

Executive Summary

Report to the Board of Directors

Being Held on 27 September 2022

Subject	Emergency Planning Resilience and Response (EPRR) Core Standards 2022
Supporting TEG Member	Vicki Leckie, Interim Chief Operating Officer
Author	Carole Mistry, Head of Organisational Resilience
Status¹	A

PURPOSE OF THE REPORT

The annual NHS England Core Standards for Emergency Preparedness, Resilience and Response (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. The standards enable health agencies across the country to share a common approach to EPRR and provide a consistent and cohesive framework for EPRR activities.

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.
- Throughout the period 2020 - 2022 the emergency planning team has helped support the leadership of the Covid-19 response and led the Incident Command Centre throughout the pandemic, deploying knowledge and experience from previous incidents to ensure that the Trust's response was based on sound emergency planning principles. This has had a direct impact on the capacity of the Emergency Planning team with regard to their normal duties. The Business Continuity Leads and Operational Commanders have also been heavily involved in responding to the pandemic and this has therefore had an impact on their capacity to undertake their normal duties in relation to EPRR.
- The 2022/23 EPRR assurance process aims to return to the previous mechanisms whilst also acknowledging the impact of the last 24 months on EPRR teams across the NHS, and the changing landscape of the NHS. The number of standards for review has returned to the number set in 2019 (64) and confirms the statutory responsibility to be compliant with the full set of standards applicable to the organisation.
- Following the publication of the updated Evacuation and Shelter guidance for the NHS in England and recent work driven by the heightened risk associated with reinforced autoclaved aerated concrete (RAAC) the 2022/23 EPRR annual deep dive focusses on local evacuation and shelter arrangements.
- 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 full compliance.
- Following self-assessment, STH is assessed as partially compliant, having achieved 77-88% compliance; 56 green standards (full compliance) and 8 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) is required to be submitted to the Integrated Care Board by 28th October 2022.

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	Create a Sustainable Organisation	
6	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

Board are asked to:

- AGREE the recommendation, from the Trust's Accountable Emergency Officer following self-assessment, of Substantial Compliance of the 2022 Core EPRR standards.
- APPROVE the Statement of Compliance and Improvement Plan for submission to Integrated Care Board ahead of the 28th of October deadline.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	07/09/2022	Y
Public Board of Directors	27/09/2022	

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

² Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

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 regional and national compliance may decline this year given the pandemic pressures on operational and Business Continuity teams over the last two years.

This year STH is **partially compliant** having reached 77% - 88% of full compliance.

2. Statutes and Guidance underpinning EPRR

The Civil Contingencies Act (CCA) 2004 places statutory duties on Category One Responders. 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 2021/2022

The 64 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	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	5	6	0
Command and control	2	1	1	0
Training and exercising	4	3	1	0
Response	7	7	0	0
Warning and informing	4	4	0	0
Cooperation	4	4	0	0
Business Continuity	10	10	0	0
CBRN	14	14	0	0
Total	64	56	8	0

Deep Dive (not included for overall compliance)	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
Evacuation and Shelter	13	4	8	1
Total	13	4	8	1

5. Action Plan

A review has been undertaken of the 8 Partially Compliant standards and action plan identified to ensure compliance within the next 12 months:

Core Standards Domain		Rag rating	Core Standard No	Actions required to be compliant	Complete By
Duty to maintain plans	Incident Response In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.		10	Major Incident plan in place and currently under review. Steering group membership identified. Stage 1 and stage 2 subgroups to be established	Jan 23
	Adverse weather In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.		11	Heatwave plan in place (recently enacted and) under review and will form part of an adverse weather plan. Flood and Snow plans have been previously successfully utilised. Review will include learning following Level 4 heat health alert 18 July 2022 (debrief completed 4 Aug). Learning from Debrief to be reviewed.	Nov 22
	New and emerging pandemic's In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic		13	STH Influenza Pandemic Plan agreed by TEG as COVID impacted. Plan currently being adapted to a broader Pandemic Plan.	Jan 23
	Mass casualty In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.		21	Major Incident plan currently under review. Steering group membership identified. Stage 1 and stage 2 subgroups to be established	Jan 23
	Evacuation and shelter In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.		16	Current plan has been reviewed and updated. Action card review outstanding.	Feb 23

Core Standards Domain		Rag rating	Core Standard No	Actions required to be compliant	Complete By
	<p>Protected individuals In line with current guidance and legislation, the organisation has arrangements in place to respond and manage 'protected individuals' including Very Important Persons (VIPs), high profile patients and visitors to the site.</p>		18	Major Incident plan currently under review. Steering group membership identified. Stage 1 and stage 2 subgroups to be established	Jan 23
Command and control	<p>Trained on-call staff Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions</p>		21	Major Incident plan currently under review. Steering group membership identified. Stage 1 and stage 2 subgroups to be established. On-Call Learning set paused during COVID but will be re-established. All Strategic and Tactical leaders to attend NHSE Principles of Health Command Training.	Jan 23
Training and exercising	<p>Responder training The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards.</p> <p>Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role</p>		24	<p>On-Call Learning set paused during COVID but will be re-established. Request to senior staff to keep training portfolio with regard to EPRR. All Strategic and Tactical leaders to attend NHSE Principles of Health Command Training.</p> <p>Training and exercise template for Continuing Personal Development (CPD's) to be produced to reflect the National Occupational Standards (NOS) for on call staff to complete and maintain</p>	Jan 23

6. Assurance Review

In parallel to the action plan above, the Business Continuity team have reviewed the work done, alongside the COVID response, over the previous two years and have identified the following activities in order to offer assurance on the outstanding items:

Partial standards requiring action	What have we got?	What do we need?	Why haven't we got it?
<p>10. Incident Response In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.</p>	<p>STH EPRR Framework</p> <p>STH Major Incident Plan and relevant action cards</p> <p>STH Business Continuity and Internal Incident Plan and relevant action cards"</p>	<p>Reestablishment of steering groups to assist with review of Major Incident Plan</p>	<p>Due to impacts of Covid19, the Emergency planning work programme has been on hold</p>
<p>11. Adverse weather In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.</p>	<p>STH Heatwave Plan and relevant action cards. During the recent Level 4 Heat health alert (Extreme Heat), command structure established, full debrief undertaken, lessons learned report circulated. Also managed a number of ice, snow, flooding events in recent years.</p> <p>Individual risks for the different causes of weather-related impacts recorded on Datix (falling tree's, evacuation, loss of power, Winter site conditions). Heatwave and snow action cards distributed by EP prior to weather incidents</p> <p>Guidelines for staff with regard to adverse weather/snow (2021)</p> <p>Action card for accessing 4x4 and taxis during severe weather (2021)</p> <p>Mutual Aid agreement with Yorkshire 4x4 to assist during periods of adverse weather</p> <p>Action cards and plans are tested regularly, and incidents recorded on the EPRR database</p>	<p>Review the heatwave plan to form part of the Adverse weather plan</p>	<p>Adverse weather plans are currently separate documents</p>

Partial standards requiring action	What have we got?	What do we need?	Why haven't we got it?
<p>13. New and emerging pandemic's In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic</p>	<p>Influenza Pandemic Plan Experienced strategic and operational leaders to manage a pandemic response. All clinical care groups now have significant experience in managing a Pandemic. Designated Clinical Experts Group to give IPC/Clinical/Scientific advice Agreed Working from Home policy to allow for social distancing. Estates for all sites now has protective screens and IPC signage. Outbreak and System Resilience Group (OSRG) meeting</p>	<p>Generic Pandemic Plan</p>	<p>This was not required before as Influenza Pandemic was identified as the biggest risk in the National Risk Register prior to 2020</p>
<p>15. Mass casualty In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.</p>	<p>Major Incident plan includes mass casualty guidance Effective arrangements in place across majority of care groups to support rapid review and identification of patients for discharge. Patient safety alert successfully actioned previously. ED have a process for unidentified persons and SY police will establish 2 police documentation teams, in ED and Family and Friends reception centre."</p>	<p>Reestablishment of steering groups to assist with review of Major Incident Plan</p>	<p>Due to impacts of Covid19, the Emergency planning work programme has been on hold</p>
<p>16. Evacuation and shelter In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.</p>	<p>STH Evacuation and Shelter Plan and action cards Lockdown Plan Suspect package Policy Regularly take part in Rest Reception Centre exercises held by Sheffield City Council.</p>	<p>To review the action cards To complete a tabletop test</p>	<p>Due to impacts of Covid19, the Emergency planning work programme has been on hold</p>
<p>18. Protected individuals In line with current guidance and legislation, the organisation has arrangements in place to respond</p>	<p>Part of Major Incident Plan which Identifies actions and area in ED to receive VIP's.</p>	<p>Reestablishment of steering groups to assist with</p>	<p>Due to impacts of Covid19, the Emergency planning work programme has been on hold</p>

Partial standards requiring action	What have we got?	What do we need?	Why haven't we got it?
and manage 'protected individuals' including Very Important Persons (VIPs), high profile patients and visitors to the site.	Regular notifications from Ambulance Service Special Ops Unit in prep for VIP visits. Cascades to key departments in prep for such visits. Comms prepared statements	review of Major Incident Plan	
<p>21. Trained on-call staff Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions</p>	<p>Training records for On Call Directors. Internal Incident Plan. Major Incident Plan. Annual learning set programme for on call directors. On call managers have received JESIP training with materials available in the command room All Exec and First On call Directors timetabled in to receive leadership training for incident management via NHSE 2022</p>	<p>Reestablishment of steering groups to assist with review of Major Incident Plan Training and exercise template for personal CPD's to be produced for on call staff to complete and maintain</p>	<p>Due to impacts of Covid19, the Emergency planning work programme has been on hold</p>
<p>24. Responder training The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards.</p> <p>Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role</p>	<p>Training records for senior staff and Duty Matron are kept by Emergency planning Dept</p>	<p>Training and exercise template for personal CPD's to be produced for on strategic and tactical "on call" directors.</p>	<p>Due to impacts of Covid19, the Emergency planning work programme has been on hold</p>

7. 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 2021/22 Core Standards is: Partial Compliance.

8. Recommendation

TEG are asked to:

- AGREE the recommendation, from the Trust's Accountable Emergency Officer following self-assessment, of Substantial Compliance of the 2021/22 Core EPRR standards.
- APPROVE the Statement of Compliance and Improvement Plan for submission to NHS England (Yorkshire and the Humber) ahead of the 28th of October deadline.
- AGREE for the paper to be tabled at the September Public meeting of the Board of Directors

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

STATEMENT OF COMPLIANCE

Sheffield Teaching Hospitals 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 Hospitals 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 P (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

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Date signed

07/09/2022

Date of Board/governing body meeting

27/09/2022

Date presented at Public Board

01/09/2023

Date published in organisations Annual Report