

Board of Directors – held in public

14 September 2023

Paper title:	NHS England Emergency Preparedness, Resilience & Response (EPRR) Assessment & Declaration	Agenda item 15.0
Presented by:	Kelly Barker, Chief Operating Officer (and Accountable Emergency Officer)	
Prepared by:	Chris Wright, Emergency Planning & Resilience Officer	

Purpose of the report		
NHS England requires all NHS organisations to annually assess their ability to meet their Emergency Preparedness, Resilience & Response (EPRR) statutory obligations. This assurance is sought each autumn, and Trust Boards are to be made aware of the level of preparedness achieved. This report shows the results of our self-assessment for 2023.	For approval	
	For discussion	
	For information	X

Executive summary		
<p>NHS providers are required to provide annual assurance on their readiness to meet their Emergency Preparedness, Resilience & Response (EPRR) statutory obligations. Organisations must complete a formal self-assessment on several EPRR standards, as provided in the Civil Contingencies Act 2004, the Health & Social Care Act 2012, the Health Care Act 2022, NHS guidance and the NHS Operating Framework.</p> <p>A regulated set of core items for all NHS providers is provided (as attached), with all questions to be answered showing the level achieved and actions to be taken to address any which fall below full compliance. BDCFT is assessed at 86% compliant (partial).</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<p>State below 'Yes' or 'No'</p> <p>No</p>	If yes please set out what action has been taken to address this in your paper

Recommendation
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note the findings of this report.

- Agree with the assessment of compliance as **PARTIAL**

Strategic vision

Please mark those that apply with an X

Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
x	x	x	x	x

Care Quality Commission domains

Please mark those that apply with an X

Safe	Effective	Responsive	Caring	Well Led
x	x	x		x

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: <ul style="list-style-type: none"> • All
Links to the Strategic Organisational Risk Register (SORR)	The work contained with this report links to the following corporate risk(s) as identified in the SORR: <ul style="list-style-type: none"> • All
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> • Emergency Preparedness, Resilience & Response (EPRR) statutory obligations.

Comment by Accountable Emergency Officer

The annual self-assessment of EPRR core standards has been overhauled by NHS England for 2023, with another increased number of areas to address (rising from 54 to 58) and the introduction of more stringent evidence requirements to achieve compliance, including the upgrading of some criteria from ‘suggested’ to ‘mandatory’ prerequisites. This new assessment method was trialled in the Midlands last year and has been rolled out to three more regions for 2023, before becoming adopted nationally from 2024 onwards. Outcomes from the Midlands trial showed a dramatic reduction in compliance levels for all types of health organisations, and similar results are expected across the North-East & Yorkshire region for this year. The overall future aim remains to create a more robust and effective EPRR system for the entire NHS, by setting increasingly higher levels of competence to achieve.

The self-assessment shows that overall BDCFT is partially compliant with the EPRR Core Standards for 2023, having fully completed (green rated) 43 out of the 58 standards required (equating to 86%). In addition, the Trust is partly compliant (amber rated) in 12 standards, and there are 3 (red rated) standards where we have no level of compliance (*see diagram below*). The areas where we are not fully compliant relate mainly to personal EPRR training records and Chemical, Biological, Radiological & Nuclear (CBRN) capabilities, and further comment on these areas is contained in this report.

Please choose your organisation type		Mental Health Providers				Percentage Compliance	86%
Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Not Compliant	Not Applicable	Overall Assessment	Partially Compliant
Governance	6	5	1	0	0		
Duty to risk assess	2	2	0	0	0		
Duty to maintain plans	11	11	0	0	0		
Command and control	2	1	1	0	0		
Training and exercising	4	2	2	0	0		
Response	5	4	1	0	2		
Warning and informing	4	2	2	0	0		
Cooperation	4	4	0	0	3		
Business continuity	10	8	2	0	1		
CBRN	10	4	3	3	2		
Total	58	43	12	3	8		
Deep Dive	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable		
EPRR training	10	0	0	0	0		
Total	10	0	0	0	0		

Assurance Rating Thresholds

- Fully Compliant = 100%
- Substantially Compliant = 99-89%
- Partially Compliant = 88-77%
- Non-Compliant = 76% or less

Calculated using the number of FULLY compliant standards

Notes

Please do not delete rows or columns from any sheet as this will stop the calculations

Please ensure you have the correct Organisation Type selected

The Overall Assessment excludes the Deep Dive questions

Training Portfolios

This year, NHS England have introduced the requirement for training records for all those with incident management responsibilities, including on call directors and managers. There is a need for individuals to create, update and retain a personal training portfolio to validate their competence to perform their EPRR roles, with different performance criteria to be met depending on the level of involvement (i.e., strategic, tactical, etc). These are being brought in by NHS England in response to the public inquiry reports for Grenfell and the Manchester Arena, which criticised the

competence and training records of responding emergency services to hold incident command and control roles.

It has been acknowledged that this is a significant task with debate and discussion happening across EPRR Leadership groups. Work continues with ICBs and NHS England to find a practical, proportionate and realistic means of recording EPRR training.

Chemical, Biological, Radiological & Nuclear (CBRN)

BDCFT currently has 3 non-compliant EPRR self-assessment items, and all are contained within the CBRN domain. For CBRN requirements, a marked increase in the standards to be attained has been introduced for community and mental health providers. These new levels put us almost on par with acute providers, requiring us to have established facilities for both wet and dry decontamination at our sites, increased specialist Personal Protective Equipment (PPE) for staff, and the need to control potentially contaminated water to prevent it from entering the local sewerage systems. BDCFT currently does not have facilities to conduct wet decontamination of any kind, nor do we have Clinical Decontamination Units (CDUs). Our planning and staff training are based on the Initial Operational Response (IOR) principles as contained in guidance provided by the National Ambulance Response Unit and also the specific requirements for community sites as provided by NHS London, and has been the accepted level requirement for a Trust like our, until the announcement of the revised standards.

EPRR leads from LYPFT, SWYFT and BDCFT have collectively asked NHSE regional and national leads for further clarification on the revised standards and the level of compliance required for MH and Community Trusts as they are considered excessive and not proportionate. To date, NHSE response has been limited so concerns are being escalated through EPRR and AEO routes.

Our Organisational and local CBRN plan and response will remain as in previous years whilst further discussions and responses are worked through with ICB and NHSE EPRR Leads.

Our evaluation reflects an accurate and realistic appraisal of our current status and is purposely under-assessed to show our existing level of ability to respond to any emergency or untoward event, rather than show aspirational aims which would give an exaggerated impression of our proficiency.

Our completed assessment return has been compared and peer reviewed with other community and mental health provider organisations across the whole of the Yorkshire and Humber region, and our findings largely reflect their own. BDCFT has the same level of compliance as both LYPFT and SWYFT.

Summary.

Overall, BDCFT retains a realistically reasonable level of assurance, and remains confident in our ability to maintain effective Emergency Preparedness, Resilience and Response measures for any incidents which may affect delivery of our services.

We will continue to work collectively with fellow MH and community Trusts, ICB and NHSE EPRR leads on the areas where we have escalated concern and challenge on the appropriateness and proportionality of levels of compliance. Any emerging risks or issues will be communicated up through the appropriate Organisation and system structures.

Those areas where actions can be taken to redress areas of compliance plans and actions are already included in the EPRR workplan for the next 12 months, with the aim of once again achieving substantial assurance.

Kelly Barker
Chief Operating Officer (Accountable Emergency Officer)
Bradford District Care Foundation Trust
11th August 2023