

# Emergency Preparedness Resilience and Response (EPRR) Core Standards Update

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Trust Board paper O

## Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

## Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
Trust Board	02/09/2021	The EPRR Annual Report set out the outcomes of the initial self-assessment against NHS England's core standards for EPRR.

## Executive Summary

### Context

NHS England's core standards for EPRR are the minimum standards which NHS organisations and providers of NHS funded care must meet to comply with the requirements of NHS England's EPRR Framework, the NHS Contract and the Civil Contingencies Act (2004).

### Questions

1. What was the final agreed outcome of the core standards review for 2021/22?
2. Is the Trust Board assured that sufficient measures are in place to address any identified gaps?

### Conclusion

1. Following the initial self-assessment against NHS England's core standards for EPRR, a "confirm and challenge" process was carried out with Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs) and the NHS England Midlands Team. This process has resulted in four of the standards being downgraded from fully compliant to partially compliant. Therefore, of the 46 applicable standards, it was agreed that the Trust is fully compliant with 41 of the standards and

partially compliant with the remaining 5 standards. Despite the downgrade, the Trust remains “substantially compliant” overall.

- The Trust’s EPRR Board oversees a comprehensive EPRR Work Programme which aims to achieve full compliance with the core standards. The EPRR Work Programme has been reviewed following the “confirm and challenge” process to ensure it remains fit for purpose.

## Input Sought

The Trust Board is asked to note the content of this report.

**This report relates to the following UHL quality and supporting priorities:**

### 1. Quality priorities

Safe, surgery and procedures	No
Safely and timely discharge	No
Improved Cancer pathways	No
Streamlined emergency care	No
Better care pathways	No
Ward accreditation	No

### 2. Supporting priorities:

People strategy implementation	No
Estate investment and reconfiguration	No
e-Hospital	No
More embedded research	No
Better corporate services	No
Quality strategy development	No

### 3. Equality Impact Assessment and Patient and Public Involvement considerations:

An Equality Impact Assessment (EIA) was completed for this report and no impacts were identified

### 4. Risk and Assurance

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?		
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register	X	If the Trust fails to improve its emergency preparedness, resilience and response (EPRR) arrangements... caused by a lack of appropriate time and resources to develop them... then there is a risk that the Trust is not adequately prepared to respond to a business continuity, critical or major incident.

- Scheduled date for the **next paper** on this topic: August 2022
- Executive Summaries should not exceed **5 sides** My paper does comply

**REPORT TO:** Trust Board

**DATE:** 03 February 2022

**REPORT BY:** Ben Collins, EPRR Manager

**SUBJECT:** Emergency Preparedness, Resilience & Response (EPRR)  
Core Standards Update

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## **1. INTRODUCTION**

1.1.1 The patients and communities we serve expect us to be there for them when they need it, irrespective of the circumstances we face. As a Trust, we must do all that we can to ensure we are well prepared to respond to any disruptive challenges or emergencies and this is achieved in the NHS through a programme of work referred to as emergency preparedness, resilience and response (EPRR).

## **2. NHS ENGLAND'S CORE STANDARDS FOR EPRR**

### **2.1 Introduction**

2.1.1 NHS England's core standards for EPRR are the minimum standards which NHS organisations and providers of NHS funded care must meet to comply with the requirements of NHS England's EPRR Framework, the NHS Contract and the Civil Contingencies Act (2004).

2.1.2 NHS England has an annual statutory requirement to formally assure itself of both its own, and of the NHS in England's, EPRR readiness. This assurance is provided through a four-stage process and includes:

1. EPRR self-assessment by commissioners and providers of NHS-funded care;
2. Local Health Resilience Partnership (LHRP) confirm and challenge;
3. NHS England and NHS Improvement (NHSEI) Regional Team EPRR confirm and challenge with LHRPs;
4. NHSEI National Team EPRR confirm and challenge with NHSEI Regional Teams.

### **2.2 Core Standards Self-Assessment 2021/22**

2.2.1 NHS England's core standards for EPRR are split into ten domains and include:

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).

2.2.2 For the 2021/22 self-assessment, NHS England decided to withdraw a number of core standards as these have been reported to not replicate current best practice. The standards which have been removed are currently subject to review by NHS England and it is expected they will be re-introduced as part of the next annual assurance process in 2022/23.

2.2.3 The Trust's Emergency Planning & Business Continuity Officer undertook a self-assessment against NHS England's core standards for EPRR on 12 August 2021.

2.2.4 The outcome of the initial self-assessment was reported to the Trust Board on 02 September 2021 and demonstrated an overall rating of "Substantially Compliant." Of the 46 applicable standards, the Trust was fully compliant with 45 core standards and partially compliant with the remaining one standard. The one standard for which the Trust was not fully compliant with related to its arrangements to shelter and/or evacuate whole buildings or sites.

2.2.5 Following the initial self-assessment process, Step 2 and 3 of the process (as described in Section 2.1.2) has been undertaken with confirm and challenge sessions held with both the Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs) and NHS England Midlands Team. The Trust was challenged on five of the core standards for which it scored itself as fully compliant. Details on the nature of this challenge, and the subsequent outcome, are set out in the table provided in Appendix A.

2.2.6 As a result of the "confirm and challenge" process, the Trust has agreed with NHS England to downgrade its compliance, meaning of the 46 applicable standards, the Trust is fully compliant with 41 of the standards and partially compliant with the remaining 5 standards. The 5 partially compliant standards relate to plans for mutual aid, evacuation and chemical, biological, radiological and nuclear (CBRN). Despite the downgrade, the Trust remains "substantially compliant" overall with the core standards, with an overall compliance of greater than 89.0%.

2.2.7 The final position for the Trust's core standards for 2021/22, alongside the previous four years' assessments is set out in the table below:

	<b>Applicable Standards</b>	<b>Fully Compliant</b>	<b>Partially Compliant</b>	<b>Non Compliant</b>	<b>% Compliant</b>	<b>Overall Rating</b>
<b>2018/19</b>	64	49	6	9	76.5%	Partially Compliant
<b>2019/20</b>	64	57	6	1	89.0%	Substantially Compliant
<b>2020/21</b>	64	59	5	0	92.2%	Substantially Compliant
<b>2021/22</b>	46	41	5	0	89.1%	Substantially Compliant

### **3. CONCLUSION**

3.1.1 In line with NHS England’s EPRR Framework, an annual compliance check is undertaken with all NHS providers against NHS England’s core standards for EPRR. Following the annual process, which includes “confirm and challenge” with NHS England, the Trust remains overall “substantially compliant” with the core standards.

3.1.2 As described in the most recent EPRR Annual Report to the Trust Board (dated 02 September 2021), the Trust’s EPRR Board oversees a comprehensive EPRR Work Programme which aims to achieve full compliance with the core standards. Following the outcome of this year’s “confirm and challenge” process, the EPRR Work Programme has been reviewed to ensure it remains fit for purpose. The EPRR Work Programme was last reviewed by the EPRR Board on 07 December 2021 and will again be reviewed at its next meeting on 17 February 2022.

3.1.3 Key work included on the EPRR Work Programme, and to be undertaken ahead of the next self-assessment in July/August 2022 includes:

- Development of a new Shelter and Evacuation Plan;
- Development of a new Viral Haemorrhagic Fever (VHF) Plan;
- A full review of the Trust’s plan for incidents involving Chemical, Biological, Radiological and Nuclear (CBRN) contaminants, including arrangements for the distribution of mass countermeasures;
- Completion of the roll-out of the Business Continuity Toolkits for each service & department across the Trust.

3.1.4 The Trust Board is asked to note the final outcomes of this year’s core standards assessment and support the continued delivery of the EPRR Work Programme as the Trust works towards full compliance with NHS England’s core standards for EPRR.

## APPENDIX A – OVERVIEW OF CORE STANDARDS CONFIRM AND CHALLENGE

Core Standard		Challenge	Outcome	Subsequent Action
42	Mutual Aid	The Trust had misunderstood the protocol for accessing Military Aid to Civil Authorities (MACA).	Challenge accepted and standard was downgraded to partially compliant.	A new Standard Operating Procedure (SOP) for strategic members of the organisation has been developed and circulated clarifying MACA. This will revert to fully compliant in the next self-assessment.
46	Information Sharing	Evidence submitted to NHSEI did not reference the Information Commissioner's Office's "Data sharing in an urgent situation or in an emergency" or HMG Data Protection and Sharing – Guidance for Emergency Planners and Responders.	Additional evidence was supplied to NHSEI and the core standard remains fully compliant.	The EPRR Work Programme has been updated to ensure the reference documents are more explicitly referenced in future.
59	CBRN – Plan	The Trust's CBRN Plan has not been reviewed since 2019.	Challenge accepted and standard was downgraded to partially compliant.	Work to review the CBRN Plan has been prioritised on the EPRR Work Programme to ensure these gaps are addressed as a priority. This work will enable full compliance with the standards to be achieved.
65	CBRN – Training of CBRN Lead	Training for CBRN Training Leads in Emergency Department has not been undertaken since February 2019.	Challenge accepted and standard was downgraded to partially compliant.	
68	CBRN – Training of Staff	Training for staff in Emergency Department has not been undertaken since the onset of the COVID-19 pandemic.	Challenge accepted and standard was downgraded to partially compliant.	