

BOARD PAPER - NHS ENGLAND

Title: Emergency Preparedness, Resilience and Response (EPRR)
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Purpose of paper: <ul style="list-style-type: none">• 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 Health and Social Care Act as amended (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: <ul style="list-style-type: none">• NHS England has responded to widespread flooding across England, industrial action undertaken by Junior Doctors, and continued to build on the response to the Ebola outbreak, providing a legacy to the work under taken here in 2014/5.• NHS England has led the EPRR annual assurance check for the NHS in 2015-2016 against the updated NHS Core Standards for EPRR arrangements. This included a 'deep dive' into Pandemic Influenza 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: <ul style="list-style-type: none">• 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 (2004) requires NHS organisations, and providers of NHS-funded care, to demonstrate that they can continue to operate 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 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 2015;
 - The outcome of the annual EPRR assurance process and resulting actions.

Key Activities in 2015/16

4. Since the last update to the Board in March 2015, 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 NHS continues to undergo change.
5. NHS England's EPRR team has continued to implement the findings of the Deloitte audit carried out in Q1 2014-15.
6. During 2015/16 we have mobilised the resources of NHS England to respond to widespread flooding across the country and manage the impact of the British Medical Association (BMA) Junior Doctors industrial action. The EPRR team has also continued to build on the work undertaken in the previous year on Ebola.
7. Flooding occurred in the North of England and the Southwest in the lead up to and over the Christmas period in 2015, with the disruptions to health infrastructure managed by the Regional and local offices, supported by the National Team.
8. The Industrial Action (IA) by the BMA was the first dedicated action by medical staff to occur since the action of November 2011. Junior Doctors took action across all services excluding emergency care services on 12 January 2016 and 10 February 2016, with further periods of action planned for March and April. NHS England has a leadership role during this action to maintain safe services for patients and ensure

plans are in place to mitigate impacts to service delivery. The BMA and the Department of Health have met during this time to discuss national pay and conditions. Following the latest set of action in February, the national team has undertaken a review of its arrangements to improve future responses.

9. During the course of the year the Ebola legacy programme has continued to be in place, and this has managed 2 further patient episodes. As part of the legacy programme, NHS England has established a new High Consequence Infectious Diseases programme under the leadership of Sir Michael Jacobs. This work is developing a whole system approach to early identification, isolation, testing and treatment. This model of operation will allow improved patient management during outbreaks.
10. Our preparation for pandemic influenza also continued, including a deep dive as part of the assurance process, and will continue to be a significant part of our ongoing work plan.
11. 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. The Terms of Reference of this group are being reviewed to ensure the group continues to represent a cross section of health professionals and meets the requirements of the EPRR team.
12. Other work undertaken by the EPRR team during the past year includes; support to the Romanian Authorities in the transfer and management of burns patients from the nightclub fire in Bucharest; work with the Department of Health and NHS Supply Chain, MHRA and partners in the management of the consequences of the disruption to the supply of medical products; learning lessons from the terrorist attacks that occurred in Paris, including establishing a clinical conference to explore the management of patients during a similar incident in the NHS.
13. At the end of December, there was a successful transition of the oversight of EPRR following Barbara Hakin's retirement to Richard Barker (interim National Director for Commissioning Operations). Dr. Anne Rainsberry has also provided strategic direction for the EPRR function at a national level.

EPRR Assurance 2015-16

14. 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 could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident.

15. One aspect of this work is to seek assurance on the preparedness of NHS England and the NHS in England to respond to an emergency¹, 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.
16. The assurance process and content for 2015/16 continued to be built on lessons identified from the previous years, including:-
 - Ensuring that Clinical Commissioning Groups (CCGs) continue to support the assurance process throughout the NHS and understand its implications;
 - Increasing the role of Local Health Resilience Partnerships (LHRP) in the management and oversight of the assurance results and action plan management in organisations;
 - Continuing to review and develop the core standards to ensure they are fit for purpose for all organisations, and accurately reflect the response roles across different types of organisations.
17. The 2015/16 assurance process was undertaken through local assessment of providers (against the NHS Core Standards) and NHS England led by the LHRPs, including representation from CCGs. 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 South region.
18. The assurance exercise has identified a number of 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;
 - 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 partner working, local training and robust planning for a variety of scenarios. Once these have been assessed further learning will be shared across the NHS;
 - An improving picture in terms of business continuity management across NHS England and the NHS in England.
19. 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 2016/17 and are:
 - Continuing to build on the exercising and training materials and programmes available to the staff of NHS England and NHS in England;

¹ 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

- 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;
- Develop the role of the clinical networks further in the response to major incidents;
- Consider the implications of the devolution of powers to Manchester and other areas.

20. The pandemic influenza deep dive identified that:

- Pandemic influenza remains high on the agenda of LHRPs and LRFs;
- The majority of organisations have tested plans in place to manage the effects of a pandemic on their services;
- A refresh of the national guidance is required on the use of Community Pharmacies to distribute antiviral medications, the National Pandemic Flu Service and stockpiles.

21. 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 2016/17

22. The EPRR work programme for 2016/17 will include:

- a. Development of an action plan based on the EPRR Assurance Programme outcomes of 15/16 and agreement of the assurance process for 2016/17;
- b. Planning for EPRR 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 Pandemic Influenza readiness and policy.

Summary and recommendations to the Board

23. 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.

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March 2016