

Agenda item 4.iii Appendix 1

Report to:	Board of Directors	Date: 2 November 2023
Report from:	Harvey McEnroe – Chief Operating Officer & Operational Lead EPRR	
Principal Objective/ Strategy and Title	EPRR Core Standards – 1st Submission 2023	
Board Assurance Framework Entries	N/A	
Regulatory Requirement	Civil Contingencies Act (2004) NHSE Emergency Preparedness Resilience and Response (EPRR) Framework The NHS Act (2006) (as amended) ISO22301:2019 Business continuity management	
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.

2. ANNUAL ASSURANCE PROCESS

NHS England are obligated to annually ensure its own and the broader NHS's EPRR readiness. In June 2023, NHSE introduced a revised set of standards with 10 domains with revision to the sub-domains wording and quantity. Royal Papworth Hospital NHS Foundation Trust (RPH) now follows Specialist Trust Core Standards self-assessment.

The 10 core domains for EPRR are:

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 (CBRNe) and hazardous material (HAZMAT).

Each year health providers are required to undertake the EPRR assurance process which involves self-assessment, peer review at system level against the relevant domains before formal submission. An additional annual deep dive review is selected to provide additional assurance into a specific area. This year the topic of training and exercise was selected.

Organisations are required to assess themselves against defined compliance levels for each of the 10 domains. These can be found in Annex A for your reference.

The Cambridge and Peterborough Integrated Care System formally reviewed the Royal Papworth Hospital self-assessment on 15th September 2023 and confirmed agreement with the Trust’s view on partial compliance with the standards. Last reporting year the self-assessment was recorded as substantial compliance.

3. SUMMARY OF COMPLIANCE DIFFERENCES

In the recent evaluation of our compliance with the NHS EPRR core standards, we have observed a shift from 'substantial' compliance last year to 'partial' compliance this year. Several pivotal changes underpin this shift. The adoption of a new assessment template this year has provided an altered framework for evaluation. Additionally, our benchmarks have transitioned to assessment against a specialist trust, a departure from last year's acute trust standards.

The organisation has introduced a new Accountable Emergency Officer (AEO) and hired a dedicated EPRR specialist for the lead role (Trust Operational Lead for EPRR (part time)). The dedicated lead EPRR role is afforded the time and responsibility for meticulous analysis of the core standards and scrutiny of our self-assessment against them. It's crucial to factor in these changes when comparing our performance this year to last year's.

4. ROYAL PAPWORTH SELF ASSESSMENT

The assurance for EPRR core standards is a continuous and dynamic function which is lead by the Trust Operational Lead for EPRR. The Trust lead and AEO undertook the assurance self-assessment process and collected evidence to support it’s rating of each of the 10 domains applicable to a specialist Trust. The Trust is partially compliant against the relevant NHS EPRR Core Standards overall. Reassuringly, the EPRR work plan is already addressing the areas of partial compliance. RPH does not have any ‘non-compliant’ domains. The table below summarises the assessment (full self-assessment is contained within the supporting information pack):

2022-23 Self-assessment table

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Domain 1 – Governance	6	5	1	0
Domain 2 – Duty to risk assess	2	2	0	0
Domain 3 – Duty to maintain plans	11	9	2	0
Domain 4 – Command and control	2	2	0	0
Domain 5 – Training and exercising	4	2	2	0
Domain 6 – Response	7	7	0	0
Domain 7 – Warning and informing	4	3	1	0
Domain 8 – Cooperation	4	4	0	0
Domain 9 – Business Continuity	10	3	7	0
Domain 10 – CBRN	12	11	1	0
Total	62	48	14	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Training	10	10	0	0
Total	10	10	0	0

4.1 Domains of partial compliance:

4.1.1 Domain 1 Governance

The organisation does not have an overarching EPRR policy which has been specifically requested by the ICB and NHS contracts post self-assessment 2021-2022. Information that the EPRR Policy should contain is found in fragments across the Trust in several other documents, however, it is felt that an overarching EPRR Policy will simplify the situation and provide a central governance for the organisation and align us with the core standards framework.

This domain will be fully compliant upon completion of the ratification process for the EPRR Policy. The EPRR Policy has been discussed at the Emergency Planning Committee in June 2023, there were amendments to be made. It will return to the EPC in September 2023, then Quality and Risk for ratification and Board Performance Committee as a final step October 2023.

4.1.2 Domain 3 Duty to Maintain Plans

Out of 11 sub domains, there was a self-assessment of partial compliance in 2 areas. The main concerns were around documents sitting under incorrect department and/or authors which remains nebulous or documents not reflective of current risks or impacts. EPRR is a dynamic subject with the need to remain up to date to maintain organisational resilience. Predecessors may not have been afforded the dedicated time to remain current with the EPRR subject and update documents as frequently as required.

An example here is the heatwave plan document. During a heatwave, RPH are well versed and prepared to issue communications to staff and place measures in operation. Although we perform this well, it is not reflected in this document. The adverse weather document contains limited information about a heatwave plan and does not contain other adverse weather conditions. The document should sit with EPRR collaborating with Estates & Facilities and Workforce as co-authors in support of the plan actions.

DN322 (Fire Policy) is overdue for content review, a new Fire Manager/Officer is in role soon to support this action and work collaboratively to update content.

DN562 VIP Procedure is requiring some content changes and update to reflect the code words that are now being used by some VIPs. Additionally, a more detailed process of actions within this procedure would be beneficial to staff for this type of activation.

On collaborative review of these, and subsequent approval for ratification of documents, this domain will become fully compliant.

4.1.3 Domain 5 Testing and Exercising

This domain was the deep dive for 2023, we have performed well and improved on self-assessments of sub-domains since 2022. For this domain we were deficit a training needs analysis (TNA) in line with the mandated national Minimum Occupational Standards (MoS) and a robust recording system of staff training records. In the past staff have held their own professional development training records. Since the submission of the self-assessment, a TNA has been authored.

In the last 12 months RPH has successfully run a tabletop exercise – Exercise Sheldon (15/09/2022). There has also been ongoing training of Smart Evacuation, external training offered for on call commanders, face to face JESIP training, HMIMMS offerings to staff, live fire evacuation exercise (min)

at the HLRI and a further planned live fire evacuation of 4NE in 2023. All live incidents that have occurred, including industrial action, all test the level of response and resilience that we have as an organisation and are valid as response to exercise and testing in this domain. Lessons learned from incidents are shared across the Trust.

There is a regular 6-month test for the communications process and a major incident communications test happens monthly to ensure the activation system is functioning.

Further training is planned in the form of a bi-weekly bullet-in, highlighting the topic or risk of that week in a bite size format for on-call staff. This then forms part of the intranet for all staff to have easy access to recall at their leisure. On-call commander workshops have been paused, there was poor attendance due to increased workload demands and industrial action. This will be reviewed and potentially restarted in early 2024. RPH are aiming to host a HMIMMs course to allow a larger number of on-call and senior response staff to access the training. Further mini tabletop exercises internally are planned to test new or updated procedures and new action cards in the critical incident plan. The Trust regularly engages in externally offered training and exercising programs.

4.1.3 Domain 7 Warning and Informing

Please see section 4.1.2 for further detail referring to the Heatwave Plan. The ICB has suggested we can move to fully compliant here as we do have processes in place, RPH have self-assessed as partial while we complete the review of the Heatwave plan and formally re-publish post ratification.

4.1.4 Domain 8 Co-operation

Last year this was partial – this year we are fully compliant with this domain.

4.1.5 Domain 9 Business Continuity

This domain requires the most focus to become fully compliant. There are 7 sub-domains that require attention. DN513 Business Continuity Policy document is in date by RPH document control standards but does not refer to current International Organisation for Standardisation (ISO) standards. The ownership of this should be changed to sit within EPRR/AEO portfolio for specialist oversight and robust resilience measures.

The Trust Board approved a move to a unified overarching business continuity plan (BCP) with area specific business impact analysis (BIA) as appendix to this plan. Areas have been asked to review their BIA annually, with limited engagement and response to this request. BCP workshops have been offered to support areas in the update of BIAs, again with limited uptake. The move to a unified BCP with area specific BIA as an appendix aims to improve this compliance. The task will sit with EPRR and be reviewed with area specific support, elevating the erroneous task to the area document owners. The BIA remains a document owned by specialist areas; however, the governance and auditing process should be improved with this new method of annual review. In addition, the use of technology to enhance the auditing process is a digital project that we would like to evolve over the coming 12 months.

4.1.6 Domain 10 CBRNe

The formal ratification and publication of the EPRR policy will enable a fully compliant section here.

4.2 Deep Dive Training and Exercise:

All deep dive sub-domains requested we have now submitted as fully compliant. This was aided by the production of a TNA. Please note the TNA does need further discussion and detail, with regard the courses we can provide or seek to outsource for staff, the funding available for this and ensuring remains in line with the MoS document.

Recommendation

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

Annex A – Compliance definition and criteria

Compliance level	Definition	
Fully compliant	Fully compliant with core standard.	
Partially compliant	Not compliant with core standard. The organisation’s EPRR work program demonstrates evidence of progress and an action plan to achieve full compliance 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
Non-compliant	Not compliant with the standard. In line with the organisation’s EPRR work program, compliance will not be reached within the next 12 months.	

percentage of core standards the organisation’s assess itself as being ‘fully compliant’ with. This is explained in more detail below:

Organisational rating	Criteria
Fully compliant	The organisation if fully compliant against 100% of the relevant NHS EPRR Core Standards (59 core standard)
Substantial compliance	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards (52-58 core standards)
Partial compliance	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards (45-51 core standards)
Non-compliant	The organisation is fully compliant up to 76% or less of the relevant NHS EPRR Core Standards (44 or less core standards)

	Fully compliant	Substantially compliant	Partially compliant	Non-compliance
	100%	99-89%	88-77%	76% or less
Organisation type	Number of fully compliant core standards to achieve the percentage			
Acute providers	62	61-55	54-48	47 -0
Specialist providers	59	58-52	51-45	44-0

Table to show number of sub-domains that are required to be ‘fully compliant’ to update the overall compliance score.