

OFFICIAL SENSITIVE

EXECUTIVE SUMMARY

1. Within the health sector, there are generally good levels of resilience, with good preparedness and business continuity arrangements in place.
2. Although the NHS is often working at near maximum levels of capacity, there are backup systems, facilities and/or processes duplicating functionality of operational systems, and mutual aid arrangements available to take over in the event of failure.
3. The health and social care sector is hugely varied and has a unique role in responding to emergencies; it needs to be resilient to a wide range of risks and disruptive challenges which may affect its ability to continue to deliver services, whilst also ensuring it is able to deal with any resulting casualties. Functions are inextricably linked so that where there is disruption to any one area of the sector this can impact the rest of the sector.
4. With respect to social care, the assessment of the DH Social Care, Local Government & Care Partnership Directorate is that the sector could effectively respond to relatively short lived or localised emergency situations, but is likely to be much more challenged during a severe, prolonged emergency. We cannot be fully assured that the sector would be able to continue to arrange and deliver care in the home or in residential/nursing care in severe scenarios, and this may lead to further pressure being put on NHS services.
5. The health sector can be impacted by the majority of risks in the National Risk Assessment (NRA) because of its role in managing and treating any resulting casualties that result from the risk occurring. Because of this, it is essential that within the health sector, national planners are not necessarily considering individual risks in the NRA, but instead are planning against the common consequences of these risks as set out in the National Resilience Planning Assumptions (NRPA). Given the diversity and interconnectedness within the health sector, and the extent to which it needs to respond to the consequences of emergencies in other sectors, emergency preparedness, resilience and response planning in the health sector adopts an "All Risks" approach.
6. There are a number of active work streams that will be progressed during the year for reducing or mitigating those types of risk identified as being particularly significant. The work plan for HSSRP 2016 and progress since 2015 in those areas of work highlighted in that year's HSRP are also outlined.
7. Throughout 2016-17, health organisations in England will continue to ensure that they have their own plans based on national and local risk assessments, and also joint plans and processes related to key dependencies, infrastructure, utilities, the workforce and the supply chain. Lessons identified from real incidents, will be captured and shared. In particular;
 - Department of Health (DH) will be working across the health sector to consider resilience to prolonged electricity supply disruption and fuel shortages and the ongoing National Flood Resilience Review (NFRR);
 - DH, NHS England and NHS BT will continue to progress work on the findings of the Mass Casualties National Capabilities Risk Assessment (NCRA)
 - National supply resilience strategies for critical medical devices and clinical consumables continue to be developed and implemented;