

## Emergency Preparedness, Resilience and Response (EPRR)

### Core Standards 2021/2022

#### Public Board

**30th September 2021**

<b>Presented for:</b>	Approval
<b>Presented by:</b>	Clare Smith, Chief Operating Officer / Accountable Emergency Officer
<b>Author:</b>	Owen Hayward, Head of Resilience
<b>Previous Committees:</b>	None

<b>Trust Goals</b>	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	
Seamless integrated care across organisational boundaries	✓
Financial sustainability	

<b>Risk Appetite Framework</b>				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk	✓	Workforce Deployment Risk - We will deliver safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required.	Cautious	↔ (same)
Operational Risk	✓	Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	Cautious	↔ (same)
Operational Risk	✓	Information Security Risk - We will ensure the confidentiality, integrity and availability of information, and it's appropriate and legitimate use.	Cautious	↔ (same)
Operational Risk	✓	Physical Assets Risk - We will optimise patient and workforce experience through	Cautious	↔ (same)

		the effective management of our buildings and estates.		
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	↔ (same)

<b>Key points</b>	
1. This paper provides a summary of the 2021/2022 EPRR core standards assurance process.	Information
2. The Trust has undertaken a self-assessment against the NHS England Core Standards for EPRR and can demonstrate 'substantial' compliance against the 50 core standards applicable this year. Board members are asked to approve this assessment of compliance for submission to NHS England and the Department of Health and Social Care.	Approval

## 1. Summary

Every year as part of the NHS England EPRR framework the Trust is required to undertake a self-assessment against a number of standards. Last year, due to COVID-19 this process was significantly reduced and for this year, 2021/22, there are still fewer standards than usual.

The self-assessment has been completed and shows that the Trust demonstrates **substantial compliance** against the standards.

## 2. Background

As part of the NHS England EPRR framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients. NHS funded providers are usually required to undertake an annual self-assessment against the full set of core standards for Emergency Preparedness, Resilience and Response (EPRR)<sup>1</sup>. Assessing the Trust's compliance against these standards demonstrates the level of preparedness to effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

However, in 2020 the process was much reduced and focussed on learning from the first COVID-19 wave and the preparation for future waves and winter. This year the 2021/22 EPRR assurance aims to return some of the previous mechanisms to the process, but also acknowledges the previous 18 months and the changing landscape of the NHS.

<sup>1</sup> [https://www.england.nhs.uk/publication/nhs-england-core-standards-for-eprr/](https://www.england.nhs.uk/publication/nhs-england-core-standards-for-epr/)

The EPRR assurance process usually uses the NHS England core standards for EPRR. However, as a result of the events of 2020, these standards did not receive their tri-annual review and, as a consequence, not all standards reflect current best practice. Therefore, the NHS has removed a small number of standards to accommodate this year's assurance process, until a full review is undertaken.

### 3. Assessment

The NHS EPRR Core Standards set out the minimum EPRR standards NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer (the Chief Operating Officer for LTHT) is responsible for ensuring these standards are met and maintained. This is achieved through the governance mechanisms in place through the Risk Management Committee and Emergency Preparedness Coordinating Group.

The core standards are divided across 10 domains plus one specific domain, 'Oxygen Supply', which is the deep dive for 2021/22. These reflect the structure of the EPRR framework 2015<sup>2</sup>. However, NHSE has not included any standards in one of the domains, 'Training and Exercising', in this year's process. A summary of the domains and the Trust's compliance against the standards within each is outlined in the table below.

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	5	5	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	9	8	1	0
Command and control	1	1	0	0
Training and exercising	0			0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	12	11	1	0
<b>Total</b>	<b>50</b>	<b>48</b>	<b>2</b>	<b>0</b>
Percentage compliance	<b>96.0%</b>			

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Medical Gases	4	3	1	0
Oxygen systems	3	3	0	0

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/11/epr-rr-framework.pdf>

The core standards self-assessment and compliance level was considered by the members of the Emergency Preparedness Coordinating Group (EPCG). Members agreed this position and recommended approval by the Trust Board. The deep dive self-assessment and compliance level was agreed by the Medical Gas Safety Group (by email) on 15th September.

This is a similar position compared to 2019/20 when there were also two areas of partial compliance in the core standards. However, one of those areas, Business Continuity Audit, is now fully compliant. The area that has moved to partial from full compliance is 'HAZMAT/CBRN Trainers'. This standard requires the Trust's trainers to be accredited by the National Ambulance Resilience Unit. As staff have moved on the training has continued but this accreditation has not been possible as during the pandemic there have been restrictions on face to face training and a lack of available courses. This will be addressed as soon as restrictions lift and courses are available.

The other area of partial compliance is 'Evacuation and Shelter' (under the duty to maintain plans). Planning for evacuation has previously been highlighted as an area of improvement and work is continuing to meet the requirements of the national shelter and evacuation guidance. An evacuation plan is in draft form and a limited exercise is being planned for the autumn 2021. Due to the size of the Trust estate and the complexity and risk in evacuating patients with a range of acuity and conditions, it is expected that there will need to be a number of iterations of this plan, tested through exercises, before the Trust is fully compliant.

Although the other areas of the assessment have been assessed as fully compliant against the standards, there are a number of areas which remain a focus for continuous improvement. One of these is business continuity, where a new strategy was agreed earlier this year and an implementation plan is in place to strengthen these plans and move the organisation in line with ISO 22301. Another is the CBRN arrangements, which needs to be constantly reviewed in light of changing threats,

Training and exercising is the domain where no standards have been included in the assessment this year. However, even during the pandemic, major incident training has continued and a small number of exercises were undertaken and it is likely that had they been included the Trust would have been fully compliant. Nevertheless, as this is a key element of the Trust's resilience, improvements have been identified that are being progressed such as a new e-learning and a refreshed exercise programme.

In respect of the deep dive, the one area of partial compliance is 'Medical Gases - workforce'. Although the training for Estates staff is in line with the requirements, a training need has been identified to ensure a suitable cadre of senior clinical staff who can sign off proposed work. A training plan is being put in place with the Trust's supplier of medical gases.

The thresholds for compliance based on the percentage of individual standards being fully met is detailed in the EPRR Annual Assurance letter from NHS England and Improvement<sup>3</sup> and these are set out below.

Fully compliant:	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial compliance:	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial compliance:	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant:	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

Based on these thresholds, the Trust demonstrates **substantial compliance**.

Progress against addressing the partially compliant standards will be monitored through the Emergency Preparedness Coordinating Group, which is chaired by the Trust's Accountable Emergency Officer.

#### **4. Financial Implications and Risk**

There are no financial implications or risk associated with this paper.

#### **5. Risk**

The assessment of the Trust as substantially compliant with the core standards is in line with the Trust's risk appetite of 'averse' in relation to Regulatory Risk.

The core standards cover a number of areas that fit within the Operational and Workforce Level 1 risks. The assessment suggests that there are no risks or potential risks that sit outside the Trust's risk appetite.

#### **6. Communication and Involvement**

This assessment will be communicated to the CCG and Local Health Resilience Partnership and will be submitted to NHS England and Improvement.

#### **7. Equality Analysis**

Not applicable.

#### **8. Publication Under Freedom of Information Act**

- This paper has been made available under the Freedom of Information Act 2000

#### **9. Recommendation**

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<sup>3</sup> <https://www.england.nhs.uk/publication/emergency-preparedness-resilience-and-response-epr-annual-assurance-process-for-2021-22-letter-from-stephen-groves/>

The Public Board is asked to:

- Note the contents of this report.
- Receive the statement of compliance reporting 'substantial'.

### **10. Supporting Information**

Appendix - Statement of compliance for submission to NHS England and Improvement

Owen Hayward

**Head of Resilience**

16th September 2021

Appendix - Compliance Statement

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)  
Emergency Preparedness, Resilience and Response (EPRR) assurance 2021-2022**

**STATEMENT OF COMPLIANCE**

Leeds Teaching Hospitals Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0.

Where areas require further action, Leeds Teaching Hospitals Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
<b>Fully</b>	The organisation is 100% compliant with all core standards they are expected to achieve.  The organisation's Board has agreed with this position statement.
<b>Substantial</b>	The organisation is 89-99% compliant with the core standards they are expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
<b>Partial</b>	The organisation is 77-88% compliant with the core standards they are expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
<b>Non-compliant</b>	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.  The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

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Signed by the organisation's Accountable Emergency Officer

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date of Board/governing body meeting

\_\_\_\_\_  
Date presented at Public Board

\_\_\_\_\_  
Date published in organisations Annual Report