

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 28th September 2022
Agenda Item: 26

Report Title:	Annual Board Declaration of EPRR (Emergency Preparedness, Resilience and Response) Self-Assessment and Work Plan for 2022/23
Author(s):	Terry Geraghty – Emergency Planning Manager
Accountable Director:	Beverley Murphy – Executive Director of Nursing, Professions and Operations
Other meetings this paper has been presented to or previously agreed at:	N/A
Key points/ recommendations from those meetings	N/A

Summary of key points in report

NHS England and NHS Improvement publish annually a set of core standards for Emergency Preparedness, Resilience and Response that all NHS organisations are expected to meet. Though these vary according to the type of organisation e.g., Acute, ICB, Mental Health, most standards are generic, relevant to all and we are required to annually report our compliance.

This year would suggest a fall in our performance, there being 3 ambers in 19/20, 5 overall in 21/22 and 8 in 22/23. However, this should be viewed in the context of the pandemic, increased evidence requirements to meet the standards following the first full review of NHS England's EPRR Framework since 2015, the creation of Integrated Care Board's, embedded in legislation from 1st July 2022 and their responsibilities as a Category 1 responder within the Civil Contingencies Act 2004.

This report provides the Board with our self-assessment of compliance against the published core standards for 2022/23. It is being presented for Board approval to meet the submission deadline of 31st October 2022.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	X	Assurance	X	Information	X
----------------------------	--	-----------------	----------	------------------	----------	--------------------	----------

The Board is asked to:

1. Agree the EPRR self-assessment core standards and workplan for SHSC for 2022/23 and approval for submission.
2. Publish the outcome of the EPRR self-assessment in the annual report.

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering effectively	Yes	X	No	
CQC Getting Back to Good – Continuing to improve	Yes	X	No	
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	
Is this report relevant to compliance with any key standards? State specific standard				
Care Quality Commission Fundamental Standards	Yes	X	No	Safety, Premises and equipment, Staffing, Good Governance, well led
Data Security and Protection Toolkit	Yes	X	No	Data Protection and Security Toolkit – 10 national data guardian standards
Any other specific standard?		X		NHS England EPRR – 55 core standards for mental health trusts
Have these areas been considered ? YES/NO				
				If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes	X	No	Failure to maintain some or all of our services; increased risk to service users
Financial (revenue & capital)	Yes	X	No	Reputational risk, risk of legal action, removal of funding
Organisational Development /Workforce	Yes	X	No	Staff safety, reputation of SHSC aim to create a great place to work
Equality, Diversity & Inclusion	Yes	X	No	See section 4.6 of this report
Legal	Yes	X	No	Breach of regulatory standards and conditions of Provider Licence
Sustainability	Yes	X	No	See – section 4.10 of this report

Section 1: Analysis and supporting detail

Background

- 1.1 The EPRR Framework, the NHS England document that sets out the requirements on health to have in place suitable plans for dealing with anything from a small disruption in service (business continuity) to a major incident necessitating the involvement of multi-agencies was reviewed and updated for 2022, the first significant review in seven years. The review brings in some key changes to the EPRR Core Standards and consequently SHSC accountability to align with the Health and Care Act 2022, the legislation that repeals Clinical Commissioning Groups (CCG's) and creates Integrated Care Boards (ICB's) from 1st July 2022.
- 1.2 Changes include the introduction of new minimum national occupational standards for NHS Commanders, defined as anyone who does 'on-call' and anyone who may be expected to command an incident, that mandates attendance on a new 'Principles of Health Command Course' and maintenance of a Personal Development Plan (PDP) evidencing training, exercises and live incidents they've attended or had involvement with, the roll out of which only commenced in July 2022 with an expectation that 75% will have attended the course by March 2023 and 100% by December 2023.
- 1.3 The evidence requirements for all the core standards have increased and compliance submissions from providers will now go to ICB's in the first instance who in turn, will submit a consolidated return to NHS England. Our compliance statement and self-assessment will be made available on request to the CQC as part of 'well-led' ratings. There are 55 standards that apply to Mental Health Trusts this year.
- 1.4 As in previous years, there is also a 'Deep Dive' subject requiring responses to, but for which assurance isn't sought in determining our compliance level. This year the subject is Evacuation and Shelter. Again, the evidence required has increased and been reflected in the questions asked. Of the 13 questions, we are fully compliant on 6, partially compliant on 5 and non-compliant on 2.
- 1.5 Of the 55 standards that are being assessed, we are fully compliant (green) on 47 and partially compliant (amber) on 8. Core standards are attached as an appendix to this report. It will be seen that the standards partially met are:
 16. Evacuation and shelter – The present SHSC Evacuation Plan is due for review in May 2023 and so remains current. However, considering the additional expectations in the 'Deep Dive', this review will be brought forward. They have already been incorporated into a review of the Yorkshire and Humber Low Medium Secure Evacuation Plan that our Emergency Planning Manager has contributed to as part of a task and finish group with partner trusts and NHS England. The draft plan formed the basis of a multi-agency evacuation exercise on 5th September 2022 following which, lessons learnt will be included before final sign off by Accountable Emergency Officers from all the partners involved.
 21. Trained on-call staff – There have been several changes to the evidence required to meet this over the years but the new 2022 minimum national occupational standards, coupled with the course that only came into being in July 2022 means this standard can only be partially met. The strategic version of the course is presently being rolled out with all our directors (second on-call) booked to attend by the end of September 2022. A tactical version for senior managers (first on-call) is due later

this year. Advice is also being sought from all trusts from NHS England on the format the PDP should take.

22. Training and exercising (EPRR training) – EPRR forms part of mandatory training on induction and staff allocated to Incident Control Centre duties, receive training in line with the Action Cards for their roles in the Major and Critical Incident Plan. However, the evidence has changed to include Personal training and exercising for key staff and details of what is required to meet this standard are still awaited from NHS England.

24. Responder training – links in with 21 above and therefore can only be partially met currently. As ICB's are now Category 1 responders within the Civil Contingencies Act 2004, it follows that all partners to them may be required to provide representation on a Strategic Co-ordinating Group for which the training at 21. above is a requirement.

26. Incident Control Centre (ICC) – equipped, tested and ready. ICC testing is now required every three months. We have had an ICC running continuously since March 2020 for the Covid-19 pandemic in the Rivelin Room at Fulwood House. Our reserve ICC were rooms 840/841 at the Michael Carlisle Centre (MCC). However, having vacated Fulwood House on 31st August 2022 and improvement work at MCC no longer making either location viable, this standard is considered partially compliant until the nominated room at the new SHSC HQ at Centre Court and a reserve set up at Wardsend Road is in place.

29. 24-hour access to a trained loggist. To achieve full compliance, there is a need to increase the number of loggists in SHSC and provide updated training and re-training to be able to log remotely and maintain the integrity of the log. Discussions are ongoing on how we recruit to the role and then training will be offered. SHSC only had a few loggists prior to the pandemic, most of who have since left.

49. Data Protection and Security Toolkit – Over the last 18 months a great deal of progress has been made towards meeting the necessary standards. A key dependency for meeting the standards is replacement of our current EPR with a new system, Rio. This programme is progressing well and combined with our DSPT improvement plan we aim to meet all of the standards by June 2022.

68. FFP3 access – we have followed the NERVTAG guidance requiring any of our staff involved with aerosol generating procedures (AGP's) to be fit tested for FFP3 face fit masks. This again was an action from the 2019/20 process and had been achieved with identified staff from our ECT and LTNC teams having received training. However, in June 2021 the Health and Safety Executive (HSE) issued new guidance requiring that staff necessitating the use of these masks, are fit tested with a minimum of 2 different types and that their training is recorded on their organisations training records. Responsibility for Fit testing is now with Health and Safety who have identified those requiring training and are progressing the use of external trainers to fit test.

- 1.6 The self-assessment exercise, having identified 8 standards with an amber rating, when input against NHS England's rating measurement tool, produces an overall rating of 'partially compliant'. It is this rating for the Board to approve.
- 1.7 These amber standards, together with the Evacuation Plan that will be due for review during 2022/23 will form this year's EPRR work plan, progress of which will be reported through Audit and Risk Committee.

Section 2: Risks

- 2.1 The EPRR Core Standards are published by NHS England annually. They were formed from the NHS EPRR framework 2005, updated 2015 and 2022 to ensure that the NHS meets its obligations as a partner within the Civil Contingencies Act 2004 and that it fulfils its readiness to respond within the NHS Act 2006 and the Health and Care Act 2022. This places a duty on every NHS organisation to have in place suitable plans and mechanisms to ensure it meets these obligations. There is a risk that in not meeting the standards, we are ill-prepared to respond to an emergency affecting us and our service users, our partners and the wider public.
- 2.2 There are risks in not having plans fit for purpose in managing our response to a major or critical incident through not being tested, or having people trained to provide a suitable response. This in turn could put service users and staff at risk, have a detrimental impact on SHSC's position with its regulators and affect both funding and the potential for legal action and reputational damage.
- 2.3 In the event of such risks being identified, a recommendation will be made to include them on the Corporate Risk Register, together with associated mitigation and controls.

Section 3: Assurance

Benchmarking

- 3.1 The benchmark for meeting the core standards is our performance in previous years. SHSC achieved a rating of Substantially Compliant for the 2019/20 EPRR Core Standards. This is the first year since then that the full standards have been published for assessment against.
- 3.2 The core standards are initially self-assessed by the Emergency Planning Manager on our behalf who then evidences our compliance against the standards and presents them to our Accountable Emergency Officer, our Executive Director of Nursing, Professions and Operations. From this, a statement of compliance is prepared for sign off by Board before submission to NHS South Yorkshire who in turn, submit a co-ordinated return of all their providers to NHS England regional EPRR lead. An audit of compliance is then undertaken across the Yorkshire and Humber region before they in turn submit to national.
- 3.3 SHSC compliance with the core standards is given a RAG rating. Any assessed as red or amber will be included in the EPRR workplan for the next year and assurance of activity against them evidenced at Audit and Risk Committee.
- 3.4 An additional tier of assurance was introduced for 2022, there now being a requirement to undertake a peer review of the assessment prior to Board sign off. This was conducted on 21st September 2022 and took the form of a like for like review involving SHSC with five other Mental Health Trusts; Rotherham, Doncaster and South Humberside (RDaSH), Leeds and York Partnership (LYPFT), Bradford Care Trust (BDCFT), South West Yorkshire (SWYFT) and Humber Teaching Hospital. The review identified some common concerns, particularly in respect of the new training and personal development requirements, resulting in most seeing a drop in their previous compliance position.

Triangulation

- 3.5 The expected outcomes can be triangulated through peers in partner Trusts, through Audit and Risk Committee and Board to NHS South Yorkshire and NHS England for peer review across Yorkshire and Humber region. Formally, this process takes place in November, once all self-assessments have been submitted however, early indications through partnership liaison suggest we all have a similar level of compliance.

Engagement

- 3.6 Several themed Task and Finish Groups were arranged by NHS England that involved working with partners across mental health to write a new Yorkshire and Humber Low Secure Evacuation Plan and with all partners on Command and Control to help inform the knowledge base required for the newly introduced Integrated Care Boards.
- 3.7 The legacy of the Major Incident Command Structure to manage the Covid pandemic has been a positive impact on improving our operational engagement across all services, both clinical and non-clinical. Importantly, it has demonstrated a shared responsibility in seeing SHSC safely through it and a desire to maintain the co-operation and working relationships it has generated.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Covid-19 - Recovering effectively.
 2. CQC – Continuing to improve
 3. Transformation - Changing things that will make a difference
 4. Partnerships – Working together to have a bigger impact
- 4.1 Covid-19 – Recovering effectively.
Our Command and Control structure, initiated in March 2020 at the start of the pandemic to see us through Covid safely was stood down on 5th July 2022 based on the lifting of community restrictions in April 2022, a new Infection Prevention Control (IPC) Plan for England published in June 2022 removing mask wearing and distancing from healthcare settings and a return to pre-pandemic IPC measures, except in Covid positive environments, a marked reduction in both hospital admissions and community infections, no new guidance, the incident level being reduced to 3 (regional) and the incorporation of Covid issues into business as usual management. We have retained a virtual Incident Control Centre, enabling us to monitor covid activity whilst the pandemic continues, ensuring we retain a state of readiness and continue to submit daily situation reports detailing covid cases on our wards, to be able to quickly respond to contain and avoid outbreaks on our wards, to keep our service users and staff safe.
- 4.2 CQC – Continuing to improve.
With the introduction of ICB's, NHS England took the opportunity to overhaul the EPRR Framework to both incorporate the change into it, but more importantly, to review and update so it remains fit for purpose. The EPRR core standards provide the assurance to NHS England that the framework is being adhered to and that the NHS is ready to meet their emergency planning obligations. Enabling these to now be shared with the CQC adds another level of assurance and accountability for all NHS organisations but also, an assurance to us that we have both plans in place to maintain our services during an adverse event and a leadership who are trained and competent to see us through them. The core standards have evolved year on year. The changes this year are significant but demonstrate that we are continuing to improve.

- 4.3 Transformation – changing things that will make a difference. Work to replace INSIGHT with RIO is underway. It will enable SHSC to meet the DPST standards and similarly, one of our partial EPRR core standards. It will transform our service user records into a more secure, stable and usable format and will be a vast improvement on the current system that is reaching the end of its workable life, going some way to meeting our IT BAF risk to reduce reliance on legacy systems and technology that could compromise patient safety and clinical effectiveness.
- 4.4 Partnerships – working together to have a bigger impact
In the context of this report, SHSC already have a strong place based Partnership that has developed through supporting our acute partners with winter pressures and each other through the covid pandemic. The changes this year to the 4 national incident levels, removing NHS England from levels 1 and 2, replacing them with ICB's, puts local partnerships at the forefront of our incident response in health and will forge even closer working relationships, with SHSC potentially sitting on Strategic Co-ordinating Groups. We have seen the benefit of pooling our resources for the benefit of the community we serve and our staff and see these new changes as further development in strengthening our partnerships.
- 4.5 It will be seen from our strategic priorities, how our top 3 BAF risks are Supported.

WARD ENVIRONMENT: IPC, physical health measures, Covid monitoring and having business continuity and emergency plans to reduce and minimise risk of our service users coming to harm.

IT: Work to meet the DPST standards through replacing INSIGHT removes reliance on legacy systems and technology that could compromise patient safety and clinical effectiveness.

STAFFING: Business continuity and emergency plans, training of leaders to manage incidents, testing plans, will support staff morale, help retain staff and provide effective leadership.

Equalities, diversity and inclusion

- 4.6 Great effort is made to ensure that all emergency planning activity is non-discriminatory, enhances where possible and complies fully with the protected characteristics within the Equalities Act 2010.

All EPRR policies include equality related impacts, together with the specific plans that are formed within them.

This will include risks where appropriate and how those risks will be managed. Consultation with all potentially affected groups is included as part of the formulation process for all plans and policies.

Culture and People

- 4.7 Implications for the workforce will inevitably vary depending on the type of incident being planned for. An issue involving a particular workplace is likely to mainly affect the workforce and service users involved with the service disrupted, whereby a pandemic such as the Covid-19 pandemic we are currently experiencing affects all our workforce, our service users and the wider public.

Therefore, our plans similarly will vary from Business Continuity Plans to keep those services operating, to emergency plans that require whole SHSC changes

to the way we operate, to get through and recover safely.

Having in place emergency plans, providing training and exercising support the cultural transformation agenda, promoting a culture of understanding that being adaptable to change enables greater resilience in our ability to continue during adverse events.

It should also be acknowledged in this report that we are still carrying a range of vacancies from Administrative and Clerical to Clinical and Specialist roles. Evidence of our working together throughout the pandemic, of overcoming our skill gaps to keep our staff and service users safe, demonstrates the positivity of SHSC's culture and workforce and encourages the view that we can rise to any challenge.

Integration and system thinking

4.8 The Covid pandemic brought to the fore the benefits of a co-ordinated health response through the ICS. The formation of ICB's taking on some of the traditional responsibilities of NHS England in the EPRR structure such as health representation on Local Resilience Forums, core standard assurance of its providers and its category 1 duty to respond to major incidents, further support the development of the ICS programme within the NHS Long Term Plan.

Financial

4.9 No financial impact currently.

Sustainable development and climate change adaptation

4.10 *The SHSC Green Plan sets out our commitment to:*

- *Target the emissions we control directly (our carbon footprint) to be net zero by 2030 and for the emissions we can influence to be net zero by 2045.*
- *To provide sustainable services through ensuring value for money, reducing wastage and increasing productivity from our resources*
- *Continuously developing our approach to improving the mental, physical and social wellbeing of the communities we serve through innovation, partnership and sharing*
- *We will promote a culture of collaboration, supporting our people and suppliers to work together to make a difference*
- *We will innovate and transform to provide high quality care and support as early as possible in order to improve physical, mental and social wellbeing*

In line with SHSC Sustainability strategic aims, plans are in place for heatwaves, adverse weather and other conditions and pandemics. The emergency preparedness role includes horizon scanning for conditions that may adversely affect us and putting in place plans to address them. This includes working closely with our wider partners within South Yorkshire Local Resilience Forum (SYLRF) who have a responsibility for community risks such as power failure and flooding.

Furthermore, SYLRF set up a strategic co-ordinator group to determine who is vulnerable in the community at the time of an emergency event, led by South Yorkshire and Bassetlaw Integrated Care System that SHSC inputs into as required.

Learning from events such as the recent heatwave includes working with Facilities and collaboration with partners for more sustainable methods of cooling that both reduce our carbon footprint and the load on our electricity supply.

Compliance - Legal/Regulatory

4.11 The NHS have legislative responsibilities within the Civil Contingencies Act 2004

that requires NHS organisations and providers of NHS-funded care to show that they can deal with major and critical incidents whilst maintaining services. We are a Category 2 responder under the Act with a duty to co-operate and support a civil emergency.

The NHS Act 2006 enforces this by placing a duty on the NHS to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. A failure to meet the standards is an organisational risk in our own readiness to respond to emergency situations that may affect us, to our reputation and that of our partners and the wider NHS family; and a breach of our own legal obligations.

NHS England Core Standards for Emergency Preparedness, Resilience and Response form part of the requirements within the NHS Standard Contract

Section 5: List of Appendices

1. EPRR Core Standards 2022/23
2. Statement of compliance

**North East & Yorkshire Emergency Preparedness, Resilience and Response (EPRR)
assurance 2022-2023**

STATEMENT OF COMPLIANCE

Sheffield Health and Social Care NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Sheffield Health and Social Care NHS Foundation 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 Partial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	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.
Partial	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.
Non-compliant	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.

Signed by the organisation's Accountable Emergency Officer

Date signed

28th September 2022

28/09/2022

Date of Board/governing body meeting

Date presented at Public Board

Date published in organisations Annual Report