

NHS England Core Standards for Emergency Preparedness, Resilience and Response



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Additional Circulation List	CCG Clinical Leaders,
Description	Please read this document in the context of the: <ul style="list-style-type: none"> • Emergency Preparedness Framework • Business Continuity Management Framework (service resilience) • Command and control Framework • Civil Contingencies Act (2004) • Cabinet Office Expectations and Indicators of Good Practice Set for Category 1 and 2 Responders (2013) • Cabinet Office Emergency Response and Recovery (2013)
Cross Reference	N/A
Superseded Docs (if applicable)	NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) (2014)
Action Required	Accountable emergency officers and/or governing bodies must make sure that their organisations and sub-contractors work to these core standards.
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NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

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This material should be read in conjunction with the NHS England Emergency Preparedness Framework. All material forming the guidance is web based and prepared to be used primarily in that format. The web-based versions of the Guidance including underpinning materials have links to complementary material from other organisations and to examples of the practice of and approach to emergency planning in the NHS in England.

The web version of the guidance is available at <http://www.england.nhs.uk/ourwork/epr/>

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

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Background

1. The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care must show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients (for detail see Section 5). This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR).

Purpose

2. The aim is to clearly set out the minimum EPRR standards expected of NHS organisations and providers of NHS funded care. In addition, the standards will also:
 - enable agencies across the country to share a common purpose and to co-ordinate EPRR activities in proportion to the organisation's size and scope; and
 - provide a consistent cohesive framework for self-assessment, peer review and assurance processes.

Context

3. The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet.
4. The director level accountable emergency officer and/or governing body in each organisation is responsible for making sure these standards are met.
5. These standards will be reviewed and updated as lessons are identified from testing, national legislation and guidance changes and/ or as part of the rolling NHS England governance programme.

A summary of EPRR requirements

6. The following is a summary of the requirements which are set out in detail in Appendix 1. Not all core standards apply to every type of NHS organisation and/or provider of NHS funded care. The relevance of any particular standard to an NHS organisation and/or provider of NHS funded care is indicated by a 'Y' (for 'yes') alongside the standard and clarifying information.

General

7. NHS organisations and providers of NHS funded care must:
 - i. nominate an director level accountable emergency officer who will be responsible for EPRR; and
 - ii. contribute to area planning for EPRR through local health resilience partnerships (LHRPs) and other relevant groups.

Emergency Preparedness Resilience and Response

8. NHS Organisations and providers of NHS funded care must:
 - i. have suitable, proportionate and up to date plans which set out how they plan for, respond to and recover from emergency and business continuity incidents as identified in national and community risk registers;
 - ii. exercise these plans through:
 - a communications exercise every six months;
 - a desktop exercise once a year; and
 - a major live exercise every three years;
 - iii. have appropriately trained, competent staff and suitable facilities available round the clock to effectively manage an emergency and business continuity incident; and
 - iv. share their resources as required to respond to an emergency or business continuity incident.

Business Continuity planning

9. NHS organisations and providers of NHS funded care must have suitable, proportionate and up to date plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks; for example, severe weather, IT failure, an infectious disease, a fuel shortage or industrial action.

10. This planning should be aligned to current nationally recognised business continuity standards.

Category 1 and category 2 responders

11. The Civil Contingencies Act (2004) specifies that responders will be either Category 1 (primary responders) or category 2 responders (supporting agencies).

12. Category 1 responders are those organisations at the core of emergency response. Category 1 responders for health are:

- Department of Health on behalf of Secretary of State for Health
- Public Health England
- NHS England
- Local authorities (inc. Directors of Public Health)
- Acute service providers
- Ambulance service providers

13. Primary care (including out of hours providers), community providers, mental health, specialist providers and other NHS organisations (for example NHS Blood, Transplant and NHS Supply Chain, 111) are not listed in the Civil Contingencies Act 2004. However, Department of Health (DH) and NHS England guidance expects them to plan for and respond to emergency and business continuity incidents in the same way as category 1 responders in a manner which is relevant, necessary and proportionate to the scale and services provided.

14. Category 2 responders are critical players in emergency preparedness, resilience and response and will work closely with other category 1 and category 2 responders.

The following are considered to be category 2 responders for health:

- Clinical Commissioning Groups (CCGs)
- NHS Property Services.

15. Although category 2 responders have fewer duties set out under the Civil Contingencies Act 2004, it is vital that they co-operate and share relevant

information with other responders (both category 1 and 2) if EPRR arrangements are to succeed.

Equality and diversity

16. When implementing the NHS England Core Standards for EPRR at a local level, organisations should also take into account the duties placed on them under the Equality Act 2010 and with regard to reducing health inequalities, duties under the Health and Social Care Act 2012. Service design and communications should be appropriate and accessible to meet the needs of diverse communities.
17. Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:
 - Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
 - Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

Further information sources

18. This document should be read in the context of the following sources of information.
 - The Civil Contingencies Act 2004¹.
 - The Cabinet Office website², including:
 - 7.2.1 Emergency Response and Recovery (2013)³
 - 7.2.2 Expectations and indicators good practice set for category 1 and 2 responders⁴ (2013)
 - 7.2.3 Lexicon of UK Civil Protection terminology (2013)⁵

¹ <http://www.legislation.gov.uk/ukpga/2004/36/contents>

² <http://www.cabinetoffice.gov.uk/ukresilience>

³ <https://www.gov.uk/government/publications/emergency-response-and-recovery>

⁴ <https://www.gov.uk/government/publications/expectations-and-indicators-of-good-practice-set-for-category-1-and-2-responders>

⁵ <https://www.gov.uk/government/publications/emergency-responder-interoperability-lexicon>

- The Health and Social Care Act 2012⁶.
- NHS England EPRR documents and supporting materials⁷,
- National Occupational Standards (NOS) for Civil Contingencies - Skills for Justice⁸.
- ISO 22301 Societal Security - Business Continuity Management Systems Requirements⁹.

Freedom of information

19. This document is available to the public.

⁶ <http://www.legislation.gov.uk/ukpga/2012/7/enacted>

⁷ <http://www.england.nhs.uk/ourwork/epr/>

⁸ <http://www.skillsforjustice-nosfinder.com/epc/aboutnos.php>

⁹ http://www.iso.org/iso/catalogue_detail?csnumber=50038

Appendix 1 - Core standards

These standards will be reviewed and updated as lessons are identified from testing, national legislation and guidance changes and/ or as part of the rolling NHS England governance programme.

To view the latest list of core standards on an excel spreadsheet, please also see the NHS England Core standards for Emergency Preparedness, Resilience and Response (EPRR) on the NHS England EPRR teams guidance and framework section on the internet <http://www.england.nhs.uk/ourwork/epr/gf/>