

# NHS England

## Core Standards for Emergency Preparedness, Resilience and Response guidance



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# Core Standards for Emergency Preparedness, Resilience and Response guidance

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This plan should be read in conjunction with the following documents:

- [NHS England Emergency Preparedness, Resilience and Response Framework](#)
- [NHS England Core Standards for EPRR v5.0 \(excel\)](#)

The web version of this plan is available on the [NHS England website](#)

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 NHS England National EPRR team on [england.epr@nhs.net](mailto:england.epr@nhs.net)

## Equality and Health Inequalities Statement

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; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

## Contents

Contents .....	4
1 Introduction.....	5
1.1 Purpose.....	5
2 Relevant legislation and guidance.....	5
3 EPRR annual assurance process.....	5
4 Core Standards for EPRR domains.....	6
4.1 Governance.....	6
4.2 Duty to risk assess .....	6
4.3 Duty to maintain plans .....	6
4.4 Command and control .....	7
4.5 Training and exercising .....	7
4.6 Response .....	7
4.7 Warning and informing .....	7
4.8 Cooperation.....	7
4.9 Business continuity.....	7
4.10 Chemical, Biological, Radiological, Nuclear (CBRN) and Hazardous Materials (HAZMAT) .....	8
4.11 Interoperable capabilities.....	8
5 Conclusion.....	8

## 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.

NHS England 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 England 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 Board has a statutory requirement to formally assure itself of its own, and the NHS in England's, EPRR readiness. 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 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 via the Local Health Resilience Partnerships (LHRP).

## 4 Core Standards for EPRR domains

The NHS England Core Standards for EPRR are split into 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.

The 'interoperable capabilities' are standards relating only to NHS Ambulance Trusts.

### 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 England 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.

Planning arrangements must be exercised through a:

- communications exercise every six months
- desktop 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.

#### **4.7 Warning and informing**

Demonstrable processes to communicate with partners and stakeholders, and warn and inform public and staff should be in place for use during 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 a trained media spokesperson 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 Conclusion**

The NHS England 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.

Any amendments/recommendations to future NHS England Core Standards for EPRR can be directed to: [england.epr@nhs.net](mailto:england.epr@nhs.net)