Preparing for Emergencies in the NHS in England

NHS

NHS Core standards for emergency preparedness, resilience and response guidance

NHS England and NHS Improvement

NHS Core standards for EPRR guidance

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The NHS England Core Standards for EPRR may be referred to as the NHS Core Standards for EPRR in guidance documentation.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact national EPRR team on england.eprr@nhs.net

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1 Introduction

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

The NHS Core Standards for EPRR set out the minimum requirements expected of providers of NHS funded services in respect of EPRR.

1.1 Purpose

The purpose of the NHS Core Standards for EPRR are to:

- enable health agencies across the country to share a common approach to EPRR
- allow coordination of EPRR activities according to the organisation's size and scope
- provide a consistent and cohesive framework for EPRR activities
- inform the organisation's annual EPRR work programme.

2 Relevant legislation and guidance

The Civil Contingencies Act 2004 and the NHS Act 2006, as amended by the Health and Social Care Act 2012, underpin EPRR within health. Both Acts place EPRR duties on NHS England and the NHS in England.

Additionally, the NHS Standard Contract Service Conditions (SC30) requires providers of NHS funded services to comply with the EPRR Framework and other NHS England guidance.

3 EPRR annual assurance process

The NHS England and NHS Improvement Board has a statutory requirement to formally assure its own and the NHS in England's, readiness to respond to emergencies. This is provided through the EPRR annual assurance process and assurance report. This report is submitted to the Department of Health and Social Care, and the Secretary of State for Health and Social Care.

As the NHS Core Standards for EPRR provide a common reference point for all organisations, they provide the basis of the EPRR annual assurance process.

Providers of NHS funded services complete an assurance self assessment based on these core standards. This assurance process is led by NHS England and NHS Improvement via the Local Health Resilience Partnerships (LHRP).

4 NHS Core Standards for EPRR

The NHS Core Standards for EPRR cover ten domains:

1. Governance
2. Duty to risk assess
3. Duty to maintain plans

4. Command and control
5. Training and exercising
6. Response
7. Warning and informing
8. Cooperation
9. Business continuity
10. Chemical Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT).

The applicability of each domain and core standard is dependent on the organisation's function and statutory requirements.

An eleventh domain is only applicable to NHS Ambulance Trusts and covers the 'interoperable capabilities' they must have in place.

4.1 Governance

A policy statement, outlining the organisation's commitment to deliver EPRR, must be in place. This statement should be supported by an annual EPRR work programme to ensure all NHS Core Standards for EPRR are delivered.

Organisations must have an appointed Accountable Emergency Officer (AEO) who is a board level director and responsible for EPRR in their organisation. This person should be supported by a non-executive board member.

4.2 Duty to risk assess

Organisations should have provision in place to regularly assess the risks to the population it serves. This process should consider the community and national risk registers.

A supporting risk management system must be in place to ensure a robust method of reporting, recording, monitoring and escalating EPRR risks.

4.3 Duty to maintain plans

Appropriate and up to date plans must set out how the organisation plans for, responds to and recovers from major incidents, critical incidents and business continuity incidents. These should be developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.

4.4 Command and control

A robust and dedicated EPRR on call mechanism should be in place to receive notifications relating to EPRR. This facility should be 24 hours a day, 7 days a week, and provide the ability to respond or escalate notifications to executive level.

Personnel performing the on call function should be appropriately trained in major incident response.

4.5 Training and exercising

EPRR training should be carried out in line with a training needs analysis to ensure staff are competent in their role.

Arrangements must be exercised through, as a minimum, a:

- communications exercise every six months
- table top exercise once a year
- live exercise every three years
- command post exercise every three years.

4.6 Response

Staff trained in incident response should be available to respond to incidents from within an Incident Coordination Centre (ICC). This includes having processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings. These arrangements should also include an alternative ICC, should the primary location be affected by the incident itself or be unavailable at the time of response.

4.7 Warning and informing

Tested processes should be in place for communicating with partners and stakeholders, and warning and informing public and staff when responding to major incidents, critical incidents and business continuity incidents.

Organisations should also have an appropriate media strategy to enable communication with the public. This should include identification of and access to trained media spokespeople able to represent the organisation.

4.8 Cooperation

Arrangements should be in place to share appropriate information with stakeholders. This includes participation in Local Health Resilience Partnerships (LHRPs) to demonstrate engagement and co-operation with other responders.

4.9 Business continuity

Up to date business continuity plans setting out maintenance of critical activities when faced with disruption should be in place within each organisation. These planning arrangements should be aligned to current nationally recognised business continuity standards.

4.10 Chemical, Biological, Radiological, Nuclear (CBRN) and Hazardous Materials (HAZMAT)

Acute, specialist, mental health and community healthcare providers are required to have planning arrangement in place for the management of CBRN incidents. NHS Ambulance Trusts also share this requirement and their specific responsibilities in relation to CBRN are set out in ‘Interoperable capabilities’.

4.11 Interoperable capabilities

NHS Ambulance Trusts in England are required to maintain a set of specialist capabilities. These capabilities are nationally specified under the NHS England EPRR Framework.

These capabilities are interoperable between services. They must be maintained according to strict national standards to ensure they can be combined safely to provide an effective national response to certain types of incidents.

The interoperable capabilities include:

- Hazardous Area Response Teams (HART)
- Marauding Terrorist Firearms Attack (MTFA)
- Chemical Biological Radiological Nuclear (CBRN)
- Mass Casualty Vehicles (MCV)
- Command and control
- Joint Emergency Services Interoperability Principles (JESIP).

5 Reviews and updates

The NHS Core Standards for EPRR are subject to an annual review. This review includes minor amends and updates according to recent learning and changes in legislation and/or guidance.

A full review of the core standards occurs every three years, involving consultation with a working group. This was last conducted in 2018.

Any amendments/recommendations to future NHS Core Standards for EPRR can be directed to: england.eprr@nhs.net