

Meeting of The Board of Directors – 3rd November 2022

SFH – Emergency Preparedness Self- Assessment Against 2022 NHSE Core Standards

Introduction

Annually the Trust must submit an assessment of its preparedness to respond to emergencies and major incidents to NHS England/Improvement.

This is done via a spreadsheet submission, rating compliance against a number of core standards.

The standards are split (this year) into 49 questions within ten sub-categories as follows:

- Governance
- Duty to Assess Risk
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity
- CBRN

The organisation should rate whether it is Fully, Partially, or Non-compliant against each of the 49 questions, and of course be able to provide the necessary evidence.

The assessment is then subject to a “confirm and challenge” session with NHSE Region Team and the ICB .

For information the results since 2017 have been as follows:

2017 - Partially Compliant

2018 - Substantially Compliant

2019 –Substantially Compliant

2020 - Process was suspended

2021 – Substantially Compliant

2022 Submission

There are four possible outcomes from the self-assessment, which are:

Fig 1

Organisational rating	Criteria
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

The individual ratings are prepared by the Emergency Planning Officer and agreed at the Trust's Resilience Assurance Committee (this year this was on September 20th).

The following submission was agreed for this year:

Fig 2

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
Governance	6	6	1	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	10	7	3	0
Command and control	2	2	0	0
Training and exercising	4	4	0	0
Response	7	6	1	0

Warning and informing	4	4	0	0
Cooperation	4	2	2	0
Business Continuity	10	6	4	0
CBRN	14	14	0	0
Total	64	53	11	0

No areas this year were deemed non-compliant though there have been a number of areas moved from Full to Partial, which is mainly due to a more rigorous approach adopted during the confirm and challenge process and less tolerance or perceived policy gaps etc.

The gaps in compliance were as follows:

Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.
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Action – EPO to ensure the EP Policy highlights the process by which the Board reviews the EP resource annually.

Duty to maintain plans	Countermeasures	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment
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Action – EPO to ensure the Mass Countermeasures Plan to be amended to outline arrangements for self-presenters in ED.

Duty to maintain plans	Evacuation and shelter	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.
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Action – EPO to make amendments to existing plan to reflect the latest national guidance.

<p>Duty to maintain plans</p>	<p>Protected individuals</p>	<p>In line with current guidance and legislation, the organisation has arrangements in place to respond and manage 'protected individuals' including Very Important Persons (VIPs), high profile patients and visitors to the site.</p>
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Action – EPO to ensure “Carbon Steeple” action card is added to the CBRN plan .

<p>Response</p>	<p>Management of business continuity incidents</p>	<p>In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).</p>
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Action – EPO to make amendment to ensure arrangements are captured incident response plans.

<p>Cooperation</p>	<p>Mutual aid arrangements</p>	<p>The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.</p> <p>In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.</p>
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Action – EPO to ensure arrangements for requesting military aid is captured in IRP.

<p>Cooperation</p>	<p>Information sharing</p>	<p>The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.</p>
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Action – Information Sharing Protocol to be replaced with updated version.

<p>Business Continuity</p>	<p>Business Continuity Management Systems (BCMS) scope and objectives</p>	<p>The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.</p> <p>A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.</p>
<p>Business Continuity</p>	<p>Business Impact Analysis/Assessment (BIA)</p>	<p>The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).</p>
<p>Business Continuity</p>	<p>Business Continuity Plans (BCP)</p>	<p>The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:</p> <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure

Action – EPO to undertake full review of BCMS

<p>Business Continuity</p>	<p>Data Protection and Security Toolkit</p>	<p>Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.</p>
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Action – IT and data protection staff to ensure the data protection toolkit is compliant when next submitted

The foregoing means that the outcome of the process is that the Trust now has a **Partial Compliance** rating.

Confirmation Process

The submission was sent to NHSEI Regional EPRR team on 26th August this year, with copy to our ICB, both of whom then attended a “confirm and challenge” session with the Chief Operating Officer (the Trusts Accountable Emergency Officer (AEO) and the EPO on 7th October.

The outcome was presented to Risk Committee on 11th October.

Conclusions

The assurance process in 2022 was, as a whole system, far more rigorous than previous years and NHSE colleagues have challenged on a line – by – line basis each policy, plan and procedure presented as evidence. The resultant effect is that SFH is far from alone in having its rating downgraded this year.

Positively however, many of the shortcomings require small and simple amendments to documents to regain compliance.

Recommendation

The Board is requested to be **UPDATED** of the submission and the “Partial” compliance rating. For 2022.

End

By Mark Stone

Emergency Planning & Business Continuity Officer

November 2022