

Board of Directors Item 5.3

Subject: Emergency Preparedness Resilience Response (EPRR) Core Standards Assessment 2024
Date of Meeting: 26th November 2024
Presented by: Ben Vinter, Director of Risk and Corporate Governance

| 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 2024, the emphasis is on cyber.

The 2023 self-assessment of the EPRR core standards and subsequent NHSE assurance exercise highlighted a number of actions required to enhance our EPRR compliance from the score of non-compliance as awarded by NHSE. LHCH's allocation was comparable to our neighbours and most Trusts within England given the introduction of a new framework.

Following our 2023 outcome an action plan was developed and a task and finish group established to ensure delivery and improved compliance with the EPRR core standards.

Over the past year, much work has been undertaken to ensure increased compliance with the EPRR programme, with new policies being developed, more tabletop exercises undertaken to test our responses and new audits established to measure compliance with policies/procedures.

The self-assessment completed by LHCH offered a preliminary result of partial compliance.

Following review and assessment by the EPRR Leads at C&M ICB, the 2024 self-assessment has been completed and determined a final result of partial compliance

with the standards. Work with the programme continues to ensure improved compliance over time.

2. Background

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.

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).

Last year, NHSE requested that evidence was submitted to them for review and assessment. Following that review, the majority of Trusts in the region were considered to be non-compliant with the core standards. LHCH was included in this number.

For the 2024 Cheshire and Merseyside ICB have taken over the management of the process and as such evidence was submitted to them along with the self-assessment and Statement of Compliance signed by the Accountable Emergency Officer (AEO).

3. EPRR Core Standards Self-Assessment

For 2024 LHCH completed a self-assessment resulting in a preliminary score of partial compliance. The self-assessment is as follows:

| Core standard self assessment 2024 | | | |
|------------------------------------|-----------------|---------------------|---------------|
| Number of applicable standards | Fully compliant | Partially compliant | Non compliant |
| 59 | 51 | 8 | 0 |

The key elements underpinning the self-assessment and LHCH EPRR arrangements are:

- A Major Incident Plan, and other policies that link to the Major Incident Plan, including the Adverse Weather Plan, Respiratory Virus Policy, Infectious Disease Policy, Evacuation and Lockdown policies.
- A Business Continuity Management System and Business continuity plans for each area of the organisation which conform with the Civil Contingencies Act (CCA 2004). Business continuity plans are reviewed at Divisional Governance meetings at least annually. It is acknowledged that it has been a challenge to ensure all these plans are kept updated and uploaded on the intranet.
- A table-top exercise is conducted on an annual basis as per the requirements of

current national guidance.

- Learning from exercising is monitored via the Emergency Planning Resilience Response Group (EPRR). The membership of the EPRR group is multidisciplinary.
- 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. We are continuing to ensure that everyone has completed this training as introduced in 2022/23.
- An annual report for the emergency planning group is presented to the Risk Management committee.

4. Overview of the action plan and progress following 2023 self-assessment

Following the 2023 NHS core standards assurance process and the downgrading of the self-assessment by NHSE, an action plan was developed which has formed the basis of the workplan for emergency planning.

While we had no 'non compliant' standards, NHSE concluded that 46 of the standards declared as fully compliant were only partially compliant. This was a similar picture to other providers across Cheshire and Merseyside.

The feedback and actions undertaken included:

- **EPRR policy and statement of intent** – while this is included within the Major Incident Plan (MIP), NHSE wanted to see this as a separate document.
For 2024 a separate EPRR policy has been written and approved by the EPRR group.

- **Incidents and exercises** – evidence of debriefs and lessons learned, testing to include mass casualties and administering prophylaxis, testing of lockdown policy, incident coordination centre testing records.

For 2024 table top exercises have been undertaken covering Lockdown, an outbreak and cyber. A new process has been developed to capture the testing of the incident coordination centre equipment and audit of same.

A mass casualty exercise has not been undertaken in 2024.

LHCH participated in a regional communications exercise which tested the escalation process should a major incident be declared. LHCH completed and was compliant with the test.

- **System collaboration** – contribution to multiagency plans for mass casualties including mortuary provision

For 2024 the MIP has been strengthened to include reference to mass casualty and mortuary/excess deaths management.

- **Training** – In addition to the areas identified in the self-assessment, the feedback included the need for records to include a range of training for different roles.

For 2024 the process for holding training records has been improved with the development of a training needs analysis which includes capture of the records

of training specific to EPRR.

- **Policies and plans** – respiratory virus policy has been expanded for infectious diseases and pandemics, updates re ICB/ regional terminology in MIP, consultation on adverse weather plan, which was approved at EPRR group, evacuation and shelter plans included in MIP and Hospital Evacuation plan, communications have been strengthened in MIP, processes for mutual aid requests strengthened, information sharing protocol sent by Information governance Lead, update to business continuity management system policy, business impact analysis documents contained within BCP's, and reference to VIPs in MIP now includes patients.

For 2024 - the Respiratory virus policy has been re written, reference to legacy organisations removed from all policies, consultation on all plans via the EPRR group membership, information sharing protocol confirmed with Head for Information Governance, Business Continuity Management System document rewritten and approved by the EPRR group, reference to VIP's includes patients within MIP and Security Policies.

A mutual aid agreement for Cheshire and Merseyside has been approved and distributed to Trusts.

A site-specific mutual aid document for the Broadgreen site was developed and shared with LUFHT and MerseyCare partners. However, this was unable to be progressed with partner organisations.

- **Hazmat/ CBRN** – a new Hazmat/CBRN plan has been developed and approved by the EPRR group. An accompanying SOP has been developed which details the practical response by staff should a person present at the Trust covered in an a potentially hazardous substance. An audit of the equipment required within the SOP is undertaken on a monthly basis with an annual audit to assess compliance reported to the EPRR group.
- **Other** – other work has included an audit of providers BCP's which has been reported to the EPRR group; all on call managers and directors have completed the Principles of Health command training; completion of legal awareness training by senior staff; completion of decontamination of hazmat by specific staff; completion of loggist training by the Risk Management Coordinator; inclusion of EPRR related risk on the Corporate risk register.

Cheshire and Merseyside ICB have been proactive in supporting Trusts in providing training however demand as been seen to outstrip supply. More support with this has been requested by Trusts across the region in this regard.

Please refer to appendix 1 for the complete EPRR self-assessment

Areas of focus for the expected 2025 standards and assessment (moving from partially compliant to compliant) are as follows:

- Board reporting
- Evidencing EPRR learning
- EPRR training needs analysis
- Training approaches and evidence
- Leadership attendance at LHRP
- Environmentally appropriate HAZMAT arrangements

EPRR Deep Dive – Cyber

The deep dive assessment for 2024 is concentrating on cyber. The deep dive score is not counted towards the overall assessment compliance rating.

The assessment has a focus on

- incident management related to cyber (preparedness and response)
- communications during a cyber incident
- testing and exercising
- training
- continuous improvement
- business continuity

Evidence has been collated in conjunction with IT colleagues in relation to specific policies relating to LHCH management of IT. Following assessment of the evidence it can be determined that we are fully compliant with five of the standards.

| Deep Dive self assessment 2024 - Cyber | | | |
|---|-----------------|---------------------|---------------|
| Total standards applicable | Fully compliant | Partially compliant | Non compliant |
| 11 | 8 | 1 | 2 |

The fully compliant standards are in relation to

- IT membership of the LHCH EPRR group
- Inclusion in the Telecommunications BCP
- Inclusion in the Media and Social Media policies
- Evidence of updated policies via DEC
- Specific IT related BCP's for critical systems

More work is required in order to ensure the partially and non-compliant elements of the standards are completed. This includes

- A table top exercise has been completed however a report will go through the December 2024 EPRR group which will detail learning and improvement
- Cyber TNA
- Cyber staff training in EPRR
- Business impact assessments
- Specific inclusion of cyber in LHCH BCMS

5. Conclusion

The 2023 self-assessment of the EPRR core standards and subsequent NHSE assurance exercise highlighted a number of actions required to enhance our EPRR compliance.

An action plan was developed and a task and finish group established to ensure delivery and improved compliance with the EPRR core standards.

Over the past year, much work has been undertaken to ensure increased compliance with the EPRR programme, with new policies being developed, more tabletop exercises to test our responses and new audits established to measure compliance with policies/procedures.

The 2024 self-assessment has been completed and determined a final result of

partial compliance with the standards (following review and assessment by the EPRR Leads at C&M ICB). Work with the programme continues to ensure improved compliance over time.

6. Recommendations

The Board of Directors is requested to note the work undertaken to improve compliance and the result of the self-assessment for 2024.

Appendix 1 - EPRR core standards 2024 final result



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-for-epr-2024-temp

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