

Meeting Title	Board of Directors Open Meeting		
Date	22 September 2022	Agenda item	Bo.9.22.12

Update on Emergency Preparedness Resilience & Response (EPRR) & NHS England (NHSE) Core Standards Self-Assessment

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Purpose of the paper	To provide an update to Trust Board on the organisations position against the 2022 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	For decision		
Previously discussed at			
Previously approved at:	Committee/Group	Date	

Key Options, Issues and Risks

The Civil Contingencies Act 2004, Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, NHS Act 2006 and Health and Care Act 2022 underpin EPRR within health. All 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 NHS EPRR Framework and other NHS England guidance.

NHS England set out their expectations for EPRR through the annual Core Standards. During 2021 compliance against 48 of the 64 Core Standards were reviewed, this was in recognition of the ongoing pressures from the Covid pandemic, in 2021 the Trust reported Substantial Compliance. In 2022, NHSE has gone back to asking Acute trusts to provide a submission of compliance against all 64 Core Standards. As highlighted last year, the core standards were due a review and this year new and reworded questions have appeared along with the request for more evidence for existing standards. An example of this is the removal of the reference to a Non-Executive Director (NED) member being responsible for EPRR with all NED's now assuring themselves that EPRR requirements are being met. This is reflective that EPRR sits with the whole board.

The other main changes are relevant to the Training and Exercising domain and Duty to maintain plans domain. For training and exercising, staff now need to be trained in line with the new NHSE EPRR competencies (National Minimum Occupational Standards). This document sets out the minimum standards that health commanders, managers and staff responding to incidents as part of an incident management team and other staff involved in EPRR must achieve in order to be competent and effectively undertake their roles.

The duty to maintain plans is due to new national evacuation and shelter guidance being received which reflects partial and whole site evacuation.

Through requesting Trusts to undertake the EPRR self-assessment, NHS England 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 able to report a 'Substantially Compliant' position by 28th October 2022 (NHSE's statement of compliance deadline), with a minimum of 57 out of the 64 standards being identified as fully compliant (appendix 1). Reporting as Substantially Compliant is expected due to the new and updated standards that have now been introduced.

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Currently there are 7 standards that are listed as partially compliant. It is envisaged that 2 of these standards will become substantially compliant before the submission date. In addition to the self-assessment, the Trust is also required to submit an action plan detailing how we will achieve full compliance on the remaining partially compliant core standards, details can be found in appendix 2. More detail on our self-assessment against the Core Standards is set out below.

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Not Compliant	Not Applicable
Governance	6	5	1	0	0
Duty to risk assess	2	2	0	0	0
Duty to maintain plans	11	8	3	0	0
Command and control	2	1	1	0	0
Training and exercising	4	2	2	0	0
Response	7	7	0	0	0
Warning and informing	4	4	0	0	0
Cooperation	4	4	0	0	3
Business continuity	10	10	0	0	1
CBRN	14	14	0	0	0
Total	64	57	7	0	4

As part of the core standards process, each year a deep dive review is conducted to gain additional assurance into a specific area. In 2022/23 the topic is Evacuation and Shelter due to the Evacuation and Shelter guidance for the NHS in England being recently updated, following the recent work driven by the heightened risk associated with reinforced autoclaved aerated concrete (RAAC) that is used in many buildings including health care.

The outcome of this national process will be used to identify areas of good practice and for further development of future guidance at a local level. It should also guide individual organisations into further development of their shelter and evacuation arrangements. The self-assessment against the deep dive standards - (appendix 1 -deep dive tab) does not contribute to the organisation's overall EPRR assurance rating and an action plan (appendix 2) has been produced for the partially compliant deep dive standards, currently this is showing that the trust is Fully Compliant with 7/13 standards.

Deep Dive	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
Evacuation and Shelter	13	7	6	0	0
Total	13	7	6	0	0

A new aspect of this years' core standards is that each organisations self-assessment is to be peer reviewed. This will be overseen by WYICB and will involve other local trusts. No date has been set yet but the timelines for their completion is prior to the Local Health Resilience Partnership (LHRP) assurance session in November. The review will look at 1 chosen theme from the core standards and the deep dive standards.

The 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 final approval of the BTHFT self-assessment, action plan and deep dive return to the October Finance and Performance Committee as per the previous year.

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Analysis

Self-Assessment Against the 64 Core Standards

The 64 core standards are set out in 10 domains. Our self-assessment compliance is set out below:

1. Governance – Partially Compliant -1 outstanding standard
2. Duty to risk assess – Fully Compliant
3. Duty to maintain plans – Partially Compliant -3 outstanding standards of which 2 should be compliant by 28/10
4. Command and Control – Partially Compliant - 1 outstanding standard
5. Training and exercising Partially Compliant -2 outstanding standards
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) – Fully Compliant

Although not required for submission, an evidence folder has been prepared to support the Trust's self-assessment of compliance work.

Additional EPRR Work Undertaken in the Last 12 Months

In addition to preparing for compliance against the 64 Core Standards, work has been 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 loss of electrical supply to the emergency department. Following this event, a hot debrief exercise was undertaken that will feed in to the Serious Investigation report that is currently underway. Once the lessons have been identified, it will allow for us to improve controls and our ability to respond to future incidents and update plans as necessary.

Piped Oxygen Exercise

Following the increased reliance on oxygen during the pandemic and the national focus on improving oxygen resilience in 2021, a second exercise relating to the loss of piped oxygen was held in July 2022. From the exercise which was based on ITU, updated action cards to support staff in the event of an oxygen failure and assist with potential patients relocations are being updated.

Principles of Health Command (PHC) Training

In June 2022, NHSE announced there was a new training programme - Principles in Health Command (PHC) training which aims to support the development of Strategic, Tactical and Operational health commanders across the NHS by enhancing their knowledge, skills and building their competencies as an effective NHS commander. Taking the learning from a number of recent incidents and events (e.g. Grenfell Tower and the Manchester Arena attack), it has been agreed that all strategic health commanders (Gold 2nd on call rota) are mandated to undertake the PHC programme. All executives on call have booked onto the programme which is being run by NHSE, with the last training date on 30th September. To note the Tactical (1st on call) and Operational health training material has not yet been released by NHSE.

Joint Decision Model (JDM) training

In March and April, 3 JDM sessions were hosted by a YAS trainer for 27 on call staff. The training focussed on using the JDM to help bring together the available information, reconcile objectives and make effective decisions whilst dealing with an incident. This training is different to the Principles in Health Command programme which provides health commanders with the foundation of knowledge, and a set of skills, to lead or support the response to emergencies as part of their compliance with the NHS England Minimum Standards for EPRR 2022 and which is

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aligned to the National Occupational Standards/Skills for Justice.

On Call Manager and Executive feedback sessions

Following on from the training delivered last year. Quarterly feedback sessions are now in place for staff to discuss any issues they have had on call. Any issues are logged on an action tracker.

Internal Audit

Emergency Planning has been involved in two recent internal audit reviews (both January 2022). One on EPRR which provided the Trust with 'Significant assurance', with 4 minor recommendations. The other audit was on Business and IT Continuity and again provided the Trust with 'Significant assurance', with 4 moderate and 3 minor recommendations. An action plan is in place for these areas managed by the Trust Resilience Group.

Other work

- Work has continued throughout the last 12 months on EPRR, and the Trust has utilised the principles of EPRR in our response to the Covid pandemic via the command and control framework that has been established.
- All EPRR risks assessments have been reviewed and the risk assessments are currently in date.
- Current EPRR policies are in date and action cards for responding to a variety of incidents have been updated and are on the intranet and in the relevant incident command centres.
- Collaborative working with Bradford Council and other local Health Emergency Planning leads is in place on a regular basis.
- The Health & Safety Committee has been provided with an EPRR paper at each bi monthly meeting of the key EPRR points
- Learning identified via action plan from an 'unattended baggage incident' has been shared with relevant teams in the trust.
- Setting up an EPR 724 downtime cart staff champion in all key areas, with training and support available for staff and supporting the EPR team for the planned downtime in June 2022.

Recommendation

The Board are asked to:

1. Note the significant work undertaken on EPRR over the last twelve months;
2. Note our substantial compliance against NHS England's 64 Core Standards for EPRR and the Evacuation and Shelter arrangements "deep-dive";
3. Delegate authority for final sign off for the submission to the Finance and Performance (F&P) Committee on 26th October.

Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
The level of risk against each objective should be indicated.	Low		Moderate	High	Significant	

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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.	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"/>

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"/>