

Emergency Preparedness, Resilience and Response Core Standards

Public Board
25th January 2024

Presented for:	Assurance / Approval
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Previous Committees:	Executives Meeting 27 th November 2023

Our Annual Commitments for 2023/24 are:	
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	
Improve staff retention	
Deliver the financial plan	
Reduce average length of stay by 0.5 days per patient	
Achieve the Access Targets for Patients	
Support a culture of research	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk				
Operational Risk	✓	Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	Cautious	Moving Towards
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Towards
Financial Risk				
External Risk	✓	Partnership Working Risk - We will maintain well-established stakeholder partnerships which will mitigate the threats to the achievement of the organisation's strategic goals.	Open	Moving Towards

Key points	
1. This paper provides a description of the process for the annual emergency preparedness, resilience and response self-assessment and peer review process which gives an indication of readiness to respond to business continuity, critical or major incidents which could impact the Trust.	For Information
2. The paper provides the outcome of the process the actions that will be taken in response.	For information

1. Summary

A set of core standards form part of the overall Emergency Preparedness, Resilience and Response (EPRR) framework for the NHS and these are self-assessed with a peer review annually. Acute Trusts are currently scored against 62 nationally determined standards with only full compliance against each counting towards an overall outcome of non-compliant, partial compliance, substantial compliance and full compliance. LTHT has previously reported substantial compliance and in relation to the national evidence requirements remains at this level. The process and outcome (substantial compliance) were objectively assessed by internal audit in October 2021 and both were fully supported. There have been no changes to the standards or the level of preparedness since then.

In May 2023 the national requirements were issued and followed the same process with the national standards as in previous years but in June additional, different evidence was requested by NHS North East and Yorkshire (NHS NEY) as part of a revised process aimed at increasing preparedness in response to findings from recent inquiries such as that into the Manchester Arena bomb. Responding to this involved significantly more work than in previous years for both the EPRR team and also colleagues across the organisation. Following initial submission there was a check and challenge process but differences remained between the review and the LTHT assessment.

The outcome of this was that NHS NEY assessed the Trust as 34% compliant compared to our final outcome against the reviewed requirements of 66%. Both result in non-compliance against the NHS NEY requirements. A West Yorkshire and a regional debrief have taken place and opportunities to improve the process in future years have been identified. Notwithstanding this and the lack of material change in emergency preparedness opportunities to learn and improve have been identified and an action plan is in place which will be monitored through the EPRR governance structure internally and with Integrated Care Board (ICB) colleagues.

2. Financial Implications

None identified

3. Risk

Although under the new evidence requirements the Trust was assessed to be non-compliant there has been no material change to previous arrangements which were independently assessed as substantially compliant in October 2021. In addition there are no legal or regulatory impacts of the change in compliance level. As a result no new risks have been identified and there have been no changes to any existing risks. The action plan should help to ensure that these risks remain at the defined appetite.

4. Communication and Involvement

Many colleagues were involved in providing evidence and received feedback on their individual areas. The outcome of the self assessment has been shared internally with the Emergency Preparedness Coordinating Group (EPCG) which will also be responsible for ensuring the actions are completed. The outcome has also been shared and widely discussed with West Yorkshire provider partners and the Integrated Commissioning Board (ICB) as well as NHS England.

5. Equality Analysis

Where actions require significant changes to current services/ways of working, it is expected that the CSUs/services concerned would undertake an appropriate Equality Analysis to ensure consideration has been given to the actual or potential impacts on staff, certain communities or population groups (and that appropriate action has been taken to mitigate or eliminate the negative impacts and maximise the positive impacts or opportunities for promoting equality).

6. Publication Under Freedom of Information Act

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

7. Recommendation

The Board is asked to note the contents of the report.

8. Supporting Information

The following papers make up this report:
Core Standards Board Report

Helen Salvini
Head of Resilience
14/01/2024

2023 Emergency Preparedness, Resilience and Response Core Standards

Introduction

NHS Providers are required under the NHS Emergency Preparedness, Resilience and Response Framework (2022)¹ to be properly prepared to deal with an emergency. Assurance is provided through a set of core standards which organisations measure themselves against through an annual process. This has previously been a self-assessment with a robust peer review process to ensure consistency and accurate reporting. Although emergency preparedness is clearly vital the outcome of the assessment does not have a regulatory, statutory or legal impact.

Although the core standards themselves have not changed, recent incidents such as the Manchester Arena bomb have demonstrated the need for high levels of assurance relating to emergency preparedness. As a result some NHS regions including NHS NEY implemented a more detailed assurance process at the end of June 2023 and added additional evidence requirements. This paper will set out the assessment against the national core standards themselves as well as against the regional requirements.

Each year there is also a deep dive which does not form part of the overall assessment but is designed to look in more depth at one of the domains or at a new and emerging risk. This year the deep dive was focused on training.

Core Standards Assessment System

There are 62 core standards which are applicable to acute providers and the assessment for each is fully compliant, partially compliant or non-compliant. Overall compliance is based on the number of standards against which a Trust is fully compliant and does not give any credit for partial compliance. The criteria are shown below

Assurance Rating	Criteria
Fully	The organisation is fully compliant with all relevant core standards
Substantial	The organisation is fully compliant with between 89% and 99% of relevant core standards
Partial	The organisation is fully compliant with between 77% and 88% of relevant core standards
Non-compliant	The organisation is fully compliant with 76% or less of the core standards

Trust Assessment Against National Core Standards

LTHT has always applied a robust process to the annual, national EPRR core standards self-assessment process resulting in a consistent year on year outcome of substantially compliant. The process and LTHT assessment were reviewed by internal audit in 2021 who confirmed the approach and outcome through an audit. No changes have been made to either the process or the level of preparedness since then. When assessed in the same way for 2023 LTHT is fully compliant with 58 standards resulting in a compliance of 94% (substantial compliance).

Furthermore, LTHT was faced with responding to a very significant incident in January 2023 which tested almost every element of EPRR and the debrief and feedback from partner organisations was of an excellent response. Although it was made available this evidence was not accepted into

¹ [NHS England » NHS Emergency Preparedness, Resilience and Response Framework](#)

the NHS NEY review. During the year the Trust has responded well to industrial action and a range of business continuity incidents caused by IT outages, planned works and significant equipment failures.

NHS NEY Process and Outcome

As outlined above a new, more detailed process was introduced by NHS NEY during the summer as part of wider plans to improve emergency preparedness. NHS regions took different approaches with some maintaining the original system and others introducing additional requirements (although not all the same). The result is that Trusts have been measured differently in different regions so it is impossible to compare outside NHS NEY and there is no consistent national picture of emergency preparedness. This suggests that the requirements are not yet clear and therefore the change could have been delayed to allow more time for clarity, consistency and preparation.

Within NHS NEY significant new evidence requirements requiring process and governance changes both within the EPRR function and across the Trust were introduced with very little notice. There were issues with some of the evidence requirements and the process itself which have been identified through West Yorkshire and regional debriefs. These did impact on the outcomes and changes are expected next year but there has been extensive sharing of good practice across the region which has provided some opportunities for improvement and shared learning.

In relation to the NHS NEY assessment process the Trust has accepted an assessment of non-compliance although all standards are either fully compliant or partially compliant (66% fully compliant). However, LTHT disagrees with the assessment made against a number of standards and a summary of this is shown below.

	LTHT assessment against national core standards	NHS NEY Recommended Assessment	LTHT self- assessment against NHS NEY requirements
Fully Compliant	58	21	41
Partially Compliant	4	41	21
Non Compliant	0	0	0

The LTHT position was agreed following an extraordinary Emergency Preparedness Coordination Group (EPCG) when each standard was discussed and the final self-assessment position as at 3rd November was agreed (ahead of our final submission on 10th November). Although a proposed outcome of 34% from NHS NEY is disappointing it should be noted that this was one of the highest results in the region which indicates the enormity of the change. Within West Yorkshire acute trust scores ranged from 11% to 34% with most clustered around 27% to 32%.

In terms of the differences there are some key themes which relate to governance, risk and timescales as well as some more specific points relating to information sharing, audit, decontamination and on-call.

In relation to the 21 partially compliant standards which the Trust has accepted an action plan has been developed with a trajectory to achieve partial compliance against the regional standards by 31st December 2023 and substantial compliance ahead of next year's assessment. It should be noted that this will rely on the assessment criteria remaining the same and a significantly improved process as otherwise it will never be possible to compare year on year performance. It should also be noted that there are elements which are outside of the LTHT's control such as updating regional and national plans, multiagency training and exercising and the portfolios for tactical and strategic commanders being developed by NHSE; therefore the level of compliance for 2024 will be based on those areas within LTHT's control.

Implications

The assessment as non-compliant is disappointing and there are areas identified for improvement. EPRR leads across West Yorkshire plan to collaborate and share best practice which will ultimately improve resilience. However, the outcome of the core standards themselves does not impact on any other standards or regulations; specifically it does not have any bearing on major trauma centre status or on any broader regulatory or legal requirements or standards including CQC.

2023 Deep Dive

Each year in addition to the core standards there is a deep dive of a key area relating to EPRR. In recent years this has covered issues such as medical gases, climate change and evacuation. In 2023 the area for deep dive is training and exercising. This has not been subject to a separate NHS NEY review but following a self-assessment the Trust is fully compliant with 9 of the 10 standards and partially compliant with the remaining one. The Trust is partially compliant with standard 2 which relates to incident commanders maintaining portfolios aligned to the minimum occupational standards for EPRR²; these are being developed by NHS NEY and the final version has not yet been issued. Although this results in partial compliance the Trust has made good progress in attendance at the mandatory Principles of Health Command training and has updated the EPRR training strategy to reflect the minimum occupational standards.

Conclusions

The Trust is well prepared to respond to an incident (as demonstrated by the explosive incident in January 2023) but recognises the value of continuous review and improvement and therefore has implemented an action plan to further strengthen the arrangements. If the assessment process and standards remain the same for 2024 it is fully expected that the Trust will return to substantial compliance against the standards where the requirements are within its control. There are some standards where the Trust is reliant on national and regional plans being updated or other external action to be taken; if this work is not completed the Trust should not be penalised and the standards marked as compliant if all elements within Trust control are in place. The action plan will initially be managed through the EPCG with escalation as needed to ensure actions are completed.

The committee is asked to accept the report and the findings of the core standards process this year.

Helen Salvini
Head of Resilience
14th January 2023

² [NHS England » Minimum occupational standards for Emergency Preparedness, Resilience and Response \(EPRR\)](#)