The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	5 April 2022	**Agenda item:**	17
Report Title:	Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance		
Author:	Kerry Broome, Deputy Chief Operating Officer		
Executive Sponsor:	Denise Smith, Chief Operating Officer		
Implications			
Link to key strategic objectives *[highlight which KSO(s) this recommendation aims to support]*			

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	***Modernise hospital and estate***	*Staff engagement*	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework	KS02	
Significant risk register	Risk ID 392: Roof integrity Risk ID 2849: Unavailability of digital clinical systems due to a cyber incident Risk ID 2853: Clinical or other personal confidential data as a result of a cyber incident	
	Y/N	If Yes state impact/ implications and mitigation
Quality		
Legal and regulatory	Y	As a 'category 1 responder' under the Civil Contingencies Act 2004, the Trust is required comply with the annual assurance process for Emergency Preparedness, Resilience and Response (EPRR)
Financial		
Assurance route		
Previously considered by:	Finance and Activity Committee	
Executive summary		

Action required: *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Purpose of the report:	This paper provides assurance of the Trust compliance with the Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance process for 2021/22.				
Summary of key issues:	NHS England has an annual statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. To do this, NHS England and NHS Improvement asks commissioners and providers of NHS funded care to complete an EPRR annual assurance process. The Trust completed the self-assessment of the 47 core standards and 7 'deep dive' subsets which, in 2021, focussed on the resilience of internal piped oxygen systems.				

	The Trust received an overall rating of 'Partially Compliant' for 2021/22. There are three standards where the Trust is 'Partially Compliant', and an action plan is in place to ensure full compliance.
Recommendation:	Trust Board is asked to note the report.
Acronyms	EPRR Emergency Planning, Resilience and Response

1. Introduction

This paper provides assurance of the Trust compliance with the Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance process for 2021/22.

2. Background

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

NHS England has an annual statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. To do this, NHS England and NHS Improvement asks commissioners and providers of NHS funded care to complete an EPRR annual assurance process. This process incorporates four stages:

(i) Organisational self-assessment against NHS Core Standards for EPRR
(ii) Local Health Resilience Partnership (LHRP) confirm and challenge
(iii) NHS England and NHS Improvement regional EPRR confirm and challenge
(iv) NHS England and NHS Improvement national EPRR confirm and challenge

3. NHS Core standards for EPRR

The NHS Core Standards for EPRR are the minimum requirements providers of NHS funded services must meet. These core standards are the basis of the EPRR annual assurance process and providers of NHS funded services must assure themselves against the core standards; these cover ten domains.

(i) Governance
(ii) Duty to assess risk
(iii) Duty to maintain plans
(iv) Command and control
(v) Training and exercising
(vi) Response
(vii) Warning and informing
(viii) Cooperation
(ix) Business continuity
(x) Chemical Biological Radiological Nuclear (CBRN)

However, as a result of the events of 2020, the standards within each of the domains did not receive their tri-annual review and, as a consequence, not all standards reflect current best practice. Therefore, a small number of standards were removed to accommodate this year's assurance process.

4. Annual assurance process 2021/22

The purpose of the EPRR annual assurance process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR core standards. Due to demands on the NHS, the 2020 process was much reduced and focussed on learning from the first COVID-19 wave and the preparation for future waves and winter. The 2021

EPRR assurance aimed to return some of the previous mechanisms to the process, but also acknowledge the previous 18 months and the changing landscape of the NHS.

In July 2021, NHS England and Improvement wrote to NHS Accountable Emergency Officers to outline the assurance process for 2021/22. This letter asked for all NHS organisations to undertake a self-assessment against the amended individual core standards relevant to their organisation type and rate their compliance against these.

5. Outcome of self-assessment process

The Trust completed the self-assessment of the 47 core standards and 7 'deep dive' subsets which, in 2021, focussed on the resilience of internal piped oxygen systems.

The Trust's self-assessment, by domain, is summarised below:

Core Standards					
Domain	**Number of standards**	**Fully Compliant**	**Partially Compliant**	**Non-Compliant**	**Not applicable**
Governance	**5**	4	1	0	
Duty to assess risk	**2**	2	0	0	
Duty to maintain plans	**9**	9	0	0	
Command and control	**1**	1	0	0	
Training and exercising	**0**				
Response	**5**	5	0	0	
Warning and informing	**3**	3	0	0	
Cooperation	**4**	2	0	0	2
Business continuity	**7**	6	1	0	
Chemical Biological Radiological Nuclear (CBRN)	**12**	9	3	0	

Deep Dive					
Domain	**Number of standards**	**Fully Compliant**	**Partially Compliant**	**Non-Compliant**	**Not applicable**
Oxygen supply	**7**	4	0	0	

During the assurance process, the Trust was assessed as 'Fully Compliant' against two of the CBRN standards which had been self-assessed as 'Partially Compliant', therefore giving a revised assessment in this domain as follows:

Core Standards					
Domain	**Number of standards**	**Fully Compliant**	**Partially Compliant**	**Non-Compliant**	**Not applicable**
Chemical Biological Radiological Nuclear (CBRN)	**12**	11	1	0	

There are three standards where the Trust is 'Partially Compliant', the details of these, together with the actions to achieve full compliance, are detailed at Appendix A.

The Trust received an overall rating of 'Partially Compliant' for 2021/22.

6. Recommendations

The Trust Board is requested to note the report and compliance with the EPRR annual assurance process for 2021/22.

Appendix A EPRR Core Standards – Partial Compliance Action Plan

Domain	Standard	Detail	Evidence - examples listed below	Organisational Evidence	Self-assessment rating	Action to be taken	Lead	Timescale
Governance	**EPRR board reports**	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process.	• Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board	The Trust Board receives an annual report detailing the outcome of the annual assurance process. Due to the EPRR annual assurance process timescales it is not possible to bring the self-assessment process through to Trust Board prior to the external review process. From 2022/23 the Trust Board will receive a bi-annual report, and these will include, as a minimum, an overview of: - the annual work programme - training and exercises undertaken by the Trust - a summary of any business continuity, critical incidents and major incidents experienced by the Trust - lessons learned from incidents and exercises - the Trust's compliance position in relation to the latest NHS England EPRR assurance process	Partially compliant	Bi annual report to be provided to Trust Board	COO	Mar-23
Business Continuity	**Data Protection and Security Toolkit**	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Statement of compliance	The Trust was not fully compliant with the DSP Toolkit submitted on 30/06/2021 and recorded 'Standards Not Fully Met'	Partially compliant	Improvement plan in place	CDIO	Jun-22

Domain	Standard	Detail	Evidence - examples listed below	Organisational Evidence	Self-assessment rating	Action to be taken	Lead	Timescale
CBRN	**Decontamination capability availability 24 /7**	The organisation has adequate and appropriate decontamination capability to manage self-presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week.	• Rotas of appropriately trained staff availability 24 /7	The Emergency Department has details of appropriately trained staff available 24/7. However, the reduced programme of face to face training during COVID-19 and an influx of newly appointed staff, not all staff have completed training within 2 weeks of starting in post (as is the norm). During 2022/23 additional CBRN and suit training will be made available	Partially compliant	Increased provision of CBRN and suit training during 2022/23	COO	Mar-23