Meeting of The Board of Directors – 2nd November 2023
SFH – Emergency Preparedness Self- Assessment
against 2023 NHSE Core Standards

Introduction

Annually the Trust must submit an assessment of its preparedness to respond to emergencies and major incidents to NHS England and Nottingham and Nottinghamshire Integrated Care Board (ICB).

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

The standards are split (this year) into 62 separate areas within ten sub-categories as follows (please see Appendix 1 for the complete document):

- 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 then rates whether it is fully, partially, or non-compliant against each of areas based on the evidence it can produce.

The assessment is then subject to a "confirm and challenge" session with NHS England's (NHSE) Regional EPRR 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 - Partially Compliant

2023 Submission

The four possible outcomes from the self-assessment, are based on the criteria depicted in Fig 1 follows:

Fig 1

Organisational rating	Criteria
Fully compliant	The organisation if 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 reviewed at the Trust's Resilience Assurance Committee, with oversight throughout the process from the Accountable Emergency Officer.

The following submission was agreed for this year:

Fig 2

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	6	5	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

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
Cooperation	4	3	1	0
Business Continuity	10	6	4	0
CBRN	12	12	0	0
Total	62	51	11	0

There were no areas this year which were deemed non-compliant though there have been a number of areas that have moved from full to partial, which is mainly due some changes to the evidence requirements and perhaps a more rigorous approach adopted during the confirm and challenge process.

For context it is important to acknowledge that SFH is not an outlier and that most neighbouring Trusts in Nottingham, Derbyshire and South Yorkshire have had a similar experience.

The gaps in compliance were as follows:

CS9

Duty to maintain plans	Collaborative planning	Plans and arrangements have been developed in collaboration with relevant stakeholders including emergency services and health partners to enhance joint working arrangements and to ensure the whole patient pathway is considered.

ACTION - EPO to create sheet for recording all collaborations with partner agencies and the feedback received. Record sheet will be appended to each plan going forward. For completion by end Dec 2023.

CS10

Duty to maintain plans	Incident Response	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.

ACTION - EPO to update IRP and remove references to out of date legislation and guidance and include EMAS in self-presentation process. For completion by end Dec 2023

CS12

Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases (HCID).

ACTION - IPC Lead to create protocol for managing HCID and append to the Infectious Disease Outbreak Policy. For completion by end December 2023

CS14

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.

ACTION – EPO to amend plan in line with updated national guidance. For completion by end December 2023

CS15

Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.

ACTION - EPO and COO to work with system partners to create protocol for freeing up surgical bed capacity. EPO to describe in plan the process for holding and treating Burns patients. For completion by end March 2024.

CS30

Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.

ACTION - EPO to add updated templates to the Incident Response Plan. For completion by end December 2023.

CS43

Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.

ACTION - IG Lead to ensure all Information Sharing Protocols are updated.
For completion by end March 2024.

CS46

Business Continuity	Business Impact Analysis/Assessment (BIA)	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).

ACTION – EPO to continue to develop updated Business Continuity Management System (BCMS) in accordance with the NHSE Business Continuity Toolkit. For completion by end June 2024.

CS47

Business Continuity	Business Continuity Plans (BCP)	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure

ACTION – EPO to continue to develop updated BCMS in accordance with the NHSE BC Toolkit. For completion by end June 2024.

CS50

Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.

ACTION – EPO to continue to develop updated BCMS in accordance with the NHSE BC Toolkit. For completion by end June 2024.

CS51

Business Continuity	**BC audit**	The organisation has a process for internal audit, and outcomes are included in the report to the board. The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.

ACTION – EPO to continue to develop updated BCMS in accordance with the NHSE BC Toolkit. For completion by end June 2024. Independent audit planned for 2024.

The foregoing means that the outcome of the process is that the Trust retains a **Partial Compliance** rating of 83%.

Confirmation Process

The submission was sent to NHSE's regional EPRR team on 25th August this year, with a copy to our ICB. Both attended a "confirm and challenge" session on 12th October with the Chief Operating Officer (the Trusts Accountable Emergency Officer) and the EPO. A further session was held on 20th October and a final position agreed.

Conclusions

The assurance process in 2023 has again been very challenging for emergency planning teams across the region in keeping up with changing national guidance and a sometimes inconsistent interpretation of evidence requirements.

It was acknowledged by our system partners that closer collaboration on the evidence requirements throughout the year will help create a better process and higher attainment levels going forward.

The Emergency Planning Team will endeavour to address the current gaps as a priority in the annual workplan.

Recommendation

The Board is requested to be **UPDATED** of the submission and the "Partial" compliance rating for 2023.

End

By Mark Stone
Emergency Planning & Business Continuity Officer
November 2023

Appendix 1

2023 FINAL Submission – EPRR Core Standards 2023.