

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.10

Update on Emergency Preparedness Resilience & Response (EPRR) & NHS E/I Core Standards Self-Assessment

Presented by	Sajid Azeb, Chief Operating Officer		
Author	Tim Gold, Director of Unplanned Care Steve Amos, Emergency Planning Manager		
Lead Director	Sajid Azeb, Chief Operating Officer		
Purpose of the paper	To provide an update to Trust Board on the Trust's position against the 2021 NHS England Emergency Preparedness, Resilience and Response (EPRR) core standards.		
Key control	The paper is not a key control for the Board Assurance Framework		
Action required	To note		
Previously discussed at			
Previously approved at:	Committee/Group	Date	

Key Options, Issues and Risks

The Civil Contingencies Act 2004 and the NHS Act 2006 underpin Emergency Preparedness, Resilience and Response (EPRR) within healthcare. Both Acts place EPRR duties on NHS Trusts. NHS England and Improvement (NHSE/I) set out their expectations for EPRR through the annual Core Standards that are issued. In 2021 only 48 of 64 Standards are being reviewed by NHS E/I, in recognition of the previous and ongoing pressures from the covid pandemic and that some of these standards may now not reflect current practice.

Through requesting Trusts undertake the EPRR self-assessment assurance process, NHS E/I are seeking assurance that Trusts are:

- Prepared to respond to an emergency; and
- Have resilience in order to continue to provide safe patient care.

The Trust can declare Full Compliance, Substantial, Partial or Non-compliance. Having undertaken our own self-assessment, BTHFT will be reporting a 'Substantially Compliant' position by 29th October (NHS E/I statement of compliance deadline), with 46 out of 48 standards compliant. In addition to the self-assessment, the Trust is also required to submit an action plan detailing how we will achieve compliance in the two core standards (see below) we are declaring as Partially Compliant.

To support the self-assessment and action plan, there is a final requirement to submit a return on Oxygen supply. The oxygen supply return has been instigated to embed best practice in the delivery of oxygen supplies following the supply challenges some trusts experienced in the heart of the pandemic. BTHFT have a robust framework for managing their oxygen supply and are assured that rigorous daily controls are in place for managing usage and the early identification of peaks in demand. To be fully compliant with the new oxygen standards, BTHFT is in the process of updating Terms of Reference for our Medical Gas Committee and updating relevant policies and procedures in line with the latest guidance. This work will be completed by December 2021. The return submitted in October 2021 will be submitted as Partially Compliant and will be accompanied by our Action Plan to achieve Full Compliance. The BTHFT submitted position is expected to be comparable with our trusts in the WYAAT network. More detail on our self-assessment against the Core Standards is set out below.

Trust Board are asked to note progress against preparing for our EPRR Core Standards compliance return. Given that the deadline for submission falls in between Board meetings, Board are also recommended to delegate authority for review and approval of the BTHFT self-assessment, action plan and oxygen supply return to the October Finance and Performance Committee.

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.10

Analysis

Self Assessment Against the 48 Core Standards

The 48 core standards are set out in 10 domains (domain 5. Training & exercising is not being tested in 21/22). Our self-assessment is set out below:

1. Governance – Fully Compliant
2. Duty to risk assess – Fully Compliant
3. Duty to maintain plans – Partially Compliant
4. Command and Control – Fully Compliant
5. [Training and exercising – Not Assessed in 21/22]
6. Response – Fully Compliant
7. Warning and Informing – Fully Compliant
8. Co-operation – Fully Compliant
9. Business Continuity – Fully Compliant
10. Chemical Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT) – Partially Compliant

Although not required for submission, an evidence folder has been prepared to support the Trust's self-assessment of compliance. A summary of the self assessment against the 48 standards is set out in Appendix 1.

The two partially compliant areas are:

1. Standard 20 (Duty to maintain plans) - Shelter and evacuation
2. Standard 68 (CBRN) - Staff training for Chemical, Biological, Radiation or Nuclear incident decontamination

Standard 20 - Shelter and Evacuation

BTHFT currently has a plan in place for partial site evacuations in place for all inpatient areas. There are also several established networks in place, e.g. the West Yorkshire Critical Care Network to support evacuations. Under Standard 20, the organisation has to have effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate whole buildings or sites if required. NHS E/I are supporting trusts in North East and Yorkshire to develop a regional response for putting this resilience in place. BTHFT are part of the newly formed NE&Y Evacuation Task & Finish Group supported by NHS E/I. The Group currently has set a target to achieve compliance by June 2022. Other Trusts in WYAAT have a comparable position, with Leeds and Mid Yorkshire also only partially compliant.

Standard 68 – CBRN

Staff in the Emergency Department (ED) are most likely to come into contact with a patient requiring decontamination. To ensure that the majority of staff are able to assist in the correct decontamination procedures, Initial or Refresher Training is required for ED staff. BTHFT have previously trained a core of staff, however their training is now out of date and there are also new joiners that require training. Given that the likelihood of incident is risk assessed as low, this has not been a priority for the trust given the pressures of both the Pandemic and recent demand increases on the Emergency Department. BTHFT is not currently an outlier in this area, recognised by the West Yorkshire Local Health Resilience Partnership (LHRP) who have asked that all Trusts in the Partnership should get to 75% staff trained by December 2022.

The ED team has recently recommenced delivery of the CBRN training and will deliver a session a month for the next 4 months (Sep - Dec) to increase the number of staff trained. A documented training plan is also being produced to ensure the Trust can better track the number of staff currently compliant and those requiring Initial or Refresher Training. An annual compliance programme is going to be introduced from 2022/23 to ensure that a large training backlog does not build up again in the future. BTHFT are targeting compliance for this standard by March 2022.

If required, in the event of incident before the training is completed, there is support available from West Yorkshire Fire & Rescue Service for improvised decontamination. Yorkshire Ambulance Service also decontaminates limited

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.10

numbers of casualties before bringing them to the hospital.

Additional EPRR Work Undertaken in the Last 12 Months

In addition to preparing for Full Compliance against the 48 Core Standards, additional work is being undertaken to increase business continuity and resilience. These areas include:

Responding and Learning from Incidents

Over the last 12 months, BTHFT have needed to enact business continuity plans to support a small fire on site and to manage the impact severe snow and adverse weather has on trust operations. Following these events, debrief exercises, lessons learnt papers and action plans were produced to improve controls and our ability to respond to future incidents.

Piped Oxygen Exercise

Following the reliance on oxygen of certain wards during the pandemic and the national focus on improving oxygen resilience, an exercise relating to the loss of piped oxygen was held in March 2021. From the exercise report, an action plan from issues identified has been produced. It is proposed that the exercise will be delivered again with different participants to check that learning has become embedded. The key actions being taken forward in the action plan include:

- Establishing local SOPs/ action cards around the use of oxygen
- Develop escalation protocols and procedures to support with management of an oxygen incident
- Live test be undertaken to test capability and timeliness to deliver sufficient oxygen cylinders to a ward (possibly to be undertaken out of usual core hours).
- Trust to work on identifying Designated Nursing Officers and developing a training programme for the safe management of o2.
- Maintaining awareness at ward level of where the oxygen shut off valves are located, this to be included in local inductions.

On Call Manager and Director Training

Command and Control training for the members of our Second On-call Rota (On-call Directors) has been undertaken in quarter 1 by an external company. The training covered the fundamentals of our obligations as a Category 1 NHS Responder and the principles of establishing a Command and Control infrastructure in the event of an incident. In addition, during September 2021, face to face On Call Manager Refresher training sessions have been delivered with On-call Managers to cover their role and responsibility as an On-Call Manager, how they manage escalations and responding to Serious and/or Major Incidents.

These sessions are being supplemented by “bite-size” sessions on key topics, for example: “Decompressing ED and Admission Areas”, “Mental Health Patients” or “Ambulance Diverts”. The bite size training sessions will be delivered by internal subject matter experts by March 2022.

No-Notice Exercise

A ‘no notice’ out of hours exercise has been planned and will be delivered between September and October 2021 to test the Trust’s ability to respond to a Major or Serious Incident. The On-call Manager will receive an “EXERCISE, EXERCISE, EXERCISE” call providing details of the scenario they need to respond to. The exercise will see the Trust’s command and control structure – Strategic (Gold), Tactical (Silver) and Operational (Bronze) – stood up with those staff available on the day undertaking the roles required by the incident. A full lessons-learned exercise and action plan will be produced after the exercise.

Recommendation

Board are asked to:

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.10

1. Note the work undertaken on EPRR over the last twelve months;
2. Note our position against NHS E/I's 48 Core Standards for EPRR and the Oxygen Supply "deep-dive";
3. Delegate authority for final sign off for the submission to the Finance and Performance (F&P) Committee on 27th October.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.10

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <input checked="" type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Safety, Premises & equipment, staffing, Good governance
NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities
Other (please state):

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>