

NHS England Board meeting

Paper Title: Annual Emergency Preparedness, Resilience and Response (EPRR) Assurance Report

Agenda item: 8 (Public session)

Report by: David Sloman, Chief Operating Officer

Paper type: For information

Organisation Objective:

NHS Mandate from Government	<input type="checkbox"/>	Statutory item	<input checked="" type="checkbox"/>
NHS Long Term Plan	<input type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

Executive summary:

This paper updates 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.

Action required:

The Board is asked to:

- i) Note the key activities and response to incidents during 2022/23; and
- ii) Receive assurance that NHS England and the NHS in England is prepared to respond to an emergency and has resilience to the continued provision of safe patient care.

Background

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).
2. The role of NHS England in EPRR relates to potentially disruptive threats outlined in the National Security Risk Assessment. and the need to take command of the NHS, as required, during emergency situations. These are wide ranging and may 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:
 - A summary of key activities and publications
 - An update on incidents which occurred during 2022/23

- The outcome of the annual EPRR assurance process and resulting actions
- Priorities for the 2023/24 work programme.

Key Activities in 2022/23

4. During 2022/23, oversight of the EPRR arrangements was provided by Sir David Sloman as the Accountable Emergency Officer, supported by Dr Mike Prentice, National Director for Emergency Planning and Incident Response.
5. The NHS Resilience work programme for 2022/23 has included ongoing support to incident response activities and has resulted in the work programme being rationalised to protect and maintain core activity, and to generate capacity for more urgent collective priorities.
6. Work has been undertaken to strengthen the governance structures for the development and delivery of EPRR guidance and preparedness arrangements, and oversight of the organisation's response and recovery from incidents. Much of this continues to build on the learning from the pandemic response.
7. Key documents in the work programme have been developed:
 - Publication of the EPRR Framework, which provides a framework and principles for effective EPRR, to help all NHS funded organisations in England meet their legal requirements.
 - National Incident Response Plan details how NHS England responds to any health-related incident or emergency at a national level. This is supported by a Protracted Incidents annex which describes the arrangements that may be put in place in such an incident.
 - Minimum Occupational Standards for EPRR set out the requirements for health commanders, managers and staff responding to incidents as part of an incident management team and other staff involved in EPRR must achieve in order to be competent and effectively undertake their roles.
 - A triannual review and update of NHS Core Standards for EPRR including interoperable capabilities standards. The Chemical, Biological, Radiological and Nuclear (CBRN) domain is currently under assessment and subject to change for 2023/24
 - A review and update of the Business Continuity Management Toolkit, and Evacuation and Shelter guidance for the NHS in England (due to be published in Spring)
 - Additionally, as part of the learning from COVID-19 and other incidents, specific guidance to support the NHS in managing and reducing health inequalities (access, experience and outcomes) during a major incident is expected to be published in the next quarter. The work programme recognises the importance and implications for healthcare inequalities and the need to consider across all projects and workstreams.
8. There has been ongoing work to support the establishment of Integrated Care Boards (ICBs) with their new EPRR statutory duties under the Health and Care Act 2022, to ensure responsibilities are clear, systems and function ready to operate from 1 July 2022. ICBs completed a self-assessment; appoint an

Accountable Emergency Officer; identify and ensure appropriate EPRR resource; and develop and exercise its incident response plan.

9. Principles of Health Command training has also been rolled-out to support staff in these new organisations ensuring they have the tools and skills aligned to their assigned role (local NHS strategic and tactical leadership). Importantly, the implementation of ICBs fully supports and aligns to the underpinning principle of subsidiarity which is at the heart of NHS EPRR.
10. In July 2022, the National Operations Centre (NOC) replaced the National Incident Coordination Centre and now operates as a permanent function. The NOC manages the cascade communications process, acting as the Single Point of Contact for incident and operational information flows coming into and out of NHS England. The NOC works closely with regional operation centres in disseminating information to ICBs and Trusts.
11. In November 2022, Sir John Saunders published Volume 2 of his report into the deaths of the 22 victims of the Manchester Arena attack in May 2017. The NHS Resilience team are working with the Department of Health and Social Care (DHSC) and the Home Office to implement and monitor the implementation of the health recommendations and ensure a consistent approach across the NHS.

Incident Response

12. Following the Omicron peak of just over 17,100 inpatients in early January 2022, there have been a number of subsequent waves of Covid-19 infection alongside the return of the normal seasonal range of infections. In May 2022, NHS England announced the move from Covid-19 response to recovery and moving to a Level 3 incident response (Regional leadership) from Level 4. The NHS is currently looking after around 7,500 patients with Covid in inpatient beds, the majority of these now have the infection as a complication of another condition that has led to their admission.
13. The NHS Resilience team manages the activation process for confirmed High Consequence Infectious Disease (HCID) cases. These are usually single cases and include the setup of HCID Network calls to discuss patient placement, arranging safe patient transport where required and incident management. The team have supported the response to confirmed cases of Lassa Fever, Crimean-Congo Haemorrhagic Fever and the Mpox outbreak during 2022. The team also worked with UKHSA to ensure robust plans were in place for the management of any confirmed cases of returning travellers or health care workers linked to Ebola outbreak in Uganda and are monitoring the current global situation with regard to Marburg virus, Lassa Fever and Avian Influenza.
14. Between April and September, NHS Resilience worked with UK Government to monitor and prepare contingency plans for the potential failure of a cancer and diagnostics provider with a mix of NHS and private patients. When the company entered liquidation in June 2022, the NHS Resilience team and

partners worked with the staff and Official Receiver to ensure continuity of time-critical care for all patients and minimise disruption.

15. In August the team worked closely with the NHS Cybersecurity Centre (NHS Digital) on the response to a cyber-attack on an NHS supplier. This impacted on a significant proportion of NHS111 and GP out of hours services, in addition to several mental health and community providers. Incident Management mechanisms were established to coordinate the response and recovery phases, with a Strategic Response Group also set up to provide senior leadership and oversight.
16. The Resilience Team lead the planning for NHS input into significant national events and following the death of Her Majesty The Queen, the plan for Operation London Bridge was activated. Following the notification, an initial situation report was established to identify any issues across the NHS which could impact upon the delivery of the London Bridge plan. Additional assurances were sought across the NHS for the Bank Holiday which was announced for the day of the state funeral.
17. Over the latter part of the year, industrial action has been taken across a range of sectors, including NHS staff. For action impacting on the NHS an Operational Plan was developed in advance of strike action, informed by clinicians views on risk, and setting out arrangements to plan for and respond to multiple different clinical and non-clinical NHS staff groups taking industrial action across ambulance and nursing services.
18. The NHS Resilience team, together with the Nursing, Urgent and Emergency Care and People Directorates has established effective relationships with relevant trade unions to inform discussions on derogations, taking a risk-based approach.
19. NHS England has worked to communicate frequently with Trusts and ICBs to set out key actions to take to minimise disruption and support patient care. To ensure readiness, identify areas of concern and focus our support, NHS Resilience worked with clinicians to develop and issue assurance ahead of each day of proposed strike action.
20. There have also been an increased number of supply disruption issues over the past twelve months, which have required various levels of incident management. An escalation process has been developed to provide a risk-based escalation process for management of supply disruptions which are escalated to the national team, with includes clinical input.
21. Other key responses in the past 12 months include:
 - Supporting the UK response to the conflict in Ukraine
 - Level 4 Heatwave alert
 - NHS Blood and Transplant Amber Alert due to low blood stock levels
 - Supporting NHS Digital in the response to High Severity Alerts to cyber issues

- Coordinating the deployment of Hazardous Area Response Teams (HART) to assist in the suspected gas explosion in St Helier, Jersey.

National Ambulance Resilience Unit

22. The National Ambulance Resilience Unit (NARU) continues to work on behalf of NHS England to maintain the specialist capabilities provided by NHS Ambulance Services in response to major and highly complex incidents to improve patient outcomes in a variety of challenging environments. NARU provides specialist advice and guidance in relation to the capabilities and sets standards and safe systems of work alongside the delivery of training to ambulance staff to ensure interoperability across England. The NARU function is currently hosted by West Midlands Ambulance Service University NHS Foundation Trust.

EPRR Clinical Reference Group (CRG)

23. The CRG for EPRR assesses the clinical appropriateness of emergency preparedness arrangements being developed by NHS England for the NHS. The CRG continue to meet on a quarterly basis with wide representation from key clinical groups and specialties including Royal Colleges, Ministry of Defence and the NHS provider sector.
24. A subgroup of the CRG have been reviewing and developing major incident triage tools (MITT). New tools are to be introduced for the NHS and wider responders to use in the event of a major incident from April 2023.

Training and Development

25. The training of staff who have a response role for incidents is of fundamental importance. In supporting ICB readiness and their new statutory duties, NHS England has developed and delivered Principles of Health Command training to over 1,500 strategic leaders ensuring they have the knowledge and skills to lead and coordinate the response to incidents and emergencies for their organisation/ system. In keeping with good practice and continuous improvement, the course has been reviewed and evaluated, and subsequent changes made to course content for re-launch in April 2023. In addition to supporting ICBs, the aim is to extend delivery to other NHS organisations and achieve future accreditation.
26. The NHS Resilience team has also routinely participated in cross government exercises including preparation for Exercise Mighty Oak (testing notification and activation arrangements in the event of a national power outage), Exercise Mercury (validating Food Standards Agency procedures for food defence and testing cross-government communications), and Exercise Nova (exploring a new COVID-19 variant). There have also been various other health-led exercises such as Exercise Artic Willow to test winter preparedness plans. Additionally, workshops have been held to raise awareness around the heightened risk associated with Reinforced Autoclaved Aerated Concrete (RAAC) and avian influenza arrangements.

27. Two nationally designed communications exercises (Exercise Toucan) have been held, covering both in and out-of-hours. These exercises tested the NHS's ability to cascade an incident notification to key staff following standard alerting mechanisms from national to regions, ICBs to commissioned providers. Whilst a statutory requirement, the focus and key driver has been to validate and evaluate ICB readiness following implementation. Both exercises achieved the overarching aim to deliver a communication cascade using dedicated alerting mechanisms. Evidence during Exercise Toucan 2 shows 345 contacts confirmed receipt, achieving 97% success. Lessons have been identified and recommendations will be taken forward.

Annual Assurance

28. Following a triannual review of the NHS Core Standards for EPRR, the annual assurance process for 2022/23 aimed to return many of the previous mechanisms following a reduced assurance process in 2020 and 2021. Following the publication of the updated Evacuation and shelter guidance for the NHS in England, and recent work driven by the heightened risk associated with reinforced autoclaved aerated concrete (RAAC), a deep dive was also undertaken focussing on local evacuation and shelter arrangements.
29. With the introduction of the Health and Care Act 2022, this year's assurance process also reflected the establishment of integrated care boards (ICBs) as Category 1 responders. This includes: the requirement to undertake a self-assessment against the core standards; and lead the NHS locally to agree the process to gain confidence of organisational ratings.
30. Regional Heads of EPRR and their teams were then required to work with ICBs to obtain organisation level assurance ratings before submitting assurance ratings for each of their respective organisations and description of their regional process to national EPRR. These submissions were reviewed by the National EPRR team in a series of confirm and challenge meetings. In turn, the Regional Head of EPRR for the South East undertook a peer review of the National EPRR assurance assessment.
31. The assurance exercise identified areas of developing good practice including:
 - i. Following the identification of CBRN/Hazmat as a common health risk as part of last year's assurance process, an NHS England work programme and oversight group has been established to bring together pieces of work under one umbrella. DHSC have also established a CBRN programme board and monthly triparted group to establish direction and strategy.
 - ii. Since their implementation, ICBs have proven to be effective as local system leaders in the coordinated response to industrial action. There remain varying levels of maturity with regards to their EPRR responsibilities which NHS England regional teams continue to support.
 - iii. The development of Minimum Occupational Standards for EPRR has been well received. A pilot training programme of Principles of health command (PHC) has also been focussed on ICBs. PHC training will be fully rolled out to all provider organisations from April 2023.

32. The assurance exercise also identified areas of improvement which will be included in the priorities of the EPRR assurance outcome actions plans for 2023/24:
- i. As with last year and in line with the 2022 National Security Risk Assessment, new and emerging infectious disease and pandemic preparedness remains a common health risk. Work continues to review extant pandemic influenza arrangements with the intention to develop disease agnostic arrangements. DHSC are continuing ongoing work to review and establish appropriate governance arrangements regarding the management of new and emerging infectious disease.
 - ii. The coordination of concurrent incidents by EPRR infrastructure including: ongoing industrial action planning; increase in issues previously managed through BAU arrangements; and significant operational pressures particularly on UEC pathways is putting significant strain on the NHS capability to respond to emergencies.
 - iii. Whilst work has been undertaken to re-establish training previously suspended due to the associated impacts of COVID-19, training capability remains limited in a number of areas. Many organisations are also struggling to recruit qualified and/or experienced EPRR practitioners.
33. The Evacuation and Shelter Deep Dive identified:
- i. Challenges around identifying a suitably interoperable patient tracking systems and processes. Where significant work has been undertaken, particularly in regions where there is heightened risk associated with RAAC, its anticipated that lessons and good practice with regard to patient tracking are shared.
 - ii. Challenges associated with Equality and health impact assessment of plans to identify the potential impact evacuation and shelter arrangements may have on protected characteristic groups/ groups who face health inequalities. It's anticipated that work as part of the national EPRR work programme to produce EPRR guidance for Equality and Health Inequalities will support development in this area.
 - iii. Further clarity around the NHS role in supporting community evacuations planning. Whilst this is ordinarily lead by the Local Authority, NHS organisations should consider how they will support LRF partners which may include enhanced medical and emergency aid cover at an established community evacuation centre where necessary.
 - iv. Where plans have been updated since publication of the latest guidance, due to operational pressures and competing priorities, organisations have struggled to test and exercise plans.
34. 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 2023/24

35. The EPRR work programme for 2023/24 will include:

- Progression of areas of improvement that have been identified through the 2022/23 EPRR assurance, including further support and development of ICB incident response readiness.
- Producing a Lessons Identified Framework that supports NHS organisations to appropriately gather intelligence on an event, exercise or incident and report ensuring a consistent approach.
- Developing an action plan and embedding learning from the forthcoming COVID-19 Lessons Identified report enabling effective and sustainable change.
- Supporting the NHS England Inquiry Team in providing evidence to contribute to the UK Covid-19 Inquiry
- Supporting the implementation of health recommendations from the Manchester Arena Inquiry report.
- Continuing to scope and develop a Pandemic Disease Preparedness Programme (disease agnostic). This will need to be informed by the work being led by DHSC and UKHSA.
- Developing preparedness arrangements for emerging infectious diseases (including high consequence infectious diseases).
- Providing planning guidance for the NHS in England to ensure the service can respond to and recover from a range of power outage scenarios.
- Reviewing and updating the Concept of Operations for the management of Mass Casualties and key CBRN guidance.

36. The board are asked to note the content of the report and the annual assurance, to acknowledge the priorities that have been identified for 2023/2024 and to support the NHS Resilience team in achieving them.