

Board of Directors' Meeting Report – 5 August 2015

Agenda item 80/15

Title	Emergency Preparedness, resilience and response Assurance 2015/16
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	Approved by Executive lead on 28 July 2015
Executive Summary	
The Board is asked to note the report and the level of compliance achieved together with the results of the self-assessment and the action plan.	
Related Trust Objective	Sustainability – keep the core strong
Related Risk	Keeping the core strong
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
Recommendations:	
The Board is asked to note and receive assurance.	

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

Pandemic Influenza

Against the 3 Core Standards the Trust achieved the following results

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

Chemical Biological Radiological Nuclear /Hazardous Materials Core Standards

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

0 Core Standards - Red
 5 Core Standards - Amber
 9 Core Standards - Green
 0 Core Standards - Not applicable to Trust

CBRNe/Hazmat Equipment

Against the 39 CBRNe/HAZMAT equipment Core Standards the Trust achieved the following results

0 Core Standards - Red
 0 Core Standards - Amber
 32Core 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 develop an annual work plan, and resources required to deliver plan	Paul Hepworth EPLO	September 2016
6	There is a process to ensure that	Duty to assess risk	A	Need to capture information	Paul Hepworth	September 2016

	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 national risk registers.			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		
16	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards. Training is delivered at the level for which the individual is expected to operate (i.e. operational/ bronze, tactical/ silver and strategic/gold). for example strategic	A	Training being delivered but this may not meet the requirements of the National Occupational Standards. New training being developed for Silver level but will need to ensure meets national occupational standards	Paul Hepworth	September 2016
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		A	The Trust delivers training to staff but does not have a current training needs analysis linked to national standards	Paul Hepworth	September 2016

	incidents					
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 2016

Core Standard Pandemic Influenza	Clarifying Information	Self - Assessment RAG	Action to be taken	Lead	Timescale
			No Actions Required		

Core Standard CBRNe/HAZMAT	Clarifying Information	Self - Assessment RAG	Action to be taken	Lead	Timescale
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 2016
41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.	A	The Trust does have the capability to respond to incident that requires decontamination to be implemented, we do not have a rota of staff, but new system is being introduced to ensure that		August 2016

				each nursing team in A&E have a major incident lead who is able to ensure that sufficient decontamination capability is available 24/7.		
49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.		A	The Trust delivers training to staff but is limited due to resources i.e. number of staff able to deliver training	Paul Hepworth	September 2016
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	June 2016

	Equipment	Self-Assessment Rag	Action to be taken
			No actions Required

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