

## BOARD PAPER - NHS ENGLAND

**Title:**

Emergency Preparedness, Resilience and Response (EPRR)

**Lead Director:**

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**Purpose of paper:**

- To update the Board on NHS Emergency Preparedness, Resilience and Response (EPRR) 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), as required by the NHS England EPRR Framework.
- 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 a number of incidents and events since the last update including five terror attacks, the first NHS wide cyber-attack and the Grenfell Fire.
- NHS England participated in a range of cross Government exercises, including a cross border exercise with the Scottish Government. This is in addition to four regional Mass Casualty exercises that reviewed and tested the arrangements of the Concept of Operations for managing mass casualties.
- NHS England has led the EPRR annual assurance check for the NHS in 2017-2018, against the updated NHS Core Standards for EPRR. This included a 'deep dive' into EPRR Governance arrangements in NHS organisations as part of the Core Standards assurance.
- The EPRR function received substantial compliance in its 2017/18 internal audit
- The Board should also be aware this paper will inform the NHS England EPRR assurance provided to the Department of Health & Social Care via the EPRR Partnership Group.

**The Board is invited to:**

- Note progress made on the EPRR work programme over the last year and the incidents successfully responded to detailed within 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 & 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 may 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 2017; and
  - The outcome of the annual EPRR assurance process and resulting actions.

## Key Activities in 2017/18

4. Since the last update in March 2017, NHS England has continued to work with all parts of the NHS and external partners to maintain a state of readiness.

### Incidents

5. During 2017/18, NHS England mobilised significant resources to manage and respond to an unprecedented number of terror attacks on UK soil throughout the year. These included Westminster Bridge, Manchester Arena, London Bridge, Finsbury Park and Parsons Green, where many people were tragically killed and many more required emergency medical assistance.
6. On 12 May 2017, NHS England declared its own Level 4 national emergency in response to the global WannaCry cyber-attack. This virus impacted 80 NHS organisations that were infected by the virus. There was significant learning from this incident, which has informed a range of measures on assurance, operational practice and investment to ensure the NHS is well prepared to deal with any future such attacks.
7. To capture the lessons learned and subsequent actions required to improve resilience, William Smart, Chief Information Officer for the Health and Social Care System in England, led a review into the NHS's response to the WannaCry cyber-attack.

8. The *Lessons learned review of the WannaCry Ransomware Cyber Attack*<sup>1</sup> was published on 1 February 2018 and made twenty-two recommendations for the health and care system in England. In support of NHS England's response to the report, the national EPRR team is taking forward action to update its standard operating procedure to enhance incident management and system responsiveness in the event of a future cyber-attack.
9. On 14 June 2017, NHS England mobilised a significant NHS response to the catastrophic fire which broke out at the Grenfell Tower in North Kensington. The fire resulted in the tragic deaths of 72 people, with many more at the scene requiring medical attention. The impact of this disaster and the duration and scale of the EPRR response required was unparalleled. In light of this, the EPRR team has considered the resilience arrangements it needs to support an incident of extended duration. NHS England continues to work with partner agencies to support the relief response and ongoing work around the public enquiry.

#### Training and Development

10. The National EPRR team have routinely participated in cross-government exercises and developed responses to nationally coordinated burns incidents, the brokering of mutual aid and cyber-attacks and high consequence infectious diseases (HCID).
11. The HCID programme, under the leadership of Sir Michael Jacobs, has continued its work for managing patients with potential Viral Hemorrhagic Fever. The work for 2017/18 has focused on the development of commissioning standards for tendering by Specialised Commissioning. These standards are due to be published in 2018/19, with EPRR working closely with Specialised Commissioning until the commissioned services are in place.
12. Building on the learning from Exercise Cygnus in October 2016, preparations for pandemic influenza have continued throughout the year to ensure preparedness for future pandemic influenza outbreaks. The National EPRR team is also continuing the challenging work around the management of surge and escalation decision making processes.

#### Audit and review

13. Following the number of significant incidents requiring EPRR oversight during the summer of 2017, a review of the national EPRR capability and response was undertaken. This review has made recommendations highlighting the need to build resilience in the National EPRR team and increase the establishment numbers, as well as enhance the on-call arrangements across the organisation.
14. In 2017/18, collaboration with the National Ambulance Resilience Unit (NARU) to review the Chemical, Biological, Radiological, Nuclear and explosive (CBRNe) capabilities of every NHS ambulance trust in England has occurred. This assurance process demonstrated that further work is needed by ambulance services to ensure the adequate delivery of CBRNe requirements and Marauding

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<sup>1</sup> Available from: <https://www.england.nhs.uk/wp-content/uploads/2018/02/lessons-learned-review-wannacry-ransomware-cyber-attack-cio-review.pdf>

Terrorist Firearms Attack (MTFA) responses and strengthen internal governance arrangements for EPRR.

15. The Clinical Reference Group (CRG) for EPRR met four times during the 2017/18 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. The Group has also reviewed burns major incident response arrangements which resulted in a new national burns plan that will be incorporated in to the 'Concept of Operations' for the management of mass casualties.
16. In January 2018, our internal auditors Deloitte undertook a review of the NHS England EPRR team with a specific focus on national systems and processes. Deloitte have confirmed that compliance against this audit was rated as 'substantial'. All actions arising from their review will be completed by October 2018.
17. Other key activities undertaken by EPRR during the past year include:
  - Working with NHS Improvement to ensure the continuation of services and transfer of health service contracts to new providers, following the collapse of Carillion. NHS Improvement led the preparatory work with Trusts and the NHSE EPRR team provided subject matter expertise on the assessment of the business continuity plans. The two organisations also agreed clear operational protocols for the implementation of the plans when Carillion ceased trading;
  - Supporting the development of standard systems for the evacuation of hospital and medical facilities; and
  - Expanding arrangements to support the NHS response during mass casualty incidents including placement of strategic stockpiles.

## **EPRR Assurance**

18. During 2017/18, NHS England oversight of EPRR was provided by Matthew Swindells as the Accountable Emergency Officer (AEO).
19. 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.
20. 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 ensure

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<sup>2</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

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 & Social Care.

21. The assurance process and content for 2018/19 builds on lessons identified from previous years, including:
  - Ensuring the involvement of commissioners in assurance arrangements and management of the actions arising from non-compliance;
  - Involving NHS Improvement in the EPRR process to ensure joint working in the application of the core standards;
  - Increasing the range of organisations undertaking the Assurance assessment, the assurance now includes NHS111 and patient transport services;
  - Conducting strategic asset visits, which provide an in-depth review of preparedness at Major Trauma Centres, High Secure Mental Health, Burns Centres and geographically remote organisations.
  
22. The 2017/18 assurance process was undertaken through local assessment of providers and NHS England DCOs, 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.
  
23. Further assurance was undertaken for sites which were determined to be an NHS 'strategic asset' such as Major Trauma Centres. This assurance demonstrated levels of compliance with the standards and preparedness in organisations was very good, with none failing the assessment.
  
24. The assurance exercise identified several areas of developing good practice including:
  - The NHS is well prepared across all aspects of the EPRR Core Standards, there is a continuing trend of improvement in all regions;
  - Specific planning in Cumbria on hospital evacuation, which is being developed into national guidance and the development of Mass Casualty arrangements in the South Region.
  
25. The assurance exercise also identified areas for improvement. These will be included in the priorities of the EPRR Assurance Programme outcomes action plans for 2018/19 and are:
  - Development of guidance on the role of the Accountable Emergency Officer, the Non-Executive Director and clinical networks in planning for major incidents;
  - Strengthening of plans for the failure of major service providers to the NHS, and associated business continuity arrangements to respond to such an event

- Improving processes for identifying and sharing lessons from incidents and exercises through a NHS wide database. The database is due to be in place by Q3 2018/19;
- Continue to develop the EPRR response and planning functions in partnership with NHS Improvement.

26. The governance deep dive identified :

- Strong governance and oversight arrangements in place across organisations;
- Many organisations had a Non-Executive Directors (or a suitable alternative) in place to hold the organisation to account in its EPRR planning; and
- Most organisations take EPRR assurance to their public board and have a statement of compliance presented by their Accountable Emergency Officer.

27. 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 2018/19**

28. The EPRR work programme for 2018/19 will include:

- Development of an action plan based on the EPRR Assurance Programme outcomes;
- Take forward the recommendations of the EPRR internal review;
- Further work to support the mass casualty response in England, and a review of the Concept of Operations for managing mass casualties;
- Ensuring NHS England staff are trained in EPRR response (including where appropriate, exercise participation), and these are formally recorded;
- Engaging in reconfiguration and service redesign, ensuring any transformation plans do not impact on organisational ability to maintain capacity and capability to respond to major incidents; and
- Continuing to work with the Department of Health & Social Care on Pandemic Influenza readiness and policy.

## **Recommendation**

29. 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 is prepared to respond to an emergency and has resilience in relation to the continued provision of safe patient care.