

Agenda item 3.iv

Report to:	Trust Board	3 November 2022
Report from:	Chief Operating Officer	
Principal Objective/ Strategy and Title	EPRR Core Standards	
Board Assurance Framework Entries	N/A	
Regulatory Requirement	N/A	
Equality Considerations	N/A	
Key Risks	As above	
For:	Note	

1. PURPOSE

The purpose of this paper is to update the Board on the annual assessment of Trust Compliance against the Emergency preparedness, resilience and response (EPRR) Core Standards and seek approval for submission of the Trust’s assessment of compliance with the standards.

2. ANNUAL ASSURANCE PROCESS

NHS England maintains a statutory duty to seek formal assurance of both its own and the NHS in England’s EPRR (Emergency preparedness, resilience and response) readiness. This is discharged through the EPRR annual assurance process. In July 2022, NHSE/I notified all providers of a revised set of standards, set out in 11 domains, 10 of which are relevant to acute hospital providers. The NHS core standards for EPRR cover 10 core domains:

1. governance
2. duty to risk assess
3. duty to maintain plans
4. command and control
5. training and exercising
6. response
7. warning and informing
8. co-operation
9. business continuity
10. chemical biological radiological nuclear (CBRN) and hazardous material (HAZMAT).
(NHS ambulance trusts are required to assure themselves against an additional domain – ‘interoperable capabilities’)

Each year health providers are required to undertake the EPRR assurance process which involves self assessment and peer review at system level against the relevant domains. An additional annual deep dive review is selected to provide additional assurance into a specific area. In previous years deep dive reviews have focussed on severe weather, business continuity, command and control, and oxygen supply. This year the topic of evacuation and shelter was selected.

The standards and the Trust's self-assessment against them is attached in appendix 1.

Organisations are required to assess themselves against defined compliance levels for each of the 10 domains:

Compliance level	Definition
Fully compliant	Fully compliant with core standard.
Partially compliant	Not compliant with 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.
Non-compliant	Not compliant with the standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months.

The number of core standards applicable to each organisation type is different. The overall EPRR assurance rating is based on the percentage of core standards the organisations assess itself as being 'fully compliant' with. This is explained in more detail below:

Organisational rating	Criteria
Fully compliant	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial compliance	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial compliance	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

All NHS organisations are required to present their self-assessment for peer review and challenge at a system level with a view to ensuring consistency of organisational ratings and facilitate sharing of good practice. The Cambridge and Peterborough Integrated Care System formally reviewed the Royal Papworth Hospital self assessment on 3rd October 2022 and confirmed agreement with the Trust's view on compliance with the standards.

3. ROYAL PAPWORTH SELF ASSESSMENT

The Trust leads and Emergency Accountable Officer undertook the assurance self- assessment over the months of August and September, and collected evidence to support it's rating of each of the 10 domains applicable to an acute Trust. The conclusion of the assessment is that the Trust is substantially compliant against 100% of the relevant NHS EPRR Core Standards. This view was supported by the system peer review. The table below summarises the assessment (full self assessment is contained within the supporting information pack):

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Domain 1 – Governance	6	6	0	0
Domain 2 – Duty to risk assess	2	2	0	0
Domain 3 – Duty to maintain plans	11	10	0	1 Not Applicable
Domain 4 – Command and control	2	2	0	0
Domain 5 – Training and exercising	4	3	1	0
Domain 6 – Response	7	5	0	2 Not Applicable
Domain 7 – Warning and informing	4	4	0	0
Domain 8 – Cooperation	4	3	1	0
Domain 9 – Business Continuity	10	9	1	0
Domain 10 – CBRN	14	6	0	8 Not Applicable
Total	64	50	3	11 Not Applicable

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Evacuation and Shelter	13	11	2	0
	0	0	0	0
Total	13	11	2	0

3.1 Domains of partial compliance:

3.1.1 Domain 5 Training and Exercising

Due to the hospital move in 2019 and the pandemic there has not been a robust schedule of exercising in place for staff. Exercise Sheldon which was held on 15 September was the first EPRR live exercise planned since the move to the new hospital site. This was planned as a multi-agency event but due to falling in the period of mourning following the queen's death, non-Trust participants withdrew out of respect. The exercise was created to test the Trust's incident response to a mass evacuation event but in addition the participants tested command and control arrangements, hospital lockdown and building system management. The event was well attended and hugely successful.

The regular 6 month tests for the communications process is under reviewed and is planned to be completed in time for the next Emergency Planning Committee Meeting in November 2022.

Exercise Starlight (regional comms test) was scheduled for Sept 2021 but was stood down due to technical issues. Exercise Starburst was planned for September 2022 but may have been paused due to the passing of her Majesty the Queen.

3.1.2 Domain 8 Co-operation

The area of shortfall in this domain relates to Local Resilience Forum engagement as there has been no RPH representation at these meetings over the last year. Historically the CCG representative attended to represent health but the change in requirement was not communicated to the Trust. The internal process of how these meetings are communicated to the key stakeholders is being reviewed.

3.1.3 Domain 9 Business Continuity –

All Business Continuity Plans (BCP) are undergoing review and transition to a standard template [review to be completed in early 2023].

Monitoring of KPIs should be reviewed annually at the Emergency Planning Committee Meetings and these are currently being defined and reviewed.

3.2 Deep Dive Evacuation and Shelter:

3.2.1 Ref DD3 incremental planning

DN322 (Fire Policy) is overdue for review and the new fire officer is due to start soon in the Trust and they will undertake the review.

Also, the process for identifying new staff to undertake the training is being reviewed.

3.2.2 Ref DD12 equality and health inequalities

SMART evacuation would pick up many of the characteristics as part of patient triage. We have locally held records for staff with mobility issues who require personalised evacuation plans. Protected characteristics would be considered to ensure that they have access to the full range of services and support and do not encounter any health inequalities and this was explored as part of the recent Exercise Sheldon and will be included in the exercise report.

3.3 Core Standards – domains of not applicable:

3.3.1 Domain 3 Duty to maintain plans

Excess fatalities – we have no mortuary facility on site. This service is provided by CUH.

3.3.2 Domain 6 Response

Access to Clinical Guidelines for MIs and Mass Casualty Events - RPH is unlikely to be involved in mass casualty response, other than supporting the local health community in creating capacity by taking transfers, but this is likely to be smaller in number than mass casualties and planned.

3.3.3 Domain 6 Response

Access to CBRN Incident Clinical Management and Health protection – RPH doesn't provide a decontamination service. There is a policy in the event of a self presenter.

3.3.4 Domain 10

CBRN – decontamination capability availability 24/7 (as above)

PRPS availability – as above

Equipment checks – as above

Equipment preventative programme of maintenance – as above

PPE disposal arrangements – as above

HAZMAT/CBRN training lead – as above

Training programme – as above

Staff training – decontamination – as above

4. OF FURTHER NOTE

The committee is requested to note the additional items:

- Mr Alex Baldwin has taken the role of Emergency Accountable Officer as of 15 September.
- In addition to the ongoing level 3 national incident due to the pandemic the Trust responded to four local issues in the past 12 months, an electrical failure, a security issue, criminal damage which impacted on our oxygen supply and a national blood stocks issue. On each occasion the effectiveness of the Trust's response was reviewed with a view to sharing the learning.

Recommendation

The Trust Board is asked to note the contents of this report and the conclusion of our self-assessment against the EPRR core standards, and approve the assessment for submission.