

Board of Directors

Item 5.4

Subject: Emergency Preparedness Resilience Response (EPRR) Core Standards Self Assessment

Date of Meeting: 27th September 2023

Presented by: Karan Wheatcroft, Director of Risk and Improvement

Purpose: To Note

BAF Ref	Impact on BAF
ALL	Assurance on the emergency preparedness and resilience response arrangements within the Trust.

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. The purpose of this is to highlight any weaknesses in systems and develop action plans to mitigate these. An assurance deep dive is undertaken each year, and for 2023, the emphasis is EPRR training.

For the 2023 Core Standards EPRR self-assessment, LHCH is able to declare substantial assurance. This report has been reviewed through the Risk Management Committee.

The Board of Directors is requested to note the results of the EPRR core standards self-assessment and action plan.

2. Background

Liverpool Heart and Chest Hospital (LHCH) has a Major Incident Plan in place , a Business Continuity Management System and Business continuity plans for each area of the organisation which conform with the Civil Contingencies Act (CCA 2004).

The Trust completes an annual EPRR core standards self-assessment for submission to NHS England. The core standards relevant to LHCH are concentrated on EPRR and business continuity.

In a change from other years, evidence is now to be submitted to NHSE along with the self-assessment and Statement of Compliance, which is signed by the Accountable Emergency Officer (AEO).

3. Self-Assessment (2023)

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. Hazmat/Chemical Biological Radiological Nuclear (CBRN).

For the 2023 self-assessment of the relevant EPRR core standards, LHCH can demonstrate substantial compliance. An action plan (see appendix 1) to monitor and ensure completion of the standards, that are not fully compliant, has been developed. It will be reviewed in the EPRR group until full completion is achieved.

Included in the evidence is the Major Incident Plan. Other policies that link to the Major Incident Plan, comprise of the Adverse Weather plan, Respiratory virus 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. The tabletop exercise that was conducted in November 2022 concentrated on hospital evacuation and was attended by Head of EPRR for NHSE. A further tabletop exercise is planned for November 2023.

Learning from exercising is monitored via the Emergency Planning Resilience Response Group (EPRR). The membership of the EPRR group is multidisciplinary.

An annual report for the emergency planning group is presented to the Risk Management committee.

Business continuity plans have been developed for all areas across the organisation and are reviewed at Divisional Governance at least annually. Ensuring the plans are kept updated and uploaded on the intranet continues to provide a challenge.

Strategic and Tactical command and control training takes place on a 3 yearly basis as per the minimum occupational standards. The training is mandatory for all on call directors and managers.

Deep Dive (2023)

The deep dive review is concentrated on EPRR training and comprises of the following:

Standard	Deep Dive	LHCH Position	Action
DD1	All response roles, including health commander roles described within all EPRR plans, frameworks and arrangements (including business continuity) are	Compliant	Relevant staff are included in the Training Needs Analysis (TNA)

Standard	Deep Dive	LHCH Position	Action
	included in the organisation's Training Needs Assessment (TNA).		
DD2	The organisation's operational, tactical and strategic health commanders TNA and portfolios are aligned, at least, to the Minimum Occupational Standards and using the Principles of Health Command course to support at the strategic level.	Partially Compliant	On call Executive and on call managers have been provided with the dates for the strategic and tactical commanders course. Completion of this course is mandatory.
DD3	The organisation has included within their TNA those staff responsible for the writing, maintaining and reviewing EPRR plans and arrangements (including Business Continuity and incident communication).	Compliant	Relevant staff are included in the TNA
DD4	Those within the organisation that are accountable for the oversight of EPRR arrangements are included in a TNA.	Compliant	Relevant staff are included in the TNA
DD5	Those identified in the organisations EPRR TNA(s) have access to appropriate courses to maintain their own competency and skills.	Compliant	On call Executive and On call managers have been provided with the dates for the strategic and tactical commanders course. Completion of this course is mandatory.
DD6	The organisation monitors, and can provide data on, the number of staff (including health commanders) trained in any given role against the minimum number required as defined in the TNA.	Partially compliant	Meetings held with Education dept regarding recording of EPRR training in staff records. Records held regarding table top exercise attendance.
DD7	Compliance with the organisation's TNA is monitored and managed through established EPRR governance arrangements at board level and multi-agency level.	Compliant	EPRR annual report received by Risk Management committee which is a sub committee of the Board
DD8	The Organisation's delivered / commissioned EPRR training is aligned to JESIP* joint doctrine	Compliant	Training is sourced via LRHP and NHSE

Standard	Deep Dive	LHCH Position	Action
DD9	In line with continuous improvement processes, the organisation has a clearly defined process for embedding learning from incidents and exercises in organisationally delivered / commissioned EPRR Training.	Compliant	EPRR group meet quarterly and review all incidents and exercises. Review of training takes place via Gantt chart
DD10	The organisations delivered / commissioned EPRR training is subject to evaluation and lessons identified from participants so as to improve future training delivery.	Partially compliant	Evaluation taken at end of exercises from participants which helps inform future exercises

*JESIP principles are for joint working and include co-locate, communicate, co-ordinate, jointly understand risk and shared situational awareness.

The Trust will be declaring partial compliance against the deep dive standards. The results of the deep dive are not included in the overall result of the EPRR assurance process.

4. Conclusion

The 2023 self-assessment of the EPRR core standards has been undertaken and LHCH can demonstrate substantial compliance with the relevant standards. Partial compliance is declared for the deep dive into EPRR training.

An action plan has been developed which will ensure the completion of the areas, where further work is required to demonstrate full compliance.

The EPRR group will monitor the action plan, until all actions are completed and assurance will be provided to the Risk Management Committee (reporting to the Operational Board).

5. Recommendations

The Board is requested to Note the self-assessment for submission to NHS England.

Appendix 1 - Action Plan for completion of EPRR standards (2023)

Date	EPRR standard	Evidence available	Action required	Progress	Action complete
7/9/23	(CS) Command and control Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions	<ul style="list-style-type: none"> • Strategic and Tactical Incident Commander Training in progress as per minimum occupational standards. • Table Top Exercises attendance and awareness evidence relevant training. 	All Strategic and Tactical on managers to complete the command and control training	18 staff in total required to complete. 44% of staff have completed the training and provided certificates.	
7/9/23	(CS) Training and Exercising 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	<ul style="list-style-type: none"> • Tabletop Attendance Sheets (November 2022 - missing) Mass Evac - attended by Jo Butler Head of EPRR NHSE • Scenario Testing Evidence and supporting GANTT Chart evidencing a documentation of training in incident response to fulfil the individuals' role. 	All Strategic and Tactical on managers to complete the command and control training	18 staff in total required to complete 44% of staff have completed the training and provided certificates	
7/9/23	(CS) Response (Business continuity) 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).	<ul style="list-style-type: none"> • Regular checks are conducted on the BCP. • Each area within the trust has its own BCP and these are reviewed at The Governance Committee and EPRR Group. • The BCP for some areas are due to expire and these areas have been informed of the need to revise the BCP at the soonest 	Areas to review, update and upload BCPs to the intranet.	83% of BCP's are complete and uploaded to the intranet	

Date	EPRR standard	Evidence available	Action required	Progress	Action complete
		<p>available opportunity.</p> <ul style="list-style-type: none"> • 30.6% of BCPs currently in revision. • The longest outstanding BCP is 4 months. 			
7/9/23	<p>(CS) Hazmat/CBRN training The organisation undertakes training for all staff who are most likely to come into contact 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>	<ul style="list-style-type: none"> • Trust training in CBRN is in progress with staff attendance and completion documented accurately. 	Relevant staff to complete the training and indicate that training is complete	3 staff from Switchboard have indicated completion of the training	
7/9/23	<p>(DD2) EPRR training The organisation's operational, tactical and strategic health commanders TNA and portfolios</p>	On call Executive and On Call Managers have completed the command and control training (need all certs)	All Strategic and Tactical on managers to complete the command and control	18 staff to complete. 44% of staff have completed the training and	

Date	EPRR standard	Evidence available	Action required	Progress	Action complete
	are aligned, at least, to the Minimum Occupational Standards and using the Principles of Health Command course to support at the strategic level.		training	provided certificates.	
7/9/23	(DD6) EPRR training The organisation monitors, and can provide data on, the number of staff (including health commanders) trained in any given role against the minimum number required as defined in the TNA.	On call Executive and On Call Managers have completed the command and control training (need all certs)	All Strategic and Tactical on managers to complete the command and control training	18 staff to complete. 44% of staff have completed the training and provided certificates	
7/9/23	(DD10) EPRR training The organisations delivered / commissioned EPRR training is subject to evaluation and lessons identified from participants so as to improve future training delivery.	Evaluation taken at end of exercises from participants which helps to inform future exercises	Continue to collect evaluation and feedback forms at the end of exercises	Evidence required for November 2023 exercise	

KEY: CS=Core standard

DD=Deep Dive