

Meeting Title	Board of Directors		
Date	16 November 2023	Agenda item	Bo.11.23.13

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

Presented by	Sajid Azeb, Chief Operating Officer / Deputy Chief Executive / Accountable Emergency Officer		
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Lead Director	Sajid Azeb, Chief Operating Officer / Deputy Chief Executive / Accountable Emergency Officer		
Purpose of the paper	To provide an update to Trust Board on the organisations position against the 2023 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 assurance		
Previously discussed at			
Previously approved at:	Committee/Group	Date	
Key Options, Issues and Risks			
<p>The organisation's compliance position in relation to the latest NHS England EPRR assurance process.</p> <p>The 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.</p> <p>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.</p> <p>NHS England requires all NHS organisations to annually assess their ability to meet their Emergency Preparedness, Resilience & Response (EPRR) statutory obligations. This assurance is sought each autumn, and Trust Boards are to be made aware of the level of preparedness achieved. This paper shows the results of our self-assessment for 2023.</p> <p>In June, this year NHSE – North-East & Yorkshire confirmed to Integrated Care Boards (ICB's), and health organisations, a revised process for the 2023-24 EPRR Assurance Process which would see an evidence submission included as part of the self-assessment annual assurance process.</p> <p>There were also additional compliance requirements set against each core standard indicator, with some standards also having further 'Acute Specific' compliance requirements. The new 'compliance requirements' must be met in full to score 'full compliance.' Where some are met, partial compliance will be scored and where none are met, non-compliant be scored, regardless of if this piece of missing evidence didn't affect the Trusts ability to discharge its duties under EPRR legislation.</p> <p>This new assessment method was trialled in the Midlands last year and was rolled out to the Yorkshire & Humber regions plus 2 other regions for 2023, before becoming adopted nationally from 2024 onwards. Outcomes from the Midlands trial showed a dramatic reduction in compliance levels for all types of health organisations, 66% of organisations decreased (and 2% increased) on the previous year's assessment, and similar results are expected across the North-East & Yorkshire region for this year. Appendix 1 explains the rationale for the changes.</p> <p>A letter from Anthony Kealy, Locality Director – NHS England - West Yorkshire is included in this report and sets out the impact that this more rigorous process may have on the level of compliance of organisations. Appendix 2.</p> <p>In line with the deadline of the 29th September, the Trust completed its initial self-assessment against the 62 core standards and uploaded over 300 documents to the repository portal as part of the evidence requirement and stated its compliance level to be partially compliant.</p>			

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62 Core Standards were submitted

- 52 were Green/complaint
- 10 were Amber/ partially compliant

NHS England and ICB colleagues undertook a review of the evidence submitted, and through a pre notified procedure, a confirm and challenge process was in place which would result in the request for supplementary evidence if they felt that this was required.

Feedback from the initial self-assessment was received on the 24th of October 2023 ([Appendix 3](#)) for the 62 standards after the check and challenge review process had been undertaken of which:

- 26 have been “accepted”.
 - 16 are Green/compliant.
 - 10 are Amber/partially compliant.
- 36 have been “challenged”.
 - 33 Amber /partially complaint
 - 3 Red/non-compliant

The Trust has subsequently provided additional supplementary evidence which has now been reviewed following a check and challenge process ([Appendix 4](#)) to give the Trust a non-compliant rating (32%) with:

- 20 being Green/ fully compliant.
- 42 being Amber/partially compliant.
- 0 being Red/ non-compliant

To note, the 42 Amber/partially compliant standards do not count towards our compliance score/rating. Only Green/ fully compliant ratings are counted towards the final score/ rating.

This low compliance this year has been seen across our region with Trusts either at the same compliance rating as us or scoring even lower.

The overall future aim remains to create a more robust and effective EPRR assurance process for the entire NHS, by setting increasingly higher levels of competence to achieve.

Alongside this year's NHSE submission of compliance against 62 Core Standards, we were required to provide evidence for 10 'deep dive' questions on EPRR training.

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.

Following the check and challenge process, BTHFT will be reporting a 'non-compliant' position by 20th November 2023 (NHSE's statement of compliance deadline), with a minimum of 20 out of the 62 standards being identified as fully compliant. Reporting as non-compliant is due to the new and updated standards that have now been introduced whereas in 2022, we reported as substantially compliant.

Currently there are 42 standards that are listed as partially compliant, and no standards listed as non-compliant. In addition to the self-assessment, the Trust is also required to submit an action plan back to NHSE by 20th November ([appendix 5](#)). The action plan will require further work due to short timescale from receiving it as meetings need to be held with relevant internal and external stakeholders to pursue the actions, with indicative dates added. A more robust plan will be written going forward.

The final documents need to be signed off by the board by 31st December detailing how we will achieve full compliance on the remaining partially compliant core standards. Due to no board meeting planned, it is requested that sign off is provided by the Finance and Performance Committee in December 2023.

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Due to the overall non-compliance rating, the Trust will have to formally update the Local Health Resilience Partnership, against the action plan every 3 months and monthly progress discussions will take place between the Trust and WYICB.

More detail on our self-assessment against the Core Standards is set out below.

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
Governance	6	1	5	0	0
Duty to risk assess	2	1	1	0	0
Duty to maintain plans	11	3	8	0	0
Command and control	2	0	2	0	0
Training and exercising	4	0	4	0	0
Response	7	5	2	0	0
Warning and informing	4	0	4	0	0
Cooperation	4	1	3	0	3
Business continuity	10	3	7	0	1
Hazmat/CBRN	12	6	6	0	7
Total	62	20	42	0	11

As part of the core standards process, each year a deep dive review is conducted to gain additional assurance into a specific area. In 2023 the topic is EPRR training due to the recent introduction of the NHSE Principles of Health Commander training and workbooks for on call staff to complete.

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 training arrangements. The self-assessment against the deep dive standards - ([appendix 5](#) - deep dive tab) does not contribute to the organisation's overall EPRR assurance rating and an action plan ([appendix 5](#)) has been produced for the partially compliant deep dive standards, on original submission to NHSE this was showing that the trust was fully compliant with 1/10 standards, with the others at partial compliance, this has now increased to 4/10 being fully compliant due to the recent sign off of the EPRR Training Needs Analysis.

Deep Dive	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
EPRR Training	10	1	9	0	0
Total	10	4	6	0	0

Analysis

Summary of Business continuity, critical incidents and major incidents

Over the last 12 months, BTHFT have needed to enact command and control / business continuity plans to support numerous Business Continuity incidents:

- 15 separate periods of industrial action for RCN, BMA and other unions
- Severe snow disruption - March 2023
- A reduction of electrical power supply (Brown out) to various locations in the Trust - Sept 2023

For all incidents, information to support a debrief and lessons identified were collated.

Lessons identified and learning undertaken from incidents and exercises

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For all periods of industrial action (IA) a debrief was held to identify learning for the industrial action so the learning could be embedded for future IA. This was achieved by producing an action plan with owners and the process managed by the Emergency Planning Team - all actions have now been closed.

For other incidents, staff involved provided their feedback on issues that affected the Trust so that learning was identified to allow for future planning for these types of events and action cards and plans updated to reflect the learning.

Exercises

Loss of power:

Following several incidents over the years, an exercise relating to the loss of power was held in March 2023 - this was based on a local loss of power to several areas in the trust, a post exercise report was completed with actions to embed the learning.

Child Abduction:

A simulated 'missing child' exercise was held on our children's ward to observe how the staff would respond and activate the lockdown procedure and how our Security team could track and identify the 'abductor and child.' A post exercise report was completed with actions identified for further measures to be implemented.

Neonatal fire evacuation:

A partial evacuation was carried out by staff with a 'no notice' exercise to ensure they could safely manage the evacuation of 3 cots with 'babies' of varying degree of complex medical issues to another location in the unit. A post exercise report was completed with actions.

Emergency Department weapons exercise:

A walkthrough of how the department could enact their lockdowns plans to deal with a patient with a weapon was arranged and run in 3 sections:

- physical check that all electronic door controls worked, and security control room knew how to activate them
- discussions with 4 members of the security team on their action card for this type of incident
- discussion with nursing staff on how to deal with this type of incident.

A post exercise report was completed with actions.

Training

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 and tactical health commanders (Gold 2nd & Silver 1st on call) are mandated to undertake the PHC programme. Current figures for this are 14/16 2nd on call trained (2 new on call staff are booked on) and 21/26 1st on call are trained and the remainder are booked on to the programme, which is being run by NHSE, to note the Operational health commander training material has not yet been released by NHSE.

Joint Decision Model (JDM) training

Following on from the two sessions that were delivered in 2022, Two more have been delivered with a further 32 1st & 2nd on call and command centre staff trained by the YAS trainer. The training focussed on using the JDM model to help bring together the available information, reconcile objectives and make effective decisions whilst dealing with an incident. Currently there are 33/42 1st and 2nd on call staff trained.

Both the PHC and JDM training supports the response to emergencies as part of on call staffs' compliance with the NHS England Minimum Standards for EPRR which is aligned to the National Occupational Standards/Skills for Justice.

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Loggist training

Two further loggists trained giving us 18 with the next course on 20/11/2023.

On Call awareness sessions

Training and information has been provided to five new 1st on call and three new 2nd on call staff and a new on call resource pack has been distributed to support on call colleagues.

All training is contained in the Trusts Training Needs Analysis.

Additional EPRR Work Undertaken in the Last 12 Months

Internal Audit

Emergency Planning is shortly due to have its regular internal audit, this has been delayed due to the timescales moving for the final core standards compliance statement to be confirmed in late November, so December has been agreed for the auditors to review our evidence, once complete, this will be shared with the board.

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 industrial action 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.
- The EPRR intranet page has been updated to allow for plans, policies and action cards to be more easily accessible.
- Collaborative working with WYICB, 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 update paper at each bimonthly meeting of the key EPRR points.

EPRR resource

- The Trust has now been operating for the last 12 months with 2 full time staff, where previously it was operating at 1. There is now a requirement as part of the new standards to reassess our workforce versus an appropriate work resource to ensure the Trust can fully discharge its EPRR duties. The Board will need to assure itself that we have sufficient resource to deal with the EPRR requirements. A further update will be provided for the next EPRR paper.

Recommendation

We should regard this year's assurance process as, in effect, a re-basing of the organisations' self-assessments and expect the outcomes will provide a clear indication of the priorities for further work to address gaps and areas for improvement going forward.

The Board is asked to:

1. Note the significant work undertaken on EPRR over the last twelve months and the significant work that was involved to provide all the documentation for this year's core standards review.
2. Note our compliance against NHS England's 62 Core Standards for EPRR and the "deep-dive".
3. Provide authority for final sign off for the submission to NHSE by 20th November. [Appendix 6](#), to be signed by S Azeb after the meeting.
4. Given the Trust Board will not convene before the 31st of December, the final self-assessment, statement of compliance and associated action plan will need to be considered via the appropriate assurance committee with formal approval provided via the Finance and Performance Committee in December 2023.

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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.	<div> <div>Low</div> <div>Moderate</div> <div>High</div> <div>Significant</div> </div>					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Risk (*)					

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):

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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"/>

Appendix 1. NHS England EPRR Core Standards Overview for Boards



20231101 - NHS
England EPRR Core

Appendix 2. A Kealey letter



A Kealey letter
06.09.2023.docx

Appendix 3. Core standards self-assessment return form NHSE



Copy of BTHFT First
Check & Challenge.

Appendix 4. Core standards self-assessment return form NHSE following check & challenge



Completion of
Check Challenge Pr

Appendix 5. Current NHSE core standards/ Deep Dive with action plan



NHS Core
Standards Paper Act

Appendix 6. Core standards statement of compliance



Assurance process
Statement of Compl