

## Board of Directors (in Public)

### Item 5.2

**Subject:** Emergency Preparedness Resilience Response (EPRR) Core Standards

**Date of Meeting:** 4<sup>th</sup> September 2018

**Prepared by:** Helen Martin, Risk and Safety Lead

**Presented by:** Mark Jackson, Director of Research & Innovation (Chief Risk Officer)

**Purpose of Report:** For Approval

BAF Ref	Impact on BAF
3.7	Report provides assurance that the Trust has adequate plans in place to deal with emergency situations.

#### 1. Executive Summary:

Each year, NHS England request that healthcare organisations self-assess their emergency preparedness against a core set of emergency preparedness and resilience response (EPRR) standards in order to highlight any weaknesses in systems and develop action plans to mitigate same.

An assurance deep dive is undertaken each year. For 2018, the emphasis is on command and control.

The designated NED for emergency planning (Neil Large) has reviewed this submission previously.

The Board of Directors is requested to review and agree the results of the EPRR core standards self-assessment, and recommendations made.

#### 2. Background:

Attached is the completed core standard for Liverpool Heart and Chest Hospital. The standards relevant to LHCH are concentrated on EPRR core standards and business continuity.

The majority of the evidence of compliance is contained within the Major Incident Plan, which is subject to regular review to ensure it remains up to date. Other policies that link to the Major Incident Plan comprise of the Heatwave plan, Cold weather plan, Pandemic flu policy, Infectious disease policy, Evacuation and Lockdown policies.

A table top exercise is conducted on an annual basis as per the requirements of current national guidance. Learning from the exercises is monitored via the Emergency Planning Group. The membership of the Emergency Planning Group is multidisciplinary. An annual

report for the Emergency Planning Group is presented to the Risk Management and Corporate Governance Committee.

A schedule of business continuity exercises is in place and is monitored via the Risk Management and Corporate Governance Committee. Business continuity plans have been developed for all areas across the organisation and are reviewed at Divisional Governance at least annually.

Command and control training for relevant staff takes place on a 3 yearly basis as per current national guidance.

### **3. Self-Assessment 2018:**

The NHS England Core Standards for EPRR are split into ten 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. Cooperation
9. Business continuity
10. Chemical Biological Radiological Nuclear (CBRN).

For the 2018 self-assessment of the relevant EPRR core standards, LHCH can demonstrate full compliance (see attachment – EPRR Core Standards).

In order to achieve this, the Major Incident Plan has been strengthened by the addition of sections on

- Mass countermeasures
- The Joint Decision Making Model (JESIP)
- Strengthened HAZMAT response (Hazardous Materials)
- The on call structure within LHCH

These revisions were approved at the August 2018 meeting of the Risk Management & Corporate Governance Committee.

Command and control training has been arranged for the Executive team, On Call Managers, Hospital Coordinators and members of the Emergency Planning Group. This will be delivered by NHS England Head of Emergency Planning in November 2018.

Additionally, the deep dive review has asked for responses to eight specific questions regarding command and control in the organisation

<b>Deep Dive (Command and Control)</b>	<b>LHCH Position</b>	<b>Action</b>
The organisation has equipped their Incident Control Centre (ICC) with suitable and resilient communications and IT equipment	Yes – the Major Incident Room is situated in the Management Portacabin with a back up room in the Hospital Coordinators office	None

The organisation has the ability to establish an ICC (24/7) and maintains a state of organisational readiness at all times.	Yes – the Management portacabin is accessible 24/7 (Security would open up in the out of hours period)	None
ICC equipment has been tested every three months as a minimum to ensure functionality, and corrective action taken where necessary.	Yes – schedule of testing developed	None
The organisation has arrangements in place outlining how it's ICC will coordinate it's functions	Yes – within the Major Incident Plan	None
The organisation has a documented command structure which establishes strategic, tactical and operational roles and responsibilities 24 / 7.	Yes – in the Major Incident Plan	None
The organisation has documented how its command structure interacts with the wider NHS and multi-agency response structures.	Yes – in the Major Incident Plan	None
The organisation has in place processes to ensure defensible decision making; this could be aligned to the JESIP joint decision making model.	Yes – Decision making model contained within the Major Incident Plan	None
The organisation has a documented process to formally hand over responsibility from response to recovery.	Yes – in the Major Incident Plan	None

The Trust will be declaring compliance (green) against all standards.

#### 4. Conclusion:

The 2018 self-assessment of the EPRR core standards has been undertaken and LHCH can demonstrate compliance with the relevant standards.

#### 5. Recommendations:

The Board of Directors is requested to:

- Review and approve the self-assessment for submission to NHS England