

Board of Directors' Meeting Report – 29th October 2014

Agenda item 315/14

Title	2014-2015 Emergency Preparedness Resilience and Response Assurance (EPRR)
Sponsoring Director	Jon Findlay
Authors	Paul Hepworth
Purpose	Requirement by NHS England to Ensure Boards (or equivalent) are sighted on the level of compliance achieved, the results of the self-assessment and the action/work plan for the forthcoming period
Previously considered at	
Executive Summary	
Related Trust Objective	Sustainability – keep the core strong
Related Risk	
Legal implications / regulatory requirements	Legal and statutory requirements placed upon the Trust under the Civil Contingencies Act 2004 and the NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response
Quality assessment	impact .
Equality assessment	impact
Recommendations: The Board is asked to note / discuss / approve / ratify or Receive assurance therefrom	

Emergency Preparedness Resilience and Response Assurance against the NHS England Core Standards

EPRR is defined by a series of statutory responsibilities under the Civil Contingencies Act (2004) and Health and Social Care Act (2012), which require NHS funded organisations to maintain robust capability to plan for, and respond to incidents or emergencies that could impact on health or services to patients such as;

- Major Incidents/Emergencies (Major Accidents, Acts of Terrorism or National Incidents e.g. fuel shortage)
- Surge Capacity (Winter Pressure, Pandemic Flu or Public Health Outbreak)
- Internal Business Continuity incidents/ Disruptions to Service (Loss of facilities, staff, IT/Data or Suppliers)

EPRR is guided by two pieces of Legislation:

Civil Contingencies Act 2004 (CCA)

The CCA delivers a legislative framework for the provision of civil protection in the UK, ensuring consistency of planning, whilst setting clear responsibilities for frontline responders for responding to and recovering from incidents.

The CCA divides responder agencies into two categories and places proportionate duties upon them;

Category One	Category Two
NHS England, Public Health England, Acute Hospital Trusts, Ambulance Service, Local Authority, Fire Service and Police Service.	Clinical Commissioning Groups, Utility Companies and Transport Operators

As a Category 1 responder we must ensure sufficient plans are in place to outline any response.

Health and Social Care Act 2012

The Health and Social Care Act 2012 sets out the roles and responsibilities of NHS England, CCGs and providers of NHS funded services in relation to assuring NHS emergency preparedness and response.

It also requires NHS England to take steps it considers appropriate to ensure that CCGs and providers of NHS services are properly prepared to cope with emergencies and to monitor their compliance.

With this in mind NHS England recently issued the 2014 EPRR Assurance Process. This requires all trusts to carry out a self-assessment against the NHS England

EPRR Core Standards, and to produce an action plan to deliver the standards that are, as yet, not fully met.

Self-Assessment Core standards

Against the 52 Core Standards the Trust achieved the following results (Please note Core Standard Number 8, is split into 16 sub standards)

0 Core Standards - Red
14 Core Standards - Amber
36 Core Standards - Green
2 Core Standards - Not applicable to Trust

CBRNe/HAZMAT Core Standards

Against the 14 CBRNe/HAZMAT Core Standards the Trust achieved the following results

1 Core Standards - Red
3 Core Standards - Amber
10 Core Standards - Green
0 Core Standards - Not applicable to Trust

CBRNe/Hazmat Equipment

Against the 36 CBRNe/HAZMAT equipment Core Standards the Trust achieved the following results

0 Core Standards - Red
3 Core Standards - Amber
26 Core Standards - Green
7 Core Standards - Not applicable to Trust

Compliance Level

There are 4 levels of compliance that trusts can achieve. They are

Compliance Level	Evaluation and Testing Conclusion
Full	The plans and work programme in place appropriately address all the core standards that the organisation is expected to achieve.
Substantial	The plans and work programme in place do not appropriately address one or more the core standard themes standards that the organisation is expected to achieve.
Partial	The plans and work programme in place do not adequately address multiple core standard themes standards that the organisation is expected to achieve.
Non-compliant	The plans and work programme in place do not appropriately address several core standard themes standards that the organisation is expected to achieve.

It is the view of the Trust's Emergency Planning and Liaison Officer that the Trust is at **Substantial** level. There is still some work to be carried out or completed, but not against multiple standards.

Action Plan

The attached assurance spread sheet, details against the core standards that are shown as amber or red, the action that needs to be taken, by whom and by when (where possible). It is the view that, where possible (due to national guidance and work being undertaken by the Local Health Resilience Partnership) that work on outstanding core standards will be completed, at the latest, by the end of September 2015.

Please note that some actions are reliant on other organisations (NHS England or LHRP Working Groups) to deliver outcomes or documents before the Trust can carry out the required action.

Core Standard		Clarifying Information	Self - Assessment RAG	Action to be taken	Lead	Timescale
2	Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.		A	Need to capture information from the NRR and CRR and update Trust risk register, to ensure changes in national guidance are mapped and changes made to reflect EPRR Core Standards	Paul Hepworth EPLO	September 2015
5	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver it's functions.	Duty to assess risk	A	Need to capture information from the NRR and CRR and update Trust risk register, to ensure changes in national guidance are mapped and changes made to reflect the EPRR core standards	Paul Hepworth	September 2015
6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and	Duty to assess risk	A	Need to capture information from the NRR and CRR and update Trust risk register, to ensure changes in national guidance are mapped and changes made to reflect the EPRR core standards	Paul Hepworth	September 2015

	national risk registers.					
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.	Duty to assess risk	A	Where needed Trust risk assessments to be shared with partners	Paul Hepworth	September 2015
8	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity. Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	Business Continuity	A	The Trust has business continuity plans, which are being reviewed to ensure compliance to current standard ISO 22301 table top exercise planned for 31 st October 2014 to test current position	Paul Hepworth	September 2015
		Business Continuity		The Trust has a Heatwave plan but not an adverse weather plan for snow and cold weather, need to develop plan in line with current guidance	Paul Hepworth	September 2015
		Business Continuity	A	The Trust has a Pandemic Influenza plan but needs to be reviewed in line with new guidance published September 2014	Paul Hepworth	September 2015
16	Those on-call must meet identified competencies and key	NHS England published competencies are based upon National	A	Training being delivered but this may not meet the requirements of	Paul Hepworth	September 2015

	knowledge and skills for staff.	Occupation Standards. Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.		the National Occupational Standards. Not all Directors on the rota have attended Strategic Leadership in a Crisis. Review of training provided against the National Standards is to be carried out. New training being developed for Silver level but will need to ensure meets national occupational standards		
17	Documents identify where and how the emergency or business continuity incident will be managed from, i.e. the Incident Control Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the logistic .			New location has been identified for Incident Control Centre, this has been scoped and equipment required identified, Plans now need to be amended to show new location and to include operating instructions. New major incident plan is currently under development which will include a full review of all action cards and roles.	Paul Hepworth	March 2015
19	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information		A	The NHS England Sitrep form is to be included as an appendix to the Trust Major Incident plan	Paul Hepworth	March 2015

	<p>pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response</p>					
22	<p>Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.</p>	<p>Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about:</p> <ul style="list-style-type: none"> - Any immediate actions to be taken by responders - Actions the public can take - How further information can be obtained - The end of an emergency and the return to normal arrangements <p>Communications arrangements/ protocols:</p> <ul style="list-style-type: none"> - have regard to managing the media (including both on and off site implications) - include the process of communication with internal staff - consider what should be published on intranet/internet sites - have regard for the warning and informing arrangements of 	A	<p>Essex Health Communications Strategy is being developed by a LHRP Working Group - Lead by NHS England Communications</p>	<p>Paul Hepworth</p>	<p>September 2015</p>

		other Category 1 and 2 responders and other organisations.				
34	Arrangements include a training plan with a training needs analysis and on-going training of staff required to deliver the response to emergencies and business continuity incidents		A	The Trust delivers training to staff but does not have a current training needs analysis linked to national standards	Paul Hepworth	September 2015
37	Preparedness ensures all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		A	All Trust On Call Directors and Managers to maintain a Personal Development Portfolio identifying training and exercises attended	All Trust On Call Directors and Managers	September 2015

Core Standard CBRNe/HAZMAT		Clarifying Information	Self - Assessment RAG	Action to be taken	Lead	Timescale
38	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	National guidance IOR	A	CBRNe/HAZMAT plan being updated in line with IOR guidance and information on new equipment also being updated	Paul Hepworth	April 2015
40	HAZMAT/ CBRN decontamination risk assessments are in places which are appropriate to the organisation.		R	Risk assessments need to be added Trust plans in line with NRR and CRR	Paul Hepworth	April 2015

41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		A	The Trust does not have the capability to respond to an incident that requires decontamination to be implemented, we do not have a rota of staff, but new system is being introduced to ensure that each nursing team in A&E have a major incident lead who is able to ensure that sufficient decontamination capability is available 24/7.		August 2015
50	The organisation has sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.		A	New system is being introduced to ensure that each nursing team in A&E have a major incident lead who is able to ensure that sufficient decontamination capability is available 24/7.	Paul Hepworth	August 2015

	Equipment	Self-Assessment Rag	Action to be taken
E15	Entry control board (including clock)	A	Order raised for Entry Control Board
E25	Signage	A	Order raised for Signage specific to CBRNe/Hazmat
E27	Chemical Equipment Assessment Kits (ChEAKs) (via PHE) (replaced Toxiboxes in 2010)	A	The Toxiboxes will be replaced nationally by PHE, Trusts will receive a letter detailing process shortly

Recommendations

The Board/Governing Body is asked to:

- Note the level of EPRR assurance achieved
- Note the results of the self-assessment
- Note the action plan for achieving full assurance
- Agree the inclusion of the NHS England Sitrep report into the CCG Incident Response Plan

Signed

Jon Findlay

Chief Operating Officer / Accountable Emergency Officer