- Continue to work with NHS England Business Continuity team to strengthen the testing across NHS England.
- Review NHS England on-call arrangements to ensure they are robust, clear and that those participating in on-call rotas are fully supported and trained following recent structural changes.
- To build on the findings of the CBRN deep dive.

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 continuing to provide safe patient care.

### **Priorities for 2015/16**

20. The EPRR work programme for 2015-16 will include:

- a. Development of an action plan based on the EPRR Assurance Programme outcomes of 2014-15 and agreement of the assurance process for 2015-16;
- b. Planning for the rescheduled Exercise Cygnus on pandemic influenza and other exercises as required;
- c. Providing updated guidance on EPRR requirements to the NHS as required;
- d. Continuing to work with the Department of Health on CBRN readiness and policy.

### **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 incidents successfully responded to 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**  
**National Director: Commissioning Operations**  
**March 2015**