

Executive Summary

Report to the Board of Directors

Being Held on Tuesday 28th January 2025

Subject	Emergency Planning Resilience and Response (EPRR) Core Standards 2024/2025
Supporting TEG Member	Michael Harper, Chief Operating Officer
Author	Carole Mistry, Head of Organisational Resilience Lauren Ward, Emergency Planning Officer
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 to show that they can effectively respond to major, critical, and business continuity incidents whilst maintaining the ability to remain resilient and continue to deliver critical patient services.

In the last year, STH has become compliant on a further 10 standards and these were signed off in a Check and Challenge process with the ICB in November 2024.

The Board of Directors are asked to review and sign off the annual assessment and declaration of compliance for submission.

KEY POINTS

- The NHS Core Standards for EPRR are the basis for the assurance process. Providers are required to demonstrate compliance against the 62 National EPRR Core Standards via self-assessment. This year, Providers in the North East and Yorkshire provided evidence against the core standards they intended to turn from non or partial, to fully compliant. STH provided 168 pieces of supplementary evidence as part of this process against 10 standards.
- Declaration is initially a self-assessment with options of Fully, Partially Compliant and Not Compliant against each Core Standard. In 2023/2024 STH was non-compliant (32% of standards).
- It is acknowledged that the North East and Yorkshire Regional approach is different to other Regions, requiring a substantially higher level of evidence for Standards to be approved as Compliant, and this results in different levels of reported compliance across the country.
- The Check and Challenge meeting between STH and the ICB took place on Wednesday, 6th November. All 10 Core Standards discussed in the process, including a rigorous examination of three specific Core Standards, were accepted on the evidence presented. This resulted in the successful uplift of 10 core standards overall, bringing the Trust's compliance level to 48%. This shows an improvement of 16% from 2023-24 but STH remains as Non-Compliant.
- For context, over the past year, the Emergency Planning Team has been required to respond to a number of concurrent and ongoing incidents, including Industrial Action, Civil Unrest, planning for EPR cutover. This has had a direct impact on the capacity of the Emergency Planning team to conduct their business as usual. In the last 12 months, Emergency Planning have planned for, and responded to, 69 planned disruptions to services and 18 unplanned incidents.
- The CBRN audit for Core Standards 56 – 66 was conducted by the National Ambulance Resilience Unit (NARU) this year. It marked a shift in assessment approach from previous years. Unlike the prior

self-assessment method, this year's review applied rigorous external audit principles, requiring a higher standard of evidence. As a result, the compliance status for STH dropped significantly, from 6 fully compliant and 6 partially compliant standards to just 1 fully compliant, 7 partially compliant and 4 non-compliant standards. An action plan is now being implemented to address these gaps and work towards restoring full compliance for CBRN standards.

- It is noted that the ICB will allow the submission of evidence throughout the coming year, providing the Trust with opportunities to further improve compliance in preparation for next year's assurance process. Achieving a compliance level of "Partial" next year will require the Trust to meet a further additional 18 core standards to full individual compliance level. This objective has been incorporated into the Emergency Planning Team's action plan, with work already underway to meet this target. The Emergency Planning Team are working with regional colleagues to share best practice and are working closely with the STH CBRN lead to monitor their position ready for next years' self-assessment.
- An action plan is attached. Monthly delivery meetings have been set up between the COO and the EPRR team to support delivery and progress. TEG have asked for an update on progress in May, followed by a subsequent update to the Quality Committee.

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

The Board of Directors are asked to:

- **AGREE** the recommendation, from the Trust's Accountable Emergency Officer following self-assessment, of Non-Compliance of the 2024-25 Core EPRR standards.
- **APPROVE** the Statement of Compliance and Improvement Plan for submission to NHS England (Yorkshire and the Humber).
- **NOTE** the action plan for improving compliance and **AGREE** the proposal to maintain Board level oversight through the Quality Committee ahead of next year's return.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	08/01/2025	Y
Public Board of Directors	28/01/2025	

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. 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 2022.
- National Standard Contract SC30.
- NHS Improvement and Care Quality Commission

2. 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.

This year, STH is **non-compliant** and will reach **48% compliance**, this was accepted by the ICB. Last year, the Trust received **32% compliance**. This shows a marked **improvement of 16%**

3. Performance Against the Core Standards for 2024/2025

The 62 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:

The post Self-Assessment Assurance ratings for 2024/2025 post check and challenge meeting in November 2024 is set out below

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	5	1	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	6	5	0
Command and control	2	1	1	0
Training and exercising	4	2	2	0
Response	7	6	1	0
Warning and informing	4	0	4	0
Cooperation	4	4	0	0
Business Continuity	10	3	7	0
Hazmat/CBRN	12	1	7	4
CBRN Support to acute Trusts	0	0	0	0
Total	62	30	28	4

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Cyber Security	11	5	5	1
Total	11	5	5	1

The Action Plan in Appendix 1 describes the work plan for the Emergency Planning Team. The focus initially will be on the Major Incident Plan, Care Group Business Continuity Plans, and training for Personal Development Portfolios (PDPs) for Strategic and Tactical Commanders as well as the Emergency Planning Team staff.

In January 2024, a new Emergency Planning Officer joined the team on a temporary basis to cover a maternity leave. They have focused heavily on working closely with the Care Groups to review and update their business continuity plans. These efforts have been closely aligned with the EPRR Core Standards and framework, ensuring compliance and readiness across the board. This has involved a comprehensive review of existing business continuity plans for all Care Groups and ongoing collaboration with Care Group leads, to identify gaps and implement necessary updates. There has been significant progress in completing these plans, with a target date for this complex programme of September 2025.

A large part of the action plan is to roll out Personal Development Portfolios (PDPs) for Strategic Commanders, Tactical Commanders and EPRR specialists/advisors. The PDPs are

a comprehensive training portfolio for all Strategic and Tactical Commanders and are aligned to the Nation and Minimal Occupational Standards. The Minimum Occupational Standards for EPRR 2022 (MOS) details the minimal standards that Health Commanders and managers responding to incidents must achieve in order to demonstrate their commander competence and their ability to effectively undertake their Commander role. Work is underway to roll out the portfolios and provide colleagues with opportunities to attend the aligned courses in order to stay compliant as a health commander. This requirement includes:

- Being trained according to the NHS England EPRR Competencies (National Occupational Standards)
- Being able to determine when a Critical, Major or Business Continuity incident has occurred, and developing an appropriate strategy to manage it.

These requirements are in accordance with the Civil Contingencies Act 2004 (CCA), Emergency Response & Recovery (non-statutory guidance accompanying the CCA) 2013, the NHS Act 2006 and the Health and Care Act 2022.

4. 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 2).

Following full review, the recommended declaration against the 2023/24 Core Standards is: **Non Compliant.**

5. Recommendations

The Board are asked to:

- **AGREE** the recommendation, from the Trust's Accountable Emergency Officer following self-assessment, of Non-Compliance of the 2024-25 Core EPRR standards.
- **APPROVE** the Statement of Compliance and Improvement Plan for submission to NHS England (Yorkshire and the Humber).
- **NOTE** the action plan for improving compliance and **AGREE** the proposal to maintain Board level oversight through the Quality Committee ahead of next year's return.

Appendix 1: Core Standards and Action Plan for completing

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Governance	<p>Senior Leadership The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director within their individual organisation, and have the appropriate authority, resources and budget to direct the EPRR portfolio.</p>			1		
Governance	<p>EPRR Policy Statement The organisation has an overarching EPRR policy or statement of intent. This should take into account the organisation's:</p> <ul style="list-style-type: none"> • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. 			2		
Governance	<p>EPRR Board Reports The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually. The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements</p>			3	EPRR report for Board has been signed off by the Head of Organisational Resilience - to be sent to TEG. Approved at November Check & Challenge.	

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Governance	<p>EPRR work programme</p> <p>The organisation has an annual EPRR work programme, informed by:</p> <ul style="list-style-type: none"> • current guidance and good practice • lessons identified from incidents and exercises • identified risks • outcomes of any assurance and audit processes <p>The work programme should be regularly reported upon and shared with partners where appropriate.</p>			4		
Governance	<p>EPRR Resource</p> <p>The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.</p>			5	Updating of resource assurance report currently under review	April 25
Governance	<p>Continuous improvement</p> <p>The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements.</p>			6		
Duty to risk assess	<p>Risk assessment</p> <p>The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider all relevant risk registers including community and national risk registers.</p>			7		

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Duty to risk assess	Risk Management The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally			8		
Duty to maintain plans	Collaborative planning Plans and arrangements have been developed in collaboration with relevant stakeholders including emergency services and health partners to enhance joint working arrangements and to ensure the whole patient pathway is considered.			9		
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 / Mass Casualty plan in place and currently under review. Steering group membership identified. Ongoing meetings in place with each directorate to sign-off local elements of the plan.	April 25
Duty to maintain plans	Adverse weather In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.			11	Adverse weather plan now published. Approved at November Check & Challenge.	
Duty to maintain plans	Infectious Disease In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.			12	High Consequence Infectious Diseases (HCID) plan now published Mass Treatment Vaccination Plan (Sheffield Public Health specific) now published and exercised. Approved at November Check & Challenge.	

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Duty to maintain plans	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	Pandemic Plan now published Approved at November Check & Challenge.	
Duty to maintain plans	Countermeasures In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment			14	Working with the ICB and in line with current guidance and legislation the organisation will have arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment. CBRN action cards to be signed off at AEM governance	April 25
Command and control	Mass casualty In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.			15	Major Incident/ Mass Casualty plan requires review against current national guidance. Major Incident Plan has been tested with SYRS	April 25
Command and control	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	Plan to be reviewed against updated National guidance and include updated information on Personal Emergency Evacuation Plans (PEEPs)	April 25
Duty to maintain plans	Lockdown In line with current guidance, regulation and legislation, the organisation has arrangements in place to control access and egress for patients, staff and visitors to and from the organisation's premises and key assets in an incident.			17	STH Training and Exercising Lockdown report now written by the Security Manager Approved at November Check & Challenge.	

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Duty to maintain plans	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.			18	VIP Policy now published. Approved at November Check & Challenge.	
Duty to maintain plans	Excess Fatalities The organisation has contributed to, and understands, its role in the multiagency arrangements for excess deaths and mass fatalities, including mortuary arrangements. This includes arrangements for rising tide and sudden onset events.			19	STH Multidisciplinary Excess Deaths Task and Finish working group established October 2023. Action Card being developed which will link to the Multi-Agency Excess Death Planning group established by the Coroner (STH EPRR Manager and Mortuary Manager are part of this).	April 25
Command and control	On-call mechanism The organisation has resilient and dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications, internal or external. This should provide the facility to respond to or escalate notifications to an executive level.			20		
Command and control	Trained on-call staff Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions			21	PDP programme written, ready to launch. TNA to be completed for on call staff. PDP/competency template to be created in line with MNOS and circulated and maintained by all on call staff	Sep 25

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Training and exercising	EPRR Training The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.			22	PDP programme written, ready to launch. TNA to be completed for on call staff. PDP/competency template to be created in line with MNOS and circulated and maintained for all on call staff	Sep 25
Training and exercising	EPRR exercising and testing programme In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)			23	Report template in the EPRR Framework and included as an Appendix. Monitoring of action plans is now included in the EPRR workplan database. Approved at November Check & Challenge.	
Training and exercising	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. 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.			24	PDP programme written, ready to launch. TNA to be completed for on call staff. PDP/competency template to be created in line with MNOS and circulated and maintained for all on call staff	Sep 25
Training and exercising	Staff Awareness & Training There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department			25	Staff Mandatory EPRR and Business Continuity training Video has been signed off by the COO governance team. Plans are being discussed with the Education and Training team to	

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
					upload the video onto PALMS for all STH staff to undertake every 3 years with an accompanying short quiz. Approved at November Check & Challenge.	
Response	<p>Incident Co-ordination Centre (ICC) The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required.</p> <p>An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards.</p> <p>ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness.</p> <p>Arrangements should be supported with access to documentation for its activation and operation.</p>			26		
Response	<p>Access to planning arrangements Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.</p>			27		

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Response	<p>Management of business continuity incidents In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).</p>			28		
Response	<p>Decision Logging To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24 hour access to a trained loggist(s) to ensure support to the decision maker</p>			29	<p>There is an agreed process within the Tactical Command action card detailing how to start a decision log book and also how to call for a loggist, including an all loggist email distribution list, a list of telephone numbers and using the confirmer telephone system.</p> <p>Information on storage of log books is documented in the EPRR framework. Approved at November Check & Challenge.</p>	
Response	<p>Situation Reports The organisation has processes in place for receiving, completing, authorising, and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.</p>			30	<p>New EPRR framework includes section on SitReps. Awaiting update from NHSE for nationally recognised template</p>	April 25
Response	<p>Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events' Key clinical staff (especially emergency department) have access to the 'Clinical</p>			31		

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
	Guidelines for Major Incidents and Mass Casualty events' handbook.					
Response	Access to 'CBRN incident: Clinical Management and health protection' Clinical staff have access to the 'CBRN incident: Clinical Management and health protection' guidance. (Formerly published by PHE)			32		
Warning and informing	Warning and informing The organisation aligns communications planning and activity with the organisation's EPRR planning and activity.			33	Communications Plan currently under review. Communications department to provide TNA for those staff requiring Communication training	April 25
Warning and informing	Incident Communication Plan The organisation has a plan in place for communicating during an incident which can be enacted.			34	Formalisation of the plan for communicating during an incident for on call communication staff, to include testing and exercising of the plan. Plan to include clarity on the sign off for communication by incident leads and ensuring that authorisation to sign off messages and information releases is included.	April 25
Warning and informing	Communication with partners and stakeholders The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.			35	As per standard 34, Comms plan to include arrangements in place to communicate with patients, staff, partner organisations, stakeholders and the public before, during and after a major incident	April 25

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Warning and informing	Media strategy The organisation has arrangements in place to enable rapid and structured communication via the media and social media			36	Comms plan to include arrangements to enable rapid and structured communication via the media and social media with an agreed media strategy and how this will be enacted during an incident, in order to track information on social media related to incidents and advice and protocols to support staff in effectively using social media to deliver authorised messages	April 25
Cooperation	LHRP Engagement The Accountable Emergency Officer, or a director level representative with delegated authority (to authorise plans and commit resources on behalf of their organisation) attends Local Health Resilience Partnership (LHRP) meetings.			37	Emergency Planning have submitted evidence that the AEO or Director level representative attends 75% of LHRPs, with the AEO needing to attend at least 1 LHRP meeting annually. Approved at November Check & Challenge.	
Cooperation	LRF / BRF Engagement The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.			38		
Cooperation	Mutual aid arrangements The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.			39		

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
	In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.					
Cooperation	N/A YAS Specific			40		
Cooperation	N/A YAS Specific			41		
Cooperation	N/A YAS Specific			42		
Cooperation	Information sharing The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.			43		
Business Continuity	BC policy statement The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the ISO standard 22301.			44		
Business Continuity	Business Continuity Management Systems (BCMS) scope and objectives The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented. A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.			45		

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Business Continuity	Business Impact Analysis/Assessment (BIA) The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).			46	Majority of BIA completed. Refresh of all care group BC plans including BIA's and align to 2023 NHSE BC Toolkit	April 25
Business Continuity	Business Continuity Plans (BCP) "The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure 			47	BCP's currently under review. Each Clinical Care Group have been reviewed January to October 2024 and will be table top tested in 2025. Refresh of all care group BC plans including BIA's and align to 2023 NHSE BC Toolkit	April 25
Business Continuity	Testing and Exercising The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.			48	EPRR plans to be tested annually using a variety of exercise methods, for example discussion-based exercise, simulation exercise, live exercise, and test	April 25
Business Continuity	Data Protection and Security Toolkit Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.			49		

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Business Continuity	BCMS monitoring and evaluation The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.			50	Using the NHS BC toolkit, the BIA for clinical care groups will include max tolerable period of disruption (MTPD) and recovery times. Board report completed BCMS is ready for final review.	April 25
Business Continuity	BC audit The organisation has a process for internal audit, and outcomes are included in the report to the board. The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.			51	Audit process to be included in EPRR Framework	April 25
Business Continuity	BCMS continuous improvement process There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.			52	Summary of debrief reports to be included in annual EPRR Board report. BCMS ready for final review.	April 25
Business Continuity	Assurance of commissioned providers / suppliers BCPs 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 align and are interoperable with their own.			53	Procurement Policy to include details of the system by which STH assesses the business continuity of commissioned providers and the overarching governance by which suppliers are identified for inclusion	April 25
Business Continuity	N/A YAS Specific			54		

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Hazmat/CBRN	<p>Governance The organisation has identified responsible roles/people for the following elements of Hazmat/CBRN:</p> <ul style="list-style-type: none"> - Accountability - via the AEO - Planning - Training - Equipment checks and maintenance <p>Which should be clearly documented</p>			55	<p>CBRN audit for core standards this year has been undertaken by National Ambulance Resilience Unit (NARU). Trust to review current TNA report for CBRN/Hazmat and include all relevant details e.g. training standards, minimum number of educators, course types (according to role) and rationale behind how those staff have been identified.</p>	Sep 25
Hazmat/CBRN	<p>Hazmat/CBRN risk assessments Hazmat/CBRN risk assessments are in place which are appropriate to the organisation type</p>			56	<p>Trust to ensure all current trainers have attended a YAS train the trainer course (PRPS Instructor and CBRN/Hazmat Awareness) in the last twelve months and that the relevant training material is utilised to support the correct delivery of safe system of work training</p> <p>Trust to ensure a risk assessment is completed around safe systems of work for waste management, use of CBRN/Hazmat equipment and minimum staffing numbers required to support the response to a CBRN/Hazmat incident</p>	Sep 25
Hazmat/CBRN	<p>Specialist advice for Hazmat/CBRN exposure Organisations have signposted key clinical staff on how to access appropriate and timely</p>			57		

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
	specialist advice for managing patients involved in Hazmat/CBRN incidents					
Hazmat/CBRN	<p>Hazmat/CBRN planning arrangements The organisation has up to date specific Hazmat/CBRN plans, and response arrangements aligned to the risk assessment, extending beyond IOR arrangements, and which are supported by a programme of regular training and exercising within the organisation and in conjunction with external stakeholders</p>			58	<p>Trust to ensure that FRS and YAS are consulted on changes/reviews etc of the CBRN plan moving forward</p> <p>Trust to clarify and evidence how a protracted incident would be managed, e.g MOU for suits, call cascade</p>	Sep 25
Hazmat/CBRN	<p>Decontamination capability availability 24/7 The organisation has adequate and appropriate wet decontamination capability that can be rapidly deployed to manage self-presenting patients, 24 hours a day, 7 days a week (for a minimum of four patients per hour) - this includes availability of staff to establish the decontamination facilities There are sufficient trained staff on shift to allow for the continuation of decontamination until support and/or mutual aid can be provided - according to the organisation's risk assessment and plan(s) The organisations also has plans, training and resources in place to enable the commencement of interim dry/wet, and improvised decontamination where necessary.</p>			59	<p>Trust to conduct a risk assessment that considers safe systems of work for staffing numbers, findings to then be included in future training/processes and plans. (This may require input from YAS)</p> <p>Trust to ensure there is a clear process in place for the management and rotation of staff working in decontamination roles</p> <p>Trust to produce multi-lingual or pictorial action cards for patients whose first language may not be English or who have any other disability that may require an aid to support their ability to undertake and understand the decontamination process.</p>	Sep 25

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
					<p>Trust to work with FRS, Ambulance and Police to ensure their tactical options for support from each of the services reflects what can be provided. CBRN plan to be updated according to what is agreed.</p> <p>Trust to submit evidence that shows regular dip testing of rota's at various times of the week that is cross referenced with training compliance</p> <p>Trust to submit Major Incident Plan (or plan that details call cascade procedure)</p>	
Hazmat/CBRN	<p>Equipment and supplies The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients.</p> <p>Equipment is proportionate with the organisation's risk assessment of requirement - such as for the management of non-ambulant or collapsed patients</p> <ul style="list-style-type: none"> • Acute providers - see Equipment checklist: https://www.england.nhs.uk/wp-content/uploads/2018/07/epr-decontamination-equipment-check-list.xlsx • Community, Mental Health and Specialist 			60	<p>Trust to provide inventory for PRPS, RamGene, Re-robe and de-robe kits and all other associated CBRN/Hazmat equipment (To include serial or LOT numbers/Expiry Dates/Date of Last Service/Date of Next Service etc</p> <p>Trust to provide SOP for patient conveyor and any other equipment used to support non-ambulant patients</p> <p>Trust to evidence multi-lingual or pictorial action cards for patients whose first language may not be English or who have any other disability that may require an aid to</p>	Sep 25

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
	<p>service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/epr-chemical-incidents.pdf</p>				<p>support their ability to undertake and understand the decontamination process.</p> <p>Trust to submit evidence of a process for the decontamination of patient belongings</p> <p>Trust to provide evidence of SOP/Procedure/Annual Finance Forecast for replacement of CBRN/Hazmat equipment</p> <p>Trust to produce a SOP for the management of CBRN/Hazmat equipment and ensure it is aligned to a role/department</p> <p>Trust to ensure an action for escalation to ICB and NHSE is included in relevant action card (To include notification of an incident, shortfalls in equipment/PPE or loss of capability)</p> <p>Trust to ensure a process is in place to escalate any shortfalls in CBRN equipment and PPE regardless of if an incident or BAU to the ICB and NHSE</p>	
Hazmat/CBRN	Equipment - Preventative Programme of Maintenance			61	Trust to evidence monthly checks on Ram Gene	Sep 25

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
	<p>There is a preventative programme of maintenance (PPM) in place, including routine checks for the maintenance, repair, calibration (where necessary) and replacement of out of date decontamination equipment to ensure that equipment is always available to respond to a Hazmat/CBRN incident, where applicable. Equipment is maintained according to applicable industry standards and in line with manufacturer's recommendations</p> <p>The PPM should include:</p> <ul style="list-style-type: none"> - PRPS Suits - Decontamination structures - Disrobe and robe structures - Water outlets - Shower tray pump - RAM GENE (radiation monitor) - calibration not required - Other decontamination equipment as identified by your local risk assessment e.g. IOR Rapid Response boxes <p>There is a named individual (or role) responsible for completing these checks</p>				<p>Trust to evidence annual service of decontamination room/tent and associated ancillaries (e.g. certificates)</p> <p>Trust to evidence service of PRPS suits in 2023 (Certificates supplied by Respirex)</p> <p>Trust to evidence a preventative maintenance contract for their decontamination unit</p> <p>Trust to evidence a process for the reporting of missing or damaged equipment</p> <p>Trust to provide evidence of a process for the safe disposal of equipment (Ram Gene/PRPS etc)</p> <p>Trust to provide evidence that shows the ability to continue decontamination services in the event of the use of or damage of primary equipment</p> <p>Trust to provide evidence that a preventative maintenance contract is in place and that the contractor has BC arrangements in place to ensure the Trust will continue to receive a service</p>	

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
Hazmat/CBRN	<p>Waste disposal arrangements The organisation has clearly defined waste management processes within their Hazmat/CBRN plans</p>			62	<p>Trust to ensure they include a step to check if their waste disposal contractor is licenced to remove the 'on day' contaminant</p> <p>Trust to provide SOP that Estates work to when organising the disposal of fluid from the tank and non-routine maintenance for the decontamination room.</p> <p>Trust to ensure all relevant legislation for waste/water management is included in the plan. E.g. The document should also refer to the Water resources Act 1991 which is the primary piece of legislation for the protection of water resources in England and Wales and the Gov. UK Guidance: Pollution Prevention for Businesses.</p> <p>Trust to submit the process for the safe disposal of PRPS/Ram Gene</p> <p>Trust to provide evidence that their waste disposal provider has a BC Plan</p> <p>Trust to submit procedure for the management of waste water</p>	Sep 25

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
					<p>Trust to ensure YAS and FRS continue to be included in peer review in the plan on an annual basis</p> <p>Trust to ensure action cards include arrangements for materials to be held as evidence where required.</p>	
Hazmat/CBRN	<p>Hazmat/CBRN training resource The organisation must have an adequate training resource to deliver Hazmat/CBRN training which is aligned to the organisational Hazmat/CBRN plan and associated risk assessments</p>			63	<p>Trust to produce detailed TNA that evidence which departments are required to support the CBRN/Hazmat response and the type of training they will receive and to include the minimum number of trainers required to facilitate this along with identifying their minimum qualifications and training</p> <p>Trust to produce formal training plan that includes the national training standards for CBRN/Hazmat as taught by YAS on the train the trainer sessions.</p> <p>Trust to rationalise any deviation from the national training standards and times within the training plan and include a risk assessment that identifies all control/gaps in controls</p> <p>Trust to ensure all current educators have attended the YAS train the trainer sessions in the last 12 months</p>	Sep 25

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
					<p>Trust to provide evidence of trainers qualifications in CBRN/Hazmat and PRPS Instruction</p> <p>Trust to provide evidence of trainers teaching qualification. In cases where a minimum teaching qualification has not been established, Trust to review with appropriate training leads, establish an agreed standard against a risk assessment and provide the details as evidence against the core standards</p> <p>Trust to provide evidence of an annual training programme that includes dates, class capacity and numbers to be trained.</p> <p>Trust to provide evidence of staff training records, health declarations, certificates</p> <p>Trust to evidence how training compliance is monitored</p> <p>Trust to evidence how roles are allocated during an incident</p>	
Hazmat/CBRN	<p>Staff training - recognition and decontamination</p> <p>The organisation undertakes training for all staff who are most likely to come into contact</p>			64	Trust to submit annual training schedule that includes dates/type of training/class numbers/allocated educators etc	Sep 25

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
	<p>with potentially contaminated patients and patients requiring decontamination.</p> <p>Staff that may make contact with a potentially contaminated patients, whether in person or over the phone, are sufficiently trained in Initial Operational Response (IOR) principles and isolation when necessary. (This includes (but is not limited to) acute, community, mental health and primary care settings such as minor injury units and urgent treatment centres)</p> <p>Staff undertaking patient decontamination are sufficiently trained to ensure a safe system of work can be implemented</p>				<p>Trust to provide clarity on training content for non-responder staff</p> <p>Trust to provide evidence of monitoring against training effectiveness</p> <p>Trust to provide evidence of formal reporting into governance groups in the Trust's level of compliance against CBRN/Hazmat training</p> <p>Trust to ensure all current educators responsible for delivering CBRN/Hazmat training have attended the YAS train the trainer sessions in the last twelve months</p> <p>Trust to ensure current educators are allocated sufficient time for administration and course review alongside course delivery</p> <p>Trust to clarify if different departments receive different training and to submit relevant training packages as supporting information</p> <p>Trust to submit training records for commanders that receive CBRN/Hazmat training</p>	

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
					Trust educators to work with YAS lead on a review of the current training provided based on the training observation outcome	
Hazmat/CBRN	<p>PPE Access Organisations must ensure that staff who come in to contact with patients requiring wet decontamination and patients with confirmed respiratory contamination have access to, and are trained to use, appropriate PPE.</p> <p>This includes maintaining the expected number of operational PRPS available for immediate deployment to safely undertake wet decontamination and/or access to FFP3 (or equivalent) 24/7</p>			65	<p>Trust to produce a risk assessment that support with the identification of minimum PPE levels. CBRN Plan to be updated to reflect this. All recommendations for PPE levels can be supported with a statement to seek scientific advice if unclear.</p> <p>Trust to evidence how staff are allocated suitable PPE and subsequent training, and that allocation conforms to manufacturer guidance (specifically Respirex and Suits sizes)</p> <p>Trust to submit evidence of the communication methods/process in place for staff working in or supporting the Clinical Decontamination Unit</p> <p>Trust to submit evidence that shows how temporary staff are managed in an incident e.g. the type of roles they may be expected to support in and if adequate training has been provided</p> <p>Trust to provide evidence of fit testing on FFP3</p>	Sep 25

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
					Trust to submit process for the request of replacement PRPS suits through NHSE	
Hazmat/CBRN	<p>Exercising Organisations must ensure that the exercising of Hazmat/CBRN plans and arrangements are incorporated in the organisations EPRR exercising and testing programme</p>			66	<p>Trust to submit annual exercise schedule/programme that details CBRN/Hazmat exercising, which should include wet and dry decontamination</p> <p>Trust to submit Pre and Post exercise reports for CBRN/Hazmat exercises undertaken in the last 12 months</p> <p>Trust to submit evidence of learning being captured from exercises, which are then subsequently managed and monitored</p> <p>Trust to formalise inclusion of YAS and FRS in future CBRN/Hazmat exercises</p> <p>Trust to formalise notification to YAS lead in the event of CBRN/Hazmat incident so that additional evidence can be captured to support the core standards moving forward.</p> <p>Trust to ensure exercise schedule for CBRN/Hazmat considers scenarios where FRS and YAS are players in</p>	Sep 25

Core Standards Domain		Rag Rating 23/24	Rag Rating 24/25	CS No	Actions required to be compliant	Complete By
					<p>order to test CBRN Plan (specifically areas where FRS and YAS may be required to support e.g. substance testing/interim decontamination/CBRN body bags/PRPS wearers etc</p> <p>Trust to provide evidence that post exercise reports are submitted to a formal group for review/approval of recommendations</p>	

This year's deep dive focus is on EPRR Cyber and is not included in the overall assurance rating. The STH response is as follows:

DD1	Deep Dive Cyber Security	Cyber Security & IT related incident preparedness	Cyber security and IT teams support the organisation's EPRR activity including delivery of the EPRR work programme to achieve business objectives outlined in organisational EPRR policy.	<ul style="list-style-type: none"> - Cyber security and IT teams engaged with EPRR governance arrangement and are represented on EPRR committee membership (TOR and minutes) - Shared understanding of risks to the organisation and the population it serves with regards to EPRR - organisational risk assessments and risk registers - Plans and arrangements demonstrate a common understanding of incidents in line with EPRR framework and cyber security requirements. - EPRR work programme - Organisational EPRR policy 	<p>IT teams attend EPOG meetings and are documented in minutes and TOR</p> <p>Risk no 3827 - Risk of cyber attack on organisational risk register</p>	Partially compliant
DD2	Deep Dive Cyber Security	Cyber Security & IT related incident response arrangements	The organisation has developed threat specific cyber security and IT related incident response arrangements with regard to relevant risk assessments and that dovetail with generic organisational response plans.	<p>Arrangements should:</p> <ul style="list-style-type: none"> - consider the operational impact of such incidents - be current and include a routine review schedule - be tested regularly - be approved and signed off by the appropriate governance mechanisms - include clearly identified response roles and responsibilities - be shared appropriately with those required to use them - outline any equipment 	Threat specific playbooks are incorporated into the IR Plan, few more in draft to be added. IR Plan details roles and responsibilities. Training for IT and IR provided.	Partially compliant

				<p>requirements</p> <ul style="list-style-type: none"> - outline any staff training needs - include use of unambiguous language - demonstrate a common understanding of terminology used during incidents in line with the EPRR framework and cybersecurity requirements.' 		
DD3	Deep Dive Cyber Security	Resilient Communication during Cyber Security & IT related incidents	The organisation has arrangements in place for communicating with partners and stakeholders during cyber security and IT related incidents.	<p>Arrangements should consider the generic principles for enhancing communications resilience:</p> <ol style="list-style-type: none"> 1. look beyond the technical solutions at processes and organisational arrangements 2. identify and review the critical communication activities that underpin your response arrangements 3. ensure diversity of technical solutions 4. adopt layered fall-back arrangements 5. plan for appropriate interoperability <p>https://www.england.nhs.uk/wp-content/uploads/2019/03/national-resilient-telecommunications-guidance.pdf</p>	We have multiple ways of communicating, from personal mobile devices detailed in our IRP, to WhatsApp Groups and Teams Chats. Resilience being looked at for satellite communications	Partially compliant
DD4	Deep Dive Cyber Security	Media Strategy	The organisation has Incident communication plans and media	- Incident communications plans and media strategy give consideration to cyber security incidents activities as well as	Identified as part of the last tabletop major exercise, Formal development and sign off required.	Non-compliant

			strategies that include arrangements to agree media lines and the use of corporate and personal social media accounts during cyber security and IT related incidents	clinical and operational impacts. - Agreed sign off processes for media and press releases in relation to Cyber security and IT related incidents. - Documented process for communications to regional and national teams - Incident communications plan and media strategy provides guidance for staff on providing comment, commentary or advice during an incident or where sensitive information is generated.		
DD5	Deep Dive Cyber Security	Testing and exercising	The exercising and/ or testing of cyber security and IT related incident arrangements are included in the organisations EPRR exercise and testing programme.	- Evidence of exercises held in last 12 months including post exercise reports - EPRR exercise and testing programme	Major cyber incident exercise run for the Trust by NHSE on 25th June 2024, report available with attendees, overview and findings/lessons learned, which were recorded as Actions in the Trusts Risk Management System.	Fully compliant
DD6	Deep Dive Cyber Security	Continuous Improvement	The organisation's Cyber Security and IT teams have processes in place to implement changes to threat specific response arrangements and embed learning	- Cyber security and IT colleagues' participation in debriefs following live incidents and exercises - lessons identified and implementation plans to address those lessons - agreed processes in place to adopt implementation of lessons identified	Evidence available for post reviews, lessons learned, recorded in Trusts risk management system, IR Plan updated following lessons learned from last exercise.	Fully compliant

			following incidents and exercises	- Evidence of updated incident plans post-incident/exercise		
DD7	Deep Dive Cyber Security	Training Needs Analysis (TNA)	Cyber security and IT related incident response roles are included in an organisation's TNA.	- TNA includes Cyber security and IT related incident response roles - Attendance/participant lists showing cybersecurity and IT colleagues taking part in incident response training.	Work underway, some staff completed IR training, but not all yet enrolled. Groups created in Immersive Labs Training, TNA needs updating.	Partially compliant
DD8	Deep Dive Cyber Security	EPRR Training	The organisation's EPRR awareness training includes the risk to the organisation of cyber security and IT related incidents and emergencies	- Cyber security and IT related incidents and emergencies included in EPRR awareness training package	Cyber/IT awareness included in Trust staff mandatory training session on PALMS	Fully compliant
DD9	Deep Dive Cyber Security	Business Impact Assessments	The Cyber Security and IT teams are aware of the organisation's critical functions and the dependencies on IT core systems and infrastructure for the safe and effective delivery of these services	- robust Business Impact Analysis including core systems - list of the organisations critical services and functions - list of the organisations core IT/Digital systems and prioritisation of system recovery	Critical and core systems have BIA, but these need reviewing and updating. All systems recorded in the Configuration Management Database (CMDB) with tiered criticality and downstream dependencies.	Partially compliant
DD10	Deep Dive Cyber Security	Business Continuity Management System	Cyber Security and IT systems and infrastructure are considered within the scope and objectives of the	- Reflected in the organisation's Business Continuity Policy - key products and services within the scope of BCMS - Appropriate risk assessments		Fully compliant

			organisation's Business Continuity Management System (BCMS)			
DD11	Deep Dive Cyber Security	Business Continuity Arrangements	IT Disaster Recovery arrangements for core IT systems and infrastructure are included with the organisation's Business Continuity arrangements for the safe delivery of critical services identified in the organisation's business impact assessments	<ul style="list-style-type: none"> - Business Continuity Plans for critical services provided by the organisation include core systems - Disaster recovery plans for core systems - Cyber security and IT departments own BCP which includes contacts for key personnel outside of normal working hours 		Fully compliant

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2023/24**

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 Non-compliant (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



Date signed:

23/10/24

Date of Board/governing body meeting

Date presented at Public Board

28/1/25

Date published in organisations Annual Report