

## Meetings of the NHS England and NHS Improvement Boards, held in public

**Meeting Date:** 28 March 2019

**Agenda item:** 12

**Report by:** Matthew Swindells, Deputy Chief Executive Officer

**Report on:** **Emergency Preparedness, Resilience and Response  
(EPRR)**

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### Decision Making Responsibility:

NHS England	<input checked="" type="checkbox"/>
NHS Improvement	<input type="checkbox"/>
NHS England and NHS Improvement	<input type="checkbox"/>
N/A - joint discussion	<input type="checkbox"/>

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### Patient and Public Involvement:

- Much of the work undertaken by EPRR is constrained by the requirements of national security, so public engagement is not always possible. Under the Civil Contingencies Act (2004) as a Category 1 responder, NHS England does have a duty to warn inform and advise the public before, during and after an incident. The EPRR plans which support response are available to the public on our website.
- Patient forums have been invited to participate in EPRR exercises and further consideration is being given to enhancing EPRR guidance to incorporate opportunities for public engagement.

### 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.

**The NHS England 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.

# 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 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 2018; and
  - The outcome of the annual EPRR assurance process and resulting actions.

## Key Activities in 2018/19

4. Since the last update to the Board in March 2018, NHS England has continued to work with all parts of the NHS and external partners to maintain a state of readiness.

## Incidents

5. During 2018/19 an unprecedented health response was launched, when the NHS worked tirelessly to respond to the Novichok (nerve agent) attack in Salisbury. For many weeks the world's media was focused on the town of Salisbury and its hospital, where three patients were successfully treated. With support from medical experts in this field, the prompt action and world leading response from NHS staff resulted in the first successful treatment of patients suffering from exposure to Novichok.
6. When a subsequent incident in Amesbury resulted in the hospitalisation of further patients exposed to Novichok, the NHS was again able to draw on the skills and experiences gained in the initial attack to support the response.
7. On 1 August 2018, NHS England and NHS Improvement were made aware of an issue within the clinical waste disposal market which resulted in the prolonged establishment of the NHS EPRR command and control structures. This enabled

affected NHS organisations to put in place appropriate contingency arrangements when the provider was unable to maintain services to the NHS.

8. The recommendations following this incident include work to ensure more resilient NHS procurement and commissioning of services to minimise any potential disruption to patient services. This is particularly relevant to situations where disruption could occur within closed or specialist markets.
9. September 2018 saw the activation of the High Consequence Infectious Diseases network, initially for a case of Middle East Respiratory Syndrome Corona Virus and then later for the first cases of Monkeypox ever reported in the United Kingdom. During this period the NHS worked with Public Health England to manage two independent Monkeypox outbreaks, the first from the South West of England (resulting in one patient being treated by the Royal Free), and the second in the North West of England. This second outbreak resulted in two patients being managed by the Royal Liverpool and Newcastle Hospitals respectively. Learning from these incidents continues to be captured to improve future responses.
10. Further to the incidents outlined above, the National EPRR team have supported the response to severe cold and heat, a national shortage of Epi Pens, the malicious delivery of parcels to NHS hospital facilities and the collapse of a major domiciliary care provider. The team provided national support to incidents led by regional teams and regional colleagues provided mutual aid to the national team during times of peak pressure during national responses to incidents.
11. A total of 65 incidents have been reported to the national EPRR on call during the 12 months, with 10 requiring co-ordination by the national EPRR team, five of these concurrently.

#### Training and Development

12. The National EPRR team have routinely participated in cross-government exercises and developed arrangements to work closely with NHS Improvement during incidents to ensure a co-ordinated NHS response. This has been applied in all of the incidents during 2018 and continues to provide the response model moving into 2019.
13. Significant exercises have included the response to a chemical attack on a train and exploration of the impacts of national power outage on the health service. Training for staff who support the Incident Coordination Centre (National) has become a priority, with the incidents showing the current team is unable to support normal business during complex and extended incidents.

#### Audit and review

14. Following the significant incidents during the summer of 2017, an external review of the national EPRR capability and response was undertaken. This review made recommendations highlighting the need to build resilience in the National EPRR team and increase the size of the national and regional teams, as well as enhance the on-call arrangements across the organisation. NHS England is

currently implementing these recommendations and as part of our organisational change programme is considering capacity of the team.

15. In 2017/18, in collaboration with the National Ambulance Resilience Unit (NARU) a review was undertaken of the Chemical, Biological, Radiological, Nuclear and explosive (CBRNe) capabilities of every NHS ambulance trust in England. In 2018/19, NARU continued to work with the NHS ambulance trusts to ensure they address any gaps in this assurance and are fully prepared to respond to any incidents that may occur.
16. The Clinical Reference Group (CRG) for EPRR met four times during the 2018/19 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, Ministry of Defence, 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 continued to provide expert clinical input into updated CBRNe self-presenter guidance, and has supported the development of the Clinical Guidelines for Major Incidents and Mass Casualties<sup>1</sup> which were published in December 2018 and have been shared widely across the NHS in the UK and beyond.
17. In January 2018, Deloitte undertook an internal audit of the NHS England National EPRR team with a specific focus on national systems and processes. Deloitte have confirmed that compliance against this audit was rated as substantial. The recommendations made in the audit report have been accepted and all actions against those recommendations have been underway since the audit.
18. Other key activities undertaken by EPRR during the past year include:
  - Working with the Department of Health and Social Care preparing for the potential failure of social care providers, and reducing the impact of any failures on those in receipt of NHS care;
  - Publication of the Clinical Guidelines to support the treatment of major incident and mass casualty patients in all Emergency Departments in England;
  - A review of the Core Standards for EPRR to ensure they remain fit for purpose and reflect the changing EPRR landscape; and
  - Preparatory work for the exit of the UK from the European Union to ensure emergency response arrangements are able to support potential disruption the NHS may experience during this period.

## **EU Exit**

19. Planning for the United Kingdom's exit from the European Union is being supported by the EPRR team nationally. The EPRR team is closely aligned to the EU Exit team, and forms part of the overall response to EU exit transition for the NHS.

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<sup>1</sup> <https://www.england.nhs.uk/ourwork/epr/major-incidents/>

## **EPRR Assurance**

20. During 2018/19, NHS England oversight of EPRR was provided by Matthew Swindells as the Accountable Emergency Officer (AEO). Further support and oversight was provided by Neil Permain, Director NHS Operations and Delivery and Professor Keith Willett, who commenced as Senior Responsible Officer for EPRR and has taken on the role of EU Exit Strategic Commander.
21. 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.
22. 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 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 and Social Care.
23. The annual assurance process and content for 2018/19 was a new benchmark for organisations following a revision of the NHS England Core Standards for EPRR. The process builds on lessons identified from previous years, including:
- Involvement of commissioners in assurance arrangements and management of the actions arising from non-compliance;
  - Increased focus on business continuity in the Core Standards moving to ten standards in this domain;
  - Introduction of an automated self-assessment tool to ensure greater consistency in scoring of the core standards;
  - Further expansion of the application of the Core Standards to other organisation types including primary care;
  - Discussions have taken place with NHS Partners Network in relation to the adoption of the core standards by independent organisations providing healthcare services on behalf of the NHS.
24. The 2018/19 annual 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, peer review of the National EPRR team was undertaken by NHS Improvement.
25. The annual assurance exercise identified several areas of developing good practice including:

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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.

- The NHS is well prepared across all aspects of the EPRR Core Standards, there is a continuing trend of improvement in all regions;
- Progress continues on planning for mass casualty incidents, with confirmation from all regions they now have casualty distribution models
- Wide scale use of Resilience Direct amongst provider organisations giving a familiar universal platform for the sharing of resilience materials
- Early alerting of NHS Blood and Transplant to incidents in the South West has enabled better partnership working and resource mobilisation
- Organisations across the country have been sharing both emergency planning and business continuity arrangements and resources to enable efficiencies in preparedness and better joint working between organisations

26. The assurance exercise also identified areas for improvement. These will be included in the priorities of the EPRR assurance outcomes action plans for 2019/20 and are:

- Continued planning and response to the exit of the United Kingdom from the European Union to ensure potential impacts to the NHS are minimised;
- Strengthening of plans for the possible failure of major service providers to the NHS, and associated business continuity arrangements to respond to such an event;
- Ensuring lessons are shared across the NHS and that specifically lessons from the chemical incidents in the South West and clinical waste incident are shared;
- Continued development of the roles of new organisation types ensuring they maintain an appropriate resource for EPRR arrangements, and that non-NHS provider organisations are supported in their application of the core standards

27. The command and control deep dive identified:

- Provider organisations have put in place strong command and control arrangements across the NHS in England, with all having suitable Incident Coordination Centres;
- Clinical Commissioning Groups need to further develop their incident coordination centre arrangements to ensure full engagement in command and control processes during incidents;
- All organisations have undertaken exercising of the command and control structures during the 2018/19 period, taking lessons to improve their facilities and plans;
- In order to address concerns raised by the Parliamentary Environmental Audit Committee, NHS England has committed to a deep dive exploring the preparedness of the NHS in relation to severe weather (heatwave and other weather extremes) in the 2019/20 annual assurance process.

28. 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 2019/20**

29. NHS England and NHS Improvement's joint working programme will require the EPRR teams nationally and regionally to train staff in their new roles and realign emergency response arrangements to the seven regions. This will include increasing the knowledge of staff in NHS Improvement on the statutory duties placed upon them when on call for the integrated organisation. Delivery will be achieved whilst maintaining the current emergency response mechanisms until new structures are ready to take on these functions and duties.

30. The EPRR work programme for 2019/20 will include:

- Development of an action plan based on the EPRR Assurance Programme outcomes;
- Progressing the recommendations of the EPRR internal review and developing the site and resilience of the team
- 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
- Continued work with the Department of Health and Social Care on Pandemic Influenza readiness and policy.

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

31. 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.