

Report to:	Public Board of Directors	Agenda item:	15
Date of Meeting:	6 November 2024		
Title of Report:	Annual Emergency Preparedness, Resilience and Response Report to Board		
Board Sponsor:	Paran Govender, Chief Operating Officer		
Authors	Angela Wallace, Deputy EPRR Manager		
Appendices	Appendix 1: Civil contingencies Act, 2004 Appendix 2: NHS England, Minimum Occupational standards for Emergency Preparedness, Resilience and Response (2022)		

1.	Executive Summary of the Report
<p>The purpose of this report is to inform the Board of the Trusts compliance with Emergency Preparedness, Resilience and Response (EPRR) requirements, including the annual EPRR assurance process, incident preparedness, and recent exercises. The report highlights our current compliance level as Fully Compliant, with areas continuing to require planning, review and updating to maintain this.</p> <p>In addition, this report will highlight the key developments and risks regarding response arrangement to ensure the Royal United Hospitals Bath, NHS Foundation Trust continues to be in a position to effectively respond to emergencies when they occur by working together with agency partners to reduce harm and save lives.</p> <p>The report covers the following key performance indicators.</p> <ul style="list-style-type: none"> • Emergency Policies and Plans • Command and Control arrangements • Training and Exercising • Response Planning • Warning and informing • Co-operation with partner agencies • Chemical, Biological, Radiological, Nuclear and High Yield Explosives/ Hazardous Materials (CBRNe/HAZMAT) response capabilities 	

2.	Recommendations (Note, Approve, Discuss)
<p>The Board is asked to note the report and support the following recommendations.</p> <ul style="list-style-type: none"> • Recognise the use of the EPRR risk register and to support its use in reducing risk relating to EPRR, including business continuity planning and training. • Support the use of the CBRNe/HAZMAT training plan and recognise the importance of engaging in training to prepare for 24/7 CBRNe/HAZMAT response • Recognise the importance of Incident response training for band 6 and above and support this becoming mandatory for all On Call Managers and On Call 	

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Directors.
<ul style="list-style-type: none"> Recognise and support the recommendation that all Trust line managers engage with EPRR, especially in regard to Business Continuity Planning and the following EPRR training, <ul style="list-style-type: none"> Incident Response Training CBRNe/HAZMAT training Loggist Training Business Continuity Training.

3.	Legal / Regulatory Implications
Civil Contingencies Act (2004) NHS England EPRR Core Standards Assurance NHS England EPRR Framework (2022) NHS Act (2006) Health and Social Care Act (2022) NHS England EPRR Guidance for the initial management of self-presenters from incidents involving hazardous materials (2019) Minimum Occupational Standards for EPRR (2022)	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
<u>CBRNe/HAZMAT</u> As a Category 1 responder under the Civil Contingencies Act, 2004, the RUH is required to have 24/7 CBRNe/HAZMAT response capabilities. Currently the training compliance is below target resulting in the increased risk of not having the number of staff on duty at any one time sufficiently trained to respond safely and effectively. It is recognised externally that due to the recent pandemic face to face training was compromised and initiating this training again post pandemic has been challenging as a result of limited train the trainer sessions on offer. Actions have been taken to rectify this, with increased training now on offer supported by the EPRR team, as detailed in the CBRNe/HAZMAT Training Plan. This risk is recorded on the RUH EPRR Risk Register and overseen by the RUH Head of EPRR.	

5.	Resources Implications (Financial / staffing)
Additional costs from releasing staff to attend training are outlined within the paper	

6.	Equality and Diversity
Emergency Preparedness, Resilience and Response ensure emergency responses are safe, adaptable and efficient for all patients, staff and all members of the public.	

7.	References to previous reports
Non-Clinical Governance Committee Report meeting 19.06.24	

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8.	Freedom of Information
No issues identified	

2024 Annual Emergency Preparedness, Resilience and Response Report.

1	Purpose of Report
	<p>The purpose of this report is to inform the Board of the Trusts compliance with Emergency Preparedness, Resilience and Response (EPRR) requirements, including the annual EPRR assurance process, incident preparedness, and recent exercises. The report highlights our current compliance level as Fully Compliant, with areas continuing to require planning, review and updating to maintain this.</p> <p>In addition, this report will highlight the key developments and risks regarding response arrangement to ensure the Royal United Hospitals Bath, NHS Foundation Trust continues to be in a position to effectively respond to emergencies when they occur by working together with agency partners to reduce harm and save lives.</p> <p>The report covers the following key performance indicators.</p> <ul style="list-style-type: none"> • Emergency Policies and Plans • Command and Control arrangements • Training and Exercising • Response Planning • Warning and informing • Co-operation with partner agencies • Chemical, Biological, Radiological, Nuclear and High Yield Explosives/ Hazardous Materials (CBRNe/HAZMAT) response capabilities <p>In achieving compliance in these key performance indicators, the Trust is able to demonstrate its compliance to the following Legislation and NHS Guidance.</p> <ul style="list-style-type: none"> • Civil Contingencies Act (2004) • NHS England EPRR Core Standards Assurance • NHS England EPRR Framework (2022) • NHS Act (2006) • Health and Social Care Act (2022) • NHS England EPRR Guidance for the initial management of self-presenters from incidents involving hazardous materials (2019) • Minimum Occupational Standards for EPRR (2022)
2.	Approach
	<p>The 2024 NHS England EPRR Core Standard Assurance, South Western Ambulance NHS Foundation Trust (SWAFT) CBRNe/HAZMAT capabilities audit, and the Non-Clinical Governance Group report will form the basis for this report.</p> <p>EPRR cannot be performed in isolation. Regular meetings of the EPRR Tactical and EPRR Strategic Groups were vital to ensure wider trust cooperation in emergency planning and provided the opportunity for key RUH stakeholders to provide input at the planning</p>

stage.
A key learning point from responses to incidents is that the RUH sits within the Avon & Somerset Local Resilience Forum (LRF) as these are based upon Police footprints (as the leading emergency planning body), however, when responding to an external incident the RUH more commonly works in partnership with Wiltshire and Swindon LRF, building on business-as-usual arrangements. In recognition of this, health organisations within the Bath, Swindon, and Wiltshire (BSW) areas have formed the BSW Local Health Resilience Partnership (LHRP) sitting under the Wiltshire LRF. The RUH EPRR team has been actively involved with the LHRP, including working groups and peer reviewing plans with the Great Western Hospitals NHS Foundation Trust and Salisbury Foundation Trust EPRR teams.

3 NHS England Core Standards Assurance

The NHSE EPRR Core Standards (2022) set out the minimum standards which NHS funded organisations must meet. The standards cover ten domains, and in addition each year a deep dive is announced prior to the assurance deadline, with 2024 being cyber capabilities. The Domains within the NHS England EPRR Core Standards will form the framework for this report. NHS England conducts an annual EPRR core standard assurance process which consists of a self-assessment by the RUH against the EPRR core standards, followed by a confirm & challenge meeting chaired by BSW Accountable Emergency Officer and BSW Head of EPRR.

In August 2024 the EPRR Team, overseen by Paran Govender, Chief Operating Officer and Accountable Emergency Officer (AEO) submitted the NHS England Core Standards Assurance Document, assuring the RUH as Fully Compliant for the first time, this was upheld at the confirm and challenge meeting with BSW ICBs AEO and Head of EPRR. .

RUH Compliance	2020	2021	2022	2023	2024
	Substantial	Substantial	Partial	Substantial	Fully


Improvements in the EPRR service since 2022 has consisted of an increase in substantive roles in the EPRR team from two full time members of staff to three. The revised structure comprises of one Band 8b and 2 Band 7s, enabled the RUH to move from being Partially Compliant in 2022 to Substantially Compliant in 2023 and now Fully Compliant in 2024 against the recommended structure.

To maintain fully compliance status, it is necessary for all Divisions, clinical and corporate to engage with Training on offer and governance towards plans and policies.

The full NHS England EPRR Core Standards Assurance report can be found using the icon below.



NHS-core-standard
s-for-epr-2024-TEM

	<p>NHS England is currently conducting a planned review of the NHS England EPRR Core Standards for 2025, the outcome of this is not expected until next year.</p>
4	<p>SWAST CBRNe/HAZMAT Peer Review.</p> <p>In August 2024 SWASFT completed a peer review of the RUH CBRNe/HAZMAT response capabilities. The full report can be accessed by the link below.</p> <p>The areas covered in the peer review included.</p> <ul style="list-style-type: none"> • Governance • Risk Assessments • Availability of specialist advice for CBRNe/HAZMAT exposure • Planning arrangements • Decontamination capabilities and availability • Availability of equipment and supplies • Maintenance of equipment • Waste disposal arrangements • Training – resources and recognition • Access to PPE • Exercising plans <p>All standards were deemed fully compliant with the exception of the number of ED staff trained. A record of trained staff is now available of Learn Together, with CBRNe/HAZMAT training being mandatory for ED staff. The full report can be accessed by the link below.</p> <div data-bbox="248 1189 308 1254">  </div> <p>SWAST Final report RUH (003).xlsx</p> <p>A CBRNe/HAZMAT training plan has been developed to provide an understanding about how, where and with whom each stage of the training will be undertaken to ensure the RUH is compliant and has the ability to response effectively to a CBRNe/HAZMAT incident.</p>
5	<p>Emergency Policies and Plans</p> <p>In line with responsibilities under the Civil Contingencies Act, 2004, the AEO, with the Head of EPRR and overseen by the Strategic EPRR Group has seen significant progress made against the 2023/2024 EPRR work plan resulting in up to date EPRR plans and policies being available to Trust staff on the EPRR intranet page. The EPRR Policy and Business Continuity policy have progressed through the RUH policy review group and are now available and due for review in April 2027 and September 2026 respectively.</p> <p>Following the RUH Major Incident in February 2024, the debrief identified learning was highlighted, the Major Incident/Mass Casualty Standard Operating Procedure has undergone a full review, and an updated version is now available on the RUH intranet page.</p>

	<p>Reviewing of plans is incorporated within the EPRR work programme and following any significant activation of a plan and structured debrief is carried out and learning identified. The EPRR team maintains an action plan to enable lessons identified is converted to lessons learnt, with feedback sought through the Tactical and Strategic EPRR groups.</p> <p>The generic Business Continuity plan provides Trust wide guidance on actions to be taken in response to a variety of Business Continuity disruptions such as loss of power, water, telephone and bleep etc. Responses to Business Continuity can be generic or specific. Area/department specific business continuity plans are the responsibility of Divisional Directors of Operations, this however requires the cooperation of clinical staff with specialist knowledge to complete these plans; a template is provided on the EPRR intranet page for ease of use. The EPRR team has full support of the clinical and non-clinical divisions, however, recognise their competing workloads.</p>
6	Command and Control Arrangements during an Incident
	<p>Following learning from a RUH Major incident in February 2024 the EPRR team relocated back into C19 the Trusts Site Office and Incident Command Centre (ICC) in April 2024. Since this time the close proximity of working has enable the team to continue to develop close working relationship with the Clinical Site Team and Divisional Management Teams.</p> <p>The EPRR team continue to provide the single point of contact (SPOC) for all incident related communications. There continues to be significant levels of information coming into the Trust with at times rapid changes in guidance and reporting requests from NHSE and central government.</p> <p>Lessons identified from this Major incident highlighted the need for more training in incident response and awareness of the command and control arrangements, A training programme commenced and is detailed below in section 7 Training and Exercising</p>
7	Training and Exercising
	<p>TRAINING</p> <p>The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004 (CCA), the Civil Contingencies Act 2004 (Contingency Planning Regulations) 2005, the NHS Act 2006 and the Health and Care Act 2022.</p> <p>Organisations should meet the following exercising and testing requirements.</p> <ul style="list-style-type: none"> • A six-monthly communications test • Annual tabletop exercise • Live exercise at least once every three years • Command post exercise every three years. <p>The exercising programme must:</p>

- Identify exercises relevant to local risks
- Meet the needs of the organisation type and stakeholders
- Ensure warning and informing arrangements are effective.

Lessons identified must be captured, recorded and acted upon as part of continuous improvement. A major live response to a real incident can be used as an alternative to a live exercise, providing lessons were identified and learned.

The EPRR team have developed a training and Exercising Programme. The purpose of this document is to outline the RUH training and exercising programme covering EPRR both internally and externally for 2024. Some events that have taken place at the RUH in 2024 are included in this training and exercise programme to officially demonstrate compliance to national standards. Full details can be found by clicking the icon below.



EPRR Training and Exercising Programn

The minimum occupational standards for EPRR sets out the minimum that health commanders, managers and staff responding to incidents as part of an incident management team and other staff involved in EPRR must achieve in order to be competent and effectively undertake their roles. All staff with a command role in incident management must maintain continual professional development (CPD), maintaining personal development portfolios (PDPs) in accordance with NHS Core Standards for EPRR.

To comply with the NHS EPRR Minimum Occupational Standards, we also request that the EPRR Incident Response training be considered as mandatory for all on call managers and on call directors.

The EPRR team have been working with the hospitals eLearning team to assist us to produce our incident response and business continuity training as an eLearning package. Unfortunately, due to the significant workload of this small team they have been unable to assist us with developing this due to lack of resources within their team. They have however been extremely helpful in assisting us to see if there is any training from other Trusts that we might be able to adapt to our specific needs. So far, we have been unsuccessful, so training remains face to face with the risk of us not reaching the desired number of staff.

In 2024 the EPRR team have also launched our own in-house Loggist training package which has also proved successful with now 15 trained loggists across the hospital that we can call upon in the event of a declared incident. Unfortunately, we do not have enough volunteers to become Loggists out of hours. Therefore, the risk of not recording decisions and actions to the standard necessary is increased. The EPRR team are working on ways to assist with self-logging out of hours whilst maintaining governance.

From July 2024 the EPRR team have delivered The Principles in Health Command Training for On-Call Managers and On Call Directors. This training program replaces the

old Strategic Leadership in Crisis, and we are the first hospital in BSW to roll this training out to our On-Call Managers as well as Directors. Uptake has already been positive.

Currently the only EPRR training that is mandatory at the RUH is the CBRNe/HAZMAT training for ED staff. A thorough review of CBRNe/HAZMAT capabilities is currently being conducted. As part of this a draft version of the CBRNe/HAZMAT training plan are detailed in the following icon.

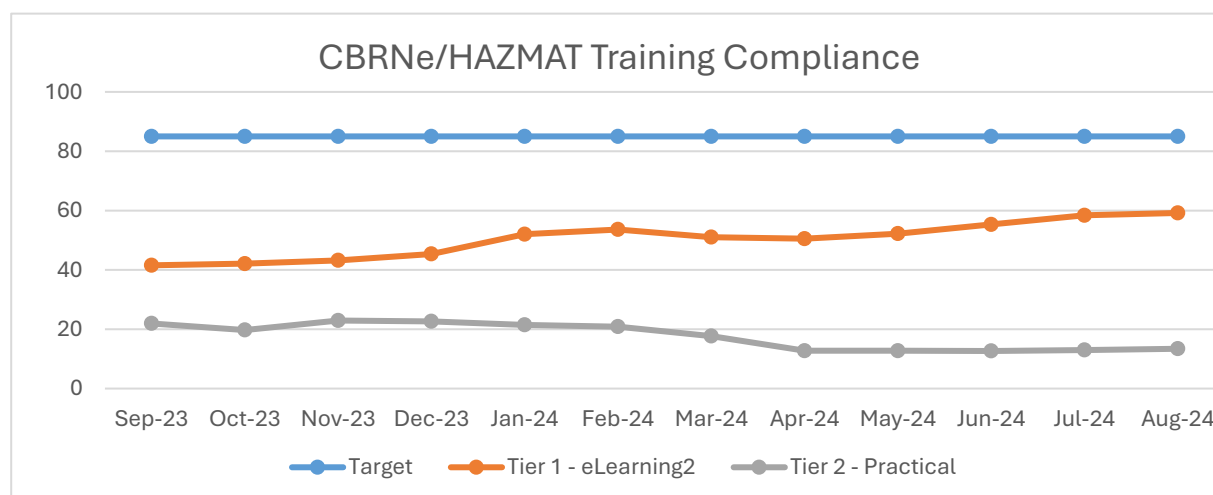


Draft -
CBRNe-training-plan

The training plan provides an understanding about how, where and with whom each stage of the training will be undertaken.

The plan details resources, training design, development, delivery, evaluation and assessment required to support the training, whether this is in relation to implementing a training programme like IT skills, training to support a clinical or systems implementation business as usual training etc. The plan will include timescales for the delivery of the training it supports.

It can be seen that although the CBRNe/HAZMAT eLearning training compliance over the last year has been increasing, the level to be compliant and be able to have a 24/7 CBRNe/HAZMAT response capability requires work. The practical face to face sessions covering safe donning and doffing of Powered Respirator Protective Suit (PRPS) have been compromised due to the recent pandemic and lack of train the trainer sessions with SWAST. Demonstrated in the graph below.



Training compliance has now been partly rectified and the RUH now has 3 train the trainers and as a result of the full CBRNe/HAZMAT review a new up to date eLearning video is available for ED staff and the first face to face training session will commence on November 11th and continue bimonthly for 6 months and then monthly, supported by the EPRR facilitating. Full details are outlined in the CBRNe training plan.

EXERCISING

The EPRR team have conducted and attended a variety of exercises over the past year and have plans to continue. Learning from these has driven the EPRR planning cycle of the RUH EPRR plans and is reflected in the EPRR work plan.

Evidence required for exercise compliance

- Exercising Schedule which includes as a minimum one Business Continuity exercise
- Post exercise reports and embedding learning.

We are on target this year to exceed the minimum requirements for exercising and testing and plan to maintain this progress going forward.

Exercises undertaken.

- September 13th, 2023, Tabletop exercise with ED to test the evacuation from all 5 zoned areas within ED to identified evacuation areas.
- December 4th, 2023, Exercise Inundation a BSW wide tabletop exercise.
- May 8th, 2024, Cyber Escape Room Exercise – a BSW/Police tabletop exercise.
- May 29th 2024 Exercise Lavazza- A tabletop exercise involving Estates/Facilities/Communications/Pathology/Site
- October 9th, 2024, Exercise Propaganda – a BSW tabletop Cyber exercise

Exercises coming up


- November 5th, 2024, Recovery Workshop Exercise – a Wiltshire and Swindon LRF workshop gain a wider understanding of the recovery guide and the roles and responsibilities during a multi-agency recovery process
- TBC 2025 RUH CBRNe/HAZMAT Exercise – a RUH tabletop exercise.

8 Warning and Informing

As part of the Major Incident/Mass Casualty plans review in 2024, a full review of the bleep cascade groups has been undertaken with switch board and Divisions .

EPRR have established the following groups to be able to alert via bleep

- Operational Leads group
- Major Incident with casualties and Mass Casualties group
- Helicopter alert
- CBRNe/HAZMAT response group.

	<p>SnapComms, the RUHs electronic alert system remains active to provide instant alerts on computer screens trust wide with the use of a ticker tape at the base of the screen or alert box. EPRR, IT and Communications share this cost, with access via Communications, IT or EPRR. The use of SnapComms has been restricted to emergencies or actions needed by staff out of normal business as usual, whether an incident has been declared or not, as it was felt if overused staff would become complacent and potentially not response in an emergency.</p>
9	Cooperation with partners
	<p>A key learning point from events and responses over recent years was that the RUH sat within the Avon & Somerset Local Resilience Forum (LRF) as these are based upon Police footprints (as the leading emergency planning body), however, when responding the Trust works more commonly with partners within the Wiltshire and Swindon LRF, building on business-as-usual arrangements. In recognition of this, health organisations within the Bath, Swindon, and Wiltshire (BSW) areas have formed the BSW Local Health Resilience Partnership sitting under the Wiltshire LRF.</p> <p>There have been excellent sharing of work and ideas and as an EPRR team we are benefiting from being part of the BSW LHRP. Collaborative working has seen progress against our Mass Casualty and Major Incident Plans. Collectively we have been able to develop local plans for a National Power Outage.</p> <p>RUH EPRR continue to share learning with colleagues in the BSW ICB, Great Western Foundation Trust and Salisbury Foundation Trust. There has been shared learning from the Salisbury rail crash, GWH's IT failure and of course our own incidents which have included a Major Incident declared on February 2nd and a recent Cyber event. Shared debriefs and the associated learning has enabled us all to take areas of good practice and to embed them into our own plans and policies.</p> <p>As a Team we have commenced participated in BSW LHRP working groups for Risk, Training and Exercising and CBRNe/HAZMAT with the aim being to provide a common framework for each of these areas for organisations within the LHRP to align their plans to.</p>
10	Risk
	<p>In September the EPRR team provided a risk report to the Non-Clinical Governance Group. This report can be found by accessing the following icon.</p> <div data-bbox="248 1682 308 1744" data-label="Image">  </div> <p>EPRR TE - Risk Register Report 19-C</p> <p>The EPRR risk register was developed by the EPRR team and overseen by the Head of EPRR and reviewed by the Tactical and Strategic EPRR groups to provide a clear view of those risks which apply to EPRR either through the NHSE EPRR Core Standards, community risk register, or identified risks specific to the Trust. The EPRR risk register is</p>

	<p>not designed to replace the corporate risk register but to sit alongside it and provide guidance to the tactical and strategic EPRR tiers on where resources need to be focused. In line with risk registers used at the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) this register includes the seven capabilities of emergency planning. Using these capabilities provides increased focus on where effort should be directed to successfully put in place mitigations to reduce risks as far as possible.</p>
11	<p>Conclusions and Recommendations</p> <p>As previously mentioned EPRR cannot perform in isolation. Cooperation from subject matter experts, Divisional leads and Clinical staff is needed to provide plans that are robust and workable for the individuals actioning them.</p> <p>The Board is asked to note the report and support the recommendations</p> <ul style="list-style-type: none"> • Recognise the use of the EPRR risk register and to support its use in reducing risk relating to EPRR, including business continuity planning and training. • Support the use of the CBRNe/HAZMAT training plan and recognise the importance of engaging in training to prepare for 24/7 CBRNe/HAZMAT response • Recognise the importance of Incident response training for band 6 and above and support this becoming mandatory for all On Call Managers and On Call Directors. • Recognise and support the recommendation that all Trust line managers engage with EPRR, especially in regard to Business Continuity Planning and the following EPRR training, <ol style="list-style-type: none"> 1. Incident Response training 2. CBRNe/HAZMAT training 3. Loggist Training. 4. Business Continuity Training. <p>The RUH EPRR team would like to thank you for your time in reading and consideration of the above recommendations.</p>

Appendix 1


Civil Contingencies Act 2004. UK.. Available at: [Civil Contingencies Act 2004 \(legislation.gov.uk\)](https://legislation.gov.uk)



Appendix 2

NHS England, Minimum Occupational standards for Emergency Preparedness, Resilience and Response (2022) UK. Available at: [NHS England » Minimum occupational standards for Emergency Preparedness, Resilience and Response \(EPRR\)](#)



	CBRNe/HAZMAT Training Plan			
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	Department	EPRR		
	Director	Paran Govender – Chief Operating Officer	Status	DRAFT
	Owner	Lee Warner-Holt – Head of EPRR	Version	V1.0
	Author	Angela Wallace -Deputy EPRR Manager	Version Date	dd/mm/yyyy

Training Plan

CBRNe/HAZMAT Training Plan

Document name: CBRNe/HAZMAT Training Plan	Status: V1.0-Draft
Issue date: 23.10.24	Review Date:
Author: Angela Wallace – Deputy EPRR Manager	Page 1 of 16

Amendment History:

Version	Date	Amendment History

Reviewers:

This document must be reviewed by the following:

Name	Title / Responsibility	Date	Version
Tracey Thorn	ED Senior Matron	04.10.24	1.0
Calum MacGregor	Divisional Director of Operations	04.10.24	1.0
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Naomi Jagers	ED CBRNe Lead	04.10.24	1.0
Pheobe Flores	ED CBRNe Lead	04.10.24	1.0
Simon Jack	Deputy EPRR Manager	03.10.24	1.0

Approvals:

This document must be approved by the following:

Name	Title / Responsibility	Date	Version
Tactical EPRR Group		23.10.24	1.0
Strategic EPRR Group			

Distribution:

This document will be distributed to the following people:

Name	Title / Responsibility

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Author: Angela Wallace – Deputy EPRR Manager	Page 2 of 16

Document Control:

This is a controlled document. The controlled copy of this document is maintained on the EPRR Teams channel. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Glossary of Terms:

Term or Acronym	Definition
AEO	Accountable Emergency Officer
CBRNe	Chemical, Biological, Radiological and Nuclear
CCA	Civil Contingencies Act
CST	Clinical Site Team
EPRR	Emergency Preparedness, Resilience and Response
ED	Emergency Department
EDA	Emergency Department Assistant
Facilitator	Person who works with learners to assist them with learning A facilitator is also often referred to as a teacher, a coach, a tutor, trainer or a mentor
HAZMAT	Hazardous Material
IOR	Initial Operational Response
JESIP	Joint Emergency Services Interoperability Principles
PRPS	Powered Respirator Protective Suits
RUH	Royal United Hospitals Bath, NHS Foundation Trust
SWAST	South West Ambulance Service Foundation Trust

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1. Introduction

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004 (CCA), the Civil Contingencies Act 2004 (Contingency Planning Regulations) 2005, the NHS Act 2006 and the Health and Care Act 2022.

This training plan will provide an understanding about how, where and with whom each stage of the training will be undertaken.

The plan details resources, training design, development, delivery, evaluation and assessment required to support the training, whether this is in relation to implementing a training programme like IT skills, training to support a clinical or systems implementation business as usual training etc. The plan will include timescales for the delivery of the training it supports.

Developing a training plan is an iterative process – it should develop and change as the delivery of the training develops and changes.

2. Purpose and Scope

The purpose of this training plan is to outline The Royal United Hospitals Bath, NHS Foundation Trusts (RUH) plan for delivering Chemical Biological, Radiological and Nuclear (CBRNe) and Hazardous Material (HAZMAT) response training.

The UK Government's preparedness objectives for CBRNe terror attacks are captured under the pillar of the Home Office Counter Terrorism Strategy (CONTEST). This strategy, together with the NHSE Emergency Planning Resilience and Response (EPRR) Core Standards, NHS England Guidance for the initial management of self-presenters from incidents involving hazardous materials and JESIP Initial Operational Response (IOR) to Incidents suspected to Involve Hazardous substances or CBRN Materials require the RUH to have capabilities in place 24/7 to manage self-presenting patients who may be contaminated, especially following a large incident. This CBRNe/HAZMAT training plan, together with the 2024 EPRR CBRNe/HAZMAT/Countermeasures and Training Statement and the CBRNe/HAZMAT Plan and will set out how the RUH will comply with this legislation and guidance.

The RUH CBRNe/HAZMAT training is overseen by the Emergency Department (ED) CBRNe leads and the EPRR Team and consists of an eLearning package covering the IORs, Recognise, Assess and React process, the Remove Principles and the theory of improvised and full wet and dry decontamination processes.

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This training will be delivered by a combination of eLearning available on Learn Together and face to face delivery and is essential to role for all ED nursing staff and to Clinical Site Managers for knowledge in assisting in hours and out of hours.

It is recognised that due to the recent pandemic and South West Ambulance Service Trust led train the trainer sessions only recently becoming available for RUH staff to attend, the roll out of the delivery of face-to-face training covering PRPS theory and safe donning and doffing, safe Ram Gene use and a practical session on setting up and use of the decontamination unit has been delayed. This training plan aims to improve this by offering additional training sessions initially, reverting to a rolling programme of sessions once sufficient numbers of staff are trained.

3. Background and current situation

At any given time, the RUH ED will employ approximately 178 registered nurses and healthcare assistants. In addition, the ED employs up to 22 Emergency Department Assistants (EDA). This gives a total of 200 members of ED staff eligible for PRPS training under the Trust's current CBRNe / HAZMAT planning. RUH planning requires a minimum of six members of staff trained in the use of PRPS to be available at any given time, four in PRPS with two rescue staff.

Based on the present plan the level of training required per shift is:

Shift	Number of Staff per Shift			No of PRPS Trained Staff Required	Required % of Shift to be Trained
	RNs	HCA's	EDAs		
Early	18	7	3	6	22
Late	18	7	5	6	20
Night	17	6	3	6	23

A full schedule of face-to-face training sessions per annum will provide training for circa 200 members of staff. Training capacity may be reduced due to factors such as staff sickness, maternity leave, significant operational pressures or incident response. If these factors were to have a significant impact and reduce capacity by 25% the total number of staff trained in a year would be circa 150.

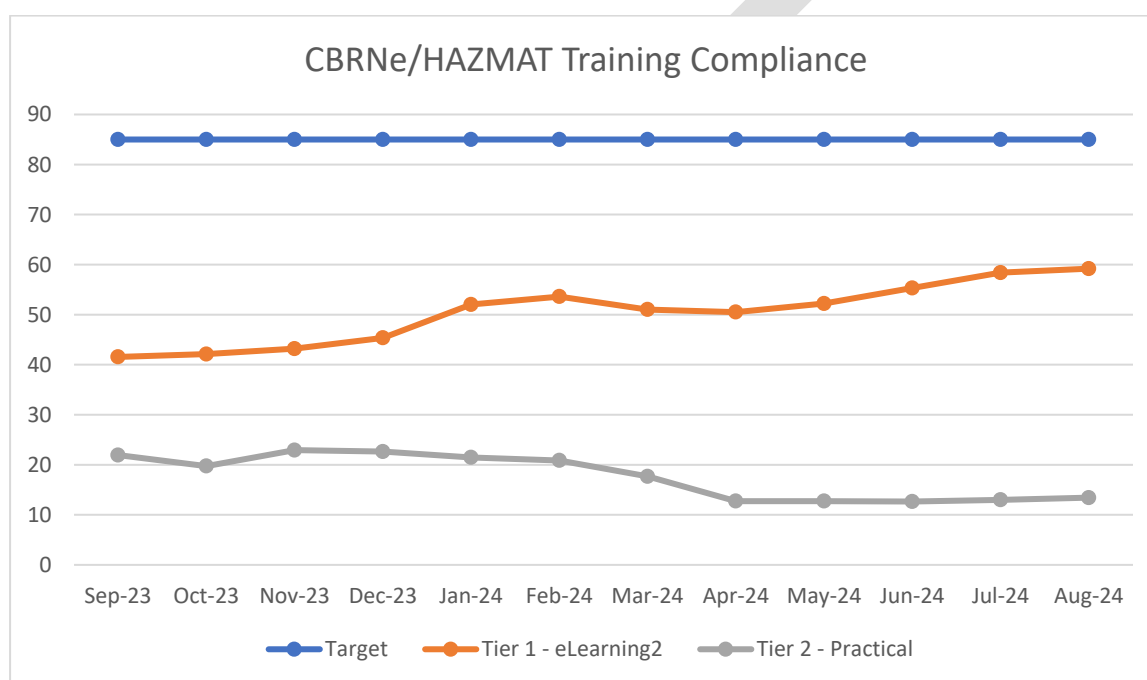
Training Schedule Capacity	Number of staff trained per Year	Balance of ED Staff Trained	% of ED Staff to be Trained
Full Capacity	200	177	88
Reduced Capacity 25%	150	127	84

The current percentage of compliance to training is stored and available on Learn Together. The table and graph below outline the last years percentage compliance for

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the Theory and practical sessions and demonstrates a need to ensure staff uptake of the necessary training.

CBRNe Compliance %	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24
CBRNe Tier 1 – Theory	41.55	42.11	43.21	45.36	52.03	53.61	51.02	50.51	52.22	55.33	58.39	59.19
CBRNe Tier 2 – Practical	21.94	19.74	22.93	22.64	21.47	20.86	17.68	12.74	12.74	12.66	12.99	13.42



4. Aims and Objectives

Aims.

- To enable staff to initiate care for people self-presenting as a consequence of any incident where a person has been contaminated with or by a known or unknown substance likely to be hazardous to health.
- To enable attendees to facilitate JESIP principles of working together to save lives and reduce harm.

Objectives.

- Attendees to know the definitions of CBRNe and HAZMAT
- Attendees to be aware of the Decontamination processes and individual roles within this process.

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- Attendees to have knowledge of the Initial Operational Response (IORs)
- Attendees to be able to explain the considerations necessary for vulnerable people.
- Attendees to have knowledge to facilitate a rapid recovery from any incident to allow the return to normal business safely and as early as possible.

5. Assumptions

The following assumptions have been made, but it is recognised that delays maybe encountered due to unforeseeable circumstances.

- The availability of suitable training environments.
- The availability of training materials including, but not limited to, PRPS training suits, IT equipment and qualified trainers.
- Staff available for release from clinical and other duties to attend the CBRNe training, both eLearning and face to face training.

6. Audience

To enable the RUH to provide 24/7 capability for a CBRNe/HAZMAT response the number of ED staff required to be trained is outlined in section 3 of this plan. The RUH CBRNe/HAZMAT training is provided in two sections, the eLearning available on Learn Together to all ED staff, including, but not limited to, registered nurses, Emergency Department receptionists, Emergency Department Assistants (EDA) and ED Doctors. The face-to-face session available to relevant ED staff required to initiate a practical response in PRPS. Additionally, both the eLearning and face to face training are available to the Clinical Site Managers (CSM) for knowledge to be able to assist and support in a response in hours and out of hours.

The eLearning is required to be completed initially before proceeding to the face-to-face session. No other pre-requisites are necessary.

It is hoped that once ED staff demonstrate an adequate level of compliance, the training can be offered outside the ED and the Clinical Site Managers to enable assistance from the wider trust during an incident.

7. Training Approach

The RUH CBRNe/HAZMAT training will consist of an eLearning package outlining the IOR, Recognise, Assess and React process and the Remove principles and the theory of improvised wet and dry decontamination. Once successfully completed staff are required to attend a face-to-face session providing training on Powered Respirator Protective Suits (PRPS) theory and safe donning and doffing, safe Ram Gene use and a practical session on enacting set of the decontamination unit.

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To support the CBRNe/HAZMAT training the RUH currently has three members of staff with recent successful attendance at the SWAST Train the Trainer session and two more ED staff awaiting further dates to attend. Compliance to training requires ED staff to complete both the eLearning and practical session 2 yearly.

7.1. Roles and responsibilities

The responsibilities of the RUH to fulfil the duties and responsibilities under the legislation and guidance described in section 1 and 2 of this training plan will be undertaken by the following;

The Executive Board

The Executive Board, under the direction of the Chief Executive and Chair will seek assurance as to the overall strategic direction of the CBRNe/HAZMAT training.

Accountable Emergency Officer (AEO)

As the RUHs Accountable Emergency Officer (AEO), the Chief Operating Officer holds executive level accountability for CBRNe/HAZMAT training and ensuring that the RUH has robust emergency planning arrangements in place which reflects standards set out in the NHS EPRR Framework (2022) and NHS EPRR Core Standards.

The AEO will ensure that the RUH is properly resourced to provide CBRNe/HAZMAT training.

Divisional Directors

Divisional Directors have the responsibility for ensuring CBRNe/HAZMAT training is attended and compliant within the scope of completed mandatory training numbers.

Head of EPRR

On behalf of the AEO, the Head of EPRR will ensure that the RUH meets its statutory obligations under the CCA (2004) and complies with all relevant EPRR guidance in respect of CBRNe/HAZMAT, providing assurance to the Board as summarised by the NHS England's EPRR Core Standards for Emergency Preparedness, Resilience and Response.

The Head of EPRR will develop and deliver the RUH CBRNe/HAZMAT training programme, improve standards of CBRNe/HAZMAT response and provide leadership on CBRNe/HAZMAT. The Head of EPRR will ensure all training materials are up to date with current guidance and available for all relevant staff to attend.

The Head of EPRR will maintain knowledge and skills required to deliver CBRNe/HAZMAT training to ED staff by attendance at the train the trainer sessions and continuous professional development.

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Deputy EPRR Managers

The Deputy EPRR Managers report to the Head of EPRR and support the development and implementation of CBRNe/HAZMAT training.

The Deputy EPRR Managers will maintain knowledge and skills to support the ED CBRNe Leads to deliver the CBRNe/HAZMAT training to relevant ED staff by attendance at the train the trainer sessions and continuous professional development.

The Deputy EPRR Managers have the responsibility to support the ED CBRNe Leads to maintain training records on Learn Together.

ED Service Leads

The ED Senior Matron and other ED Matrons are key role models for CBRNe/HAZMAT training and have the responsibility of ensuring relevant ED staff have time away from clinical or other roles to attend the eLearning and face to face CBRNe/HAZMAT training sessions.

The ED Senior Matron and other ED Matrons have the responsibility to ensure the ED CBRNe Leads have sufficient time away from clinical and other work duties to provide the CBRNe/HAZMAT training to the relevant ED Staff.

ED CBRNe Leads

The ED CBRNe Leads have the responsibility to deliver the CBRNe/HAZMAT training to relevant ED staff and maintain training records on Learn Together.

The ED CBRNe Leads will maintain knowledge and skills required to deliver the CBRNe/HAZMAT training to relevant ED staff by attendance at the train the trainer session and continuing professional development.

7.2. Training design, methods and delivery

Design

The CBRNe/HAZMAT training consists of an eLearning video accessible in and out of hours for all ED staff followed by a face-to-face practical session for appropriate response staff, including safe donning and doffing of PRPS.

The learning aims and objectives for the eLearning are.

Aims;

- To enable staff to initiate care for people self-presenting as a consequence of any incident where a person has been contaminated with a known or unknown substance likely to be hazardous to health.
- Attendance of the eLearning and successful completion of the quiz is necessary before attending the PRPS training and practical session.

Objectives;

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- To know the definitions of CBRNe and HAZMAT
- Be aware of the Improvised Decontamination Process and individual roles within this process.
- Have knowledge of the Initial Operational Response (IORs)
- Describe the REMOVE principles
- Explain the considerations for vulnerable people
- Have knowledge to facilitate a rapid recovery from any incident to allow return to normal business as early as possible.

The Learning Objectives for the face-to-face Practical CBRNe/HAZMAT training are as follows.

- To create an understanding of what CBRNe means
- Considerations for a CBRNe Event.
- How do we as responders remain safe.
- What are HAZMAT incidents and how are they different to CBRNe
- How do we decontaminate ambulant and non ambulant patients safely

Training Materials

All training materials listed in section 7.3 are available to use, however, with ongoing evaluation the types of training materials needed may be amended.

Facilitators

Two trained Facilitators will be required to undertake the training. The EPRR team is train the trainer trained and once the ED CBRNe Leads are trained this will provide 5 trained facilitators. It is hoped that if more training spaces are offered by SWAST there will be uptake of this from the wider Trust. This will be offered through various means such as, but not limited to, the All-Staff Brief Workplace.

Training Methods

The theory training will be offered via eLearning, the duration of which is 38 mins and the learning assessed by a quiz. A score of 80% is required to be considered a pass. There are three attempts before the eLearning video must be rewatched. This method enables all ED staff, including non-response staff, such as ED receptions and EDAs to access the training at a time it suits them, in hours and out of hours.

The practical PRPS face to face session will be offered initially twice a month for 6 months and then monthly. The duration of this training is approximately 4 hours. Assessment will be by observation and discussion throughout the training by the

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facilitators. This training will be facilitated on site at the RUH and includes a walk-through of the Decontamination unit. It is necessary to conduct this part of the training face to face to give the Staff the opportunity to feel what it is like to wear PRPS and to practice the buddy system. A CBRNe/HAZMAT response is thankfully rare, so this will be the only time to practically don and doff the PRPS PPE in a safe environment.

7.3. Training materials

The following training materials have been reviewed to ensure the teaching is compliant with up-to-date guidance and legislation. The following materials are required. The EPRR team will ensure the review of teaching materials is included within the EPRR work plan.

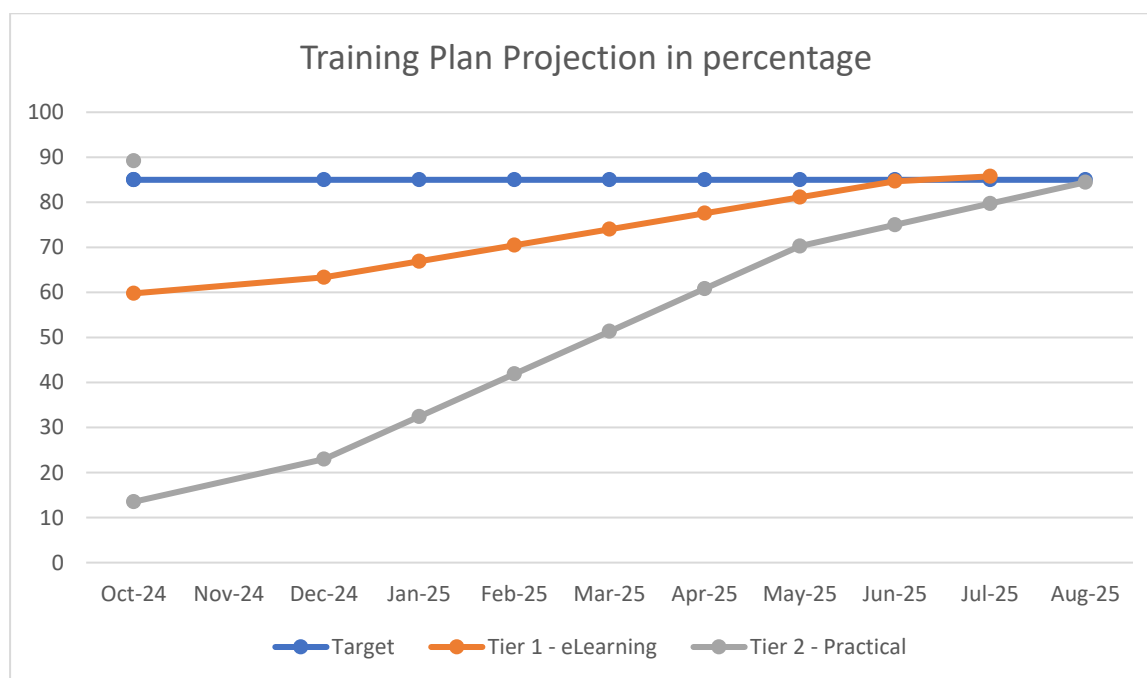
Training Material	Provider Responsible	Date Reviewed
eLearning video	EPRR	Oct 2024
PowerPoint Presentation for Face to Face Tier 2 - Practical	EPRR	Oct 2024
PRPS training aid 1	EPRR	Sept 2024
PRPS training aid 2	EPRR	Sept 2024
PowerPoint Presentation - Ram Gene	ED Radiological Lead	Aug 2024
Ram Gene	ED Radiological Lead	Jul 2024
PRPS training suits x7	EPRR	Oct 2024

7.4. Timescales

In order to achieve the target of 85% of ED staff to be compliant in both eLearning and face to face PRPS training the following number of staff are required to be available to attend training over the period Oct 2024 to August 2025.

Projection of Training Numbers Required	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Total
CBRNe Tier 1 – Theory	7	10	10	10	10	10	10	10	3			80
CBRNe Tier 2 – Practical	7	14	14	14	14	14	14	7	7	7	7	119

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It is recognised that due to the number of training suits available, the nature of the face-to-face training requiring space to don and doff PRPS and to ensure the target compliance of 85% of ED staff are trained, two sessions a month will be necessary from November 2024 to April 2025. This will be supported by the EPRR team. It is then hoped that the ED CBRNe Leads can then take the lead on the monthly training programme, supported by the EPRR team if necessary.

The eLearning is available 24/7 via any trust computer via Learn Together and the practical face to face sessions will be available to book on Learn Together at least 3 months ahead of the training date.

7.5. Resources

The following resources are required to aid in the delivery of CBRNe/HAZMAT training.

eLearning

- The RUH electronic training system Learn Together, to enable distribution and availability of eLearning video, recording of completion of training and administration of reporting data.
- Availability of RUH computers or laptops for staff to access during working hours to complete the mandatory CBRNe/HAZMAT training.

Practical face to face CBRNe/HAZMAT training (PRPS training)

- Suitable venue large enough to accommodate 7 attendees donning and doffing PRPS. Venue to include appropriate IT equipment to facilitate a PowerPoint presentation and enough table and chairs for attendees to use to write and have

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space to layout the training PRPS. The training venue is required to have sufficient lighting and be of a appropriate temperature.

- Trainers/facilitators are to have access to train the trainer sessions with SWAST and to attend any further training offered from SWAST to maintain competencies.
- The RUH electronic training system Learn Together to enable booking of training and recording of completion of attendance and administration of reporting data.

8. Assessment

Training facilitators are deemed competent once successfully completed the SWAST train the trainer course, additionally, evidence of continuing professional development is necessary to demonstrate competency in the up-to-date guidance and legislation.

The CBRNe/HAZMAT eLearning will be assessed by completion of a quiz at the end of the completed video. A score of 80% is required to record a pass.

The CBRNe/HAZMAT face to face training (PRPS) assessment of competence will be demonstrated during the This will be demonstrated by observation of successfully using the buddy system to don and doff the PRPS and answering verbally during the training. Additionally, it is expected that attendees acknowledge if they feel they require further training and do not feel confident to use the skills taught in anger.

9. Evaluation

The mechanism used to evaluate and assess the effectiveness of the training in meeting the objectives set out in this plan will be via an anonymous feedback form distributed at the face-to-face CBRNe/HAZMAT training. The results of these feedback forms will be collated by the Head of EPRR and used to improve and make the necessary changes to the training.

The first pilot face to face CBRNe/HAZMAT training session will be conducted in October 2024. This session will consist of Senior ED Matron, Divisional Director for Operations, Medicine, ED Matron and two ED CBRNe Leads, facilitated by Deputy EPRR Managers. This will enable the training to be evaluated by senior clinical leads and evaluated verbally during the training and by invitation of a written evaluation on completion of the training. This will allow for any necessary changes to be incorporated into the main training delivery.

10. Training Administration and Reporting

All administration will be conducted through Learn Together. The addition of available dates for face-to-face PRPS training will be the responsibility of the ED CBRNe Leads, with support from the Deputy EPRR Managers. Additionally, confirming attendance

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and nonattendance at the training will be the responsibility of the facilitator for the training session.

ED staff will be able to book sessions and cancel up to the 5pm the day before a session is due to commence. This will all be conducted by the attendees through the RUHs electronic Training System, Learn Together.

Spaces on the face-to-face PRPS practical sessions are limited to a maximum of seven attendees due to the number of training suits available therefore the facilitator will notify the Senior ED Matron of any nonattendance at booked training, for follow up with the staff member. Equally, the minimum number of attendees expected to attend each session has been set at 4, due to these sessions being labour intensive to deliver, requiring a minimum of two facilitators for 4 hours.

As the eLearning and face to face practical training is mandatory for ED staff monthly reports are available and reported to executive level within the RUH. Additionally, the Head of EPRR will report CBRNe/HAZMAT training compliance via the annual Management Board report, through the NHS England EPRR Core Assurance process and additionally via the annual SWAST audit of CBRNe/HAZMAT capabilities.

11. Quality Assurance

The Head of EPRR is responsible for the design of the training and ensure peer review is undertaken. During the annual SWAST CBRNe/HAZMAT capabilities audit the training slides were submitted for peer review by subject matter experts. Additionally, peer review can be undertaken by EPRR colleagues within the Local Health Resilience Partnership.

It is the responsibility of the Head of EPRR to undertake a regular review of the content of the training package by ensuring inclusion within the EPRR work plan. Alternatively, on receipt of updated guidance effecting the contents of the training, the Head of EPRR is responsible to ensure this either included or replaces existing training.

12. Risks and Issues

The risks with a RAG rating can be found in the risk log in section 13. This training is necessary to comply with legislation and NHS England guidance. Failure to adopt this training could result in the RUH not meeting the standards necessary to respond to a CBRNe/HAZMAT incident resulting in harm to staff, patients and the wider public.

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13. Risk Log

Risk ID No	Description of Risk	Date identified	Risk Rating Likelihood	Risk Rating Impact	Total Risk Rating	Mitigation/Possible actions	Target date	Action owner
01	Below target of appropriate trained staff to respond in PRPS.	01.08.24	5	4	20	Training is Mandatory. EPRR team to support ED CBRNe Leads to offer increased training sessions from Nov 24 to Apr 25.	Aug 2025	ED CBRNe Leads
02	Appropriate Training Rooms not available	01.10.24	3	3	9	Book training rooms 6 months in advance to assure availability	Nov 2024	ED CBRNe Leads
03	Appropriately trained Facilitators	01.10.24	2	3	6	All EPRR team train the trainer trained. ED CBRNe Leads to attend training. Providing 5 trained facilitators in total	Dec 2025	Head of EPRR

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