

Board of Directors' Meeting Report – 3 August 2016

Agenda item 66/16

Title	Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2016–17 Self-Assessment
Sponsoring Director	Jon Findlay, Chief Operating Officer
Author(s)	Paul Hepworth, Emergency Planning Officer
Purpose	To give assurance against EPRR Core Standards for 2016 – 17 to NHS England and provide a framework for the Trust to plan for operational resilience to deliver services to patients throughout the year.
Previously considered at	N/A
Executive Summary	
EPRR is defined by a series of statutory responsibilities under the Civil Contingencies Act 2004. The Health and social Care Act (2012) also requires NHS Funded Organisations to maintain robust capabilities to plan for, and respond to incidents or emergencies that could impact on health or services to patients.	
Date Reviewed by Execs	N/A
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate
Related Risk	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience Risk 3 – Failure to meet operational performance targets Risk 4 – Trust not being financially sustainable Risk 5 – Inability to recruit and retain staff Risk 6 – Unable to maintain estates and facilities to an adequate standard
Legal implications / regulatory requirements	Statutory Requirement
Quality impact assessment	N/A
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
Recommendations:	
The Board is asked to approve the 'Declaration' supported by the Self-Assessment which states that the Trust's overall level of compliance against the NHS England Core Standards for EPRR is Substantial. This means that the Trust has an effective emergency planning framework and programme in place.	

1. Context / Review History / Stakeholder Engagement

EPRR is defined by a series of statutory responsibilities under the Civil Contingencies Act (2004) and the Health and Social Care Act (2012), which requires 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 Shortages)
- Surge Capacity (Winter Pressures, Pandemic Flu or Public Health Outbreak)
- Internal Business Continuity Incidents / Disruptions to Service (Loss of facilities, staff, IT / Data or Suppliers)

The Trust is required to submit a 'Declaration' with Executive / Board Approval against the Core Standards to NHS England by the 31st August 2016.

NHS England Midlands and East (East) EPRR Team, along with support of CCG Emergency Planning Leads, may undertake some validation of the self-assessment process including planned visits to discuss provider's responses, to view evidence and where required to request further information.

2. Organisational Assurance Ratings

Organisations are expected to state an overall assurance rating as to whether they are fully, substantially, partially or non-compliant with the NHS EPRR Core Standards. The definitions of these ratings have been amended for the 2016 – 17 process and are detailed below:

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately address all the Core Standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the Core Standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the Core Standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-Compliant*	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate further compliance.

3. Evidence Required

The evidence provided must include:

- A copy of the self-assessment matrix.
- Action / Work plan (with timescale)
- and paper to the relevant Board detailing:
 - A declaration of the level of compliance achieved signed by Accountable Emergency Officer.
 - The results of the organisation's self-assessment against the NHS England Core Standards for EPRR.
 - A resulting action / work plan stemming from the self-assessment against the NHS England Core Standards for EPRR.

4. Trust Benchmark

The table below provides an overview of the Trust's position against the NHS England Core Standards for EPRR which comprise of the following:

Core Standards	51
Business Continuity DD Questions	6
Hazmat / CBRN Equipment	32 with 4 being N/A
Total	85

Compliance Level	Total Number of Criteria
Compliant Fully	81
Substantially Compliant	0
Partially Compliant	4
Non-Compliant	0

Trust Overall Compliance Level
Substantially Compliant

On the basis of the Self-Assessment the 'Declaration' against the NHS Core Standards for EPRR states that the Trust's overall compliance is Substantially Compliant.

There are 4 areas that are not fully compliant as outlined in full in (*Appendix 1*)

The Emergency Planning and Business Continuity Programme has undergone a complete review, as part of the Success Regime and all three Trust's now meet on a regular basis to discuss and review plans, and education.

The Trust has also agreed to adopt Basildon Hospital's business continuity templates, in order to ensure a consistent approach between the Trusts going forward as part of the success Regime.

Appendix 1

Action Plan

NHS England Emergency Preparedness, Resilience and Response Core Standards for 2016 - 17

Core Standard	Description	Action	Owner	Date
DD1	Organisation has undertaken a Business Impact Assessment	The Trust as part of the success regime has adopted Basildon Hospitals Templates and is currently undertaking new planning and Business Impact Assessments	Paul Hepworth	January 2017
DD2	Organisation has explicitly identified its Critical Functions and set Minimum Tolerable Period of disruption for these	The Trust does have identified Critical Functions however Recovery Time Objectives have not been set	Paul Hepworth	January 2017
DD3	There is a plan in place for the organisation to follow to maintain critical functions and restore other functions following a disruptive event	The Trust has a number of emergency plans including a Business Continuity Plan, however this is being re-written in line with new templates and to incorporate Recovery Time Objectives for all Critical Functions	Paul Hepworth	January 2017
12	Arrangements explain how VIP or other High Profile patients will be managed	The Trust does have a VIP plan however it does not cover patient care, this is under construction at present	Paul Hepworth	January 2017