

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

**EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS
HELD on 30th November 2021**

Subject	Emergency Planning Resilience and Response (EPRR) Core Standards 2021
Supporting TEG Member	Michael Harper, Chief Operating Officer
Author	Carole Mistry Head of Organisational Resilience
Status¹	A

PURPOSE OF THE REPORT

The annual NHS England Core Standards for EPRR are the minimum requirements commissioners and providers must achieve in order to show that they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

Providers are required to demonstrate compliance against the Standards via organisational self-assessment. This self-assessment must be signed off at the Public meeting of the Board of Directors.

KEY POINTS

NHS England maintains its statutory duty to seek formal assurance of NHS organisations' EPRR readiness. This is discharged through the EPRR annual assurance process.

Due to the demands on the NHS, the 2020 process was much reduced and focused on learning from the first COVID-19 wave and the preparation for future waves and winter.

The 2021 EPRR assurance aims to return some of the previous mechanisms to the process, but also acknowledges the previous 18 months and the changing landscape of the NHS. The number of standards for review has reduced to 46 (from 64 in 2019). However, this does not replace the statutory responsibility to be compliant with the full set of standards applicable to the organisation.

The NHS Core Standards for EPRR for 2021 include a "deep dive" focus on Oxygen systems, medical gases governance and planning and the medical gases workforce.

Declaration is via a self-assessment with options of Fully, Partially Compliant and Not Compliant against each Core Standard. An overall assurance rating is then assigned to the organisation on the basis of their submission against compliance.

Following self-assessment, STH is assessed as **substantially compliant**, having achieved 89-99% compliance; 43 green standards (full compliance) and 3 amber standards (partial compliance) and no red standards (non-compliance).

The Trust must have an agreed action plan to meet compliance in all standards within the next 12 months.

The self-assessment and action plan and statement of compliance (Appendix A) was required to be submitted to NHS England on the 29th October 2021. Given the timing of the Public Board, it was agreed with NHS England that submission would be made ahead of the November Public Board, but after sign-off by TEG. The paper is therefore here for noting.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The BOARD OF DIRECTORS are asked to:

- AGREE the recommendation, from the Trust's Accountable Emergency Officer following self-assessment, of **Substantial Compliance** of the 2020/21 Core EPRR standards.
- APPROVE the Statement of Compliance and Improvement Plan which was submitted to NHS England (Yorkshire and the Humber) on the 29th October.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	26 10 21	Y
Board of Directors (Public)	30 11 21	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the five aims of the STHFT Corporate Strategy 2017-20

1. Introduction

As part of NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show that they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

To do this, NHS England asks providers of NHS funded care to complete an annual self-assessment against the NHS England Core Standards for EPRR. It is recognised, and has been discussed at the Local Health Resilience Partnership (LHRP) Forum, that regionally and nationally compliance may slip given the current pandemic pressures.

This year STH is substantially compliant having reached 89% - 99% of full compliance.

2. Statutes and Guidance underpinning EPRR

The Civil Contingencies Act (CCA) 2004 places statutory duties on Category One Responders and the Core Standards assess the Trust's preparedness and response capabilities to those duties and also to other statutory and regulatory requirements.

The key requirements for compliance are with:

- Civil Contingencies Act 2004;
- NHS Act 2006 (as amended by Health and Social Care Act 2012);
- NHS England Emergency Preparedness Framework 2015;
- National Standard Contract SC30;
- NHS Improvement; and
- Care Quality Commission

3. Self-Assessment Process – Compliance and Assurance Ratings

Organisations rate their compliance for each standard as:

Compliance Level	Definition
Fully compliant	Fully compliant with the Core Standard.
Partially compliant	Not compliant with the Core Standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.
Not compliant	Not compliant with the Core Standard. In line with the organisation's EPRR work programme, compliance will not be reached in the next 12 months.

An overall assurance rating is assigned based on the individual standard ratings. The possible overall assurance ratings are:

Compliance Level	Evaluation and Testing Conclusion
Fully	The organisation is 100% compliant with all standards it is expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the Core Standards it is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the Core Standards it is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation is compliant with 76% or less of the Core Standards the organisation is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

4. Performance Against the Core Standards for 2020/2021

The 46 Core Standards applicable to Acute Trusts are based on the duties of Category One Responders under the Civil Contingencies Act (CCA) 2004. They are split into ten domains (shown in the table below) with STH's self-assessment rating against each:

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	5	5	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	9	7	2	0
Command and control	1	1	0	0
Training and exercising	0	0	0	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	3	3	0	0
Business Continuity	7	6	1	0
CBRN	12	12	0	0
Total	46	43	3	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Oxygen supply	7	7	0	0
			0	0
Total	7	7	0	0

5. Action Plan

A review has been undertaken of the 3 Partially Compliant standards and an action plan identified to ensure compliance within the next 12 months as follows:

Core Standards Domain		Rag rating	Core Standard No	Actions required to be compliant	Complete By
Duty to maintain plans	<p>Mass Casualty Plan In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).</p>		18	Effective arrangements in place across majority of care groups to support rapid review and identification of patients for discharge. Remaining work regarding Community plans to support this need to be undertaken.	Mar 2022
	<p>Lockdown Plan In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.</p>		21	An Equality Impact Assessment has been undertaken on the Lockdown Plan which will now be signed off through the Emergency Planning Operational Group. An Interim Plan has been signed off by TEG. Tests of the Lockdown Plan are being scheduled for Q4.	March 2022
	<p>The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.</p>		*(55)	Main suppliers have business continuity plans in place however this does not cover all suppliers. The procurement departments across the ICS evaluated supplier resilience. There is considerable pressures on the supply chain due to Covid, staffing and EU Exit. The procurement team continue to liaise with the regional NHSEI leads to manage supplier continuity issues.	Mar 2022

This year's deep dive focus is on oxygen systems. The STH response is as follows:

Deep Dive –oxygen Supply	Details	Rag rating	Evidence	Actions required to be compliant	Complete By
Medical Gases Governance	The organisation has in place an effective Medical Gas Committee as described in Health Technical Memorandum HTM02-01 Part B.		<p>STH Medical Gases Committee meet quarterly with minutes produced and circulated and agreed Terms of Reference.</p> <p>STH MGC reports to TEG and HCGC.</p> <p>Risks are incorporated into the trusts risk register with follow up action plans in place.</p>		
Medical gasses - planning	The organisation has robust and tested Business Continuity and/or Disaster Recovery plans for medical gases		<p>Plans are held within the department and there is a duplex system on each site.</p> <p>Flow rates have been assessed numerous times during the Covid 19 Pandemic with figures being far in excess of need.</p> <p>No shortfalls in infrastructure capacity have been identified.</p> <p>STH has agreed plans with its oxygen supplier and will deliver out of hours with a STH gas operative available 24/7.</p> <p>SOP's exist and training packages have been implemented which are updated when new learning is identified.</p>		

<p>Medical Gasses planning</p>	<p>The organisation has used Appendix H to the HTM 0201 part A to support the planning, installing, upgrading of its cryogenic liquid supply system.</p>		<p>Plans are held within the department and there is a duplex system on each site Flow rates have been assessed numerous times during the Covid 19 Pandemic with figures being far in excess of need No shortfalls in infrastructure capacity have been identified The theoretical supplies to each ward are known but until every area flows at maximum rate, then it is impossible to calculate the actual flow rate on any given ward. Given the risks (fire and loss of pressure) involved in testing the system to its maximum, this was not felt to be a safe or sensible option. STH has agreed plans with its oxygen supplier and will deliver out of hours with a STH gas operative available 24/7 SOP's exist and training packages have been implemented which are updated when new learning is identified</p>		
<p>Medical gases-workforce</p>	<p>The organisation has reviewed the skills and competencies of identified roles within the HTM and has assurance of resilience for these functions.</p>		<p>All operational estates managers are qualified and routinely assess as Authorised Persons (AP) for the piped medical gas systems. This is reflected and is essential in the job description. AP Medical Gas Pipeline Systems (MGPS) cover is maintained 24/7 via an 'on-call' system. All estates managers have undertaken MGPS training and following a period of site awareness are formally assessed by the Trusts appointed Authorising Engineer (MGPS)</p>		

Oxygen systems - escalation	The organisation has a clear escalation plan and processes for management of surge in oxygen demand		As per HTM 02-01 we have a Planned Preventative Maintenance Regime in place to carry out daily, weekly, monthly and quarterly medical gas checks on all source equipment, pipeline and terminal units. This includes de-icing of vaporisers. Estates have been involved in housekeeping practices where surge is likely to affect the oxygen pipeline supply. Authorised Persons have used calibrated flow probes to assess areas 'earmarked' for covid/cohort patients to measure pressure drops when a given flow rate is applied. This info is fed back up through silver command for sign off HFNO/CPAP.		
Oxygen systems	Organisation has an accurate and up to date technical file on its oxygen supply system with the relevant instruction for use (IFU)		All AP's assessed annually by the Authorising Engineer to confirm that they can undertake any emergency operation procedure in the event of plant failure such as a ruptured disc in a Vacuum Insulated Expansion (VIE'S) Tanks		
Oxygen systems	The organisation has undertaken a risk assessment in the development of the medical oxygen installation to produce a safe and practical design and ensure that a safe supply of oxygen is available for patient use at all times as described in Health Technical Memorandum HTM02-01 6.6		STH suppliers for oxygen are BOC. No formal risk assessment has been undertaken by BOC and this has now been requested. However the VIE oxygen levels are checked daily as described in HTM02-01 via the local gauges on the VIE cryogenic storage tank. Estates also have access to BOC telemetry which shows consumption levels. During the Pandemic Estates have provided the Trust with the average daily oxygen consumption which has shown that even at our peak our system is capable of meeting the demand.		

6. Declaration of compliance

The Trust's Accountable Emergency Officer is required to declare, on behalf of the Trust, the overall level of compliance against NHS England's self-assessment in a Statement of Compliance (Appendix A).

Following full review, the recommended declaration against the 2020/21 Core Standards is: Substantial Compliance.

7. Recommendation

The BOARD OF DIRECTORS are asked to:

- AGREE the recommendation, from the Trust's Accountable Emergency Officer following self-assessment, of **Substantial Compliance** of the 2020/21 Core EPRR standards.
- APPROVE the Statement of Compliance and Improvement Plan which was submitted to NHS England (Yorkshire and the Humber) on the 29th October.

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2021-2022**

STATEMENT OF COMPLIANCE

Sheffield Teaching Hospital NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Sheffield Teaching Hospital NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.



Signed by the organisation's Accountable Emergency Officer

13/10/2021

Date signed

13/10/2021
Date of Board/governing body meeting

30/11/2021
Date presented at Public Board

01/09/2022
Date published in organisations Annual Report