

Board of Directors: 12.7.18

Agenda Item: Bo.7.18.11

## Emergency Preparedness, Resilience and Response (EPRR) Assurance

<b>Presented by:</b>	Tanya Claridge, Director of Governance and Corporate Affairs	<b>Author:</b>	Steve Amos, Emergency Planning Manager
<b>Previously considered by:</b>			

Key points	Purpose:
1. Core Standards have been reassessed and RAG rated	To discuss and note
2. An action plan has been developed to work towards full compliance	To note and gain assurance

Executive Summary:
<p>NHS England sets out the expectations for emergency preparedness, resilience and response (EPRR) self-assessment assurance process in order to be assured that the Trust and NHS England are prepared to respond to an emergency, and has resilience in relation to continuing to provide safe patient care. This paper has been written to update the Board in relation to the current compliance of the Trust in relation to a range of core standards.</p> <p>The portfolio associated with Emergency Resilience has recently moved into the Office of Governance and Corporate Affairs. As such an action plan has recently been developed to ensure that the Trust works at pace towards full compliance.</p>

Financial implications:
No

Regulatory relevance:
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<b>Monitor:</b>	
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<b>Equality Impact / Implications:</b>	<p><b>Is there likely to be any impact on any of the protected characteristics?</b> (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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<b>Strategic Objective:</b>	To provide outstanding care for patients
<i>Reference to Strategic Objective(s) this paper relates to</i>	

## 1. Introduction

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. This could be anything from extreme weather conditions to an outbreak of an infectious disease, or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents whilst maintaining services.

The national 2017/18 Emergency Preparedness, Resilience and Response (EPRR) assurance process set out the expectations for NHS organisations to seek assurance that both the NHS in England and NHS England are prepared to respond to emergencies, and are resilient in relation to continuing to provide safe patient care. The process is to assess the preparedness against NHS EPRR Core Standards. It is the intention of this paper to provide an update on both assurance and a remedial action plan in order to become fully compliant with these standards.

## 2. Core Standards Self-Assessment

The national Core Standards enable agencies across the country to share a common purpose and to co-ordinate EPRR activities in proportion to the organisation's size and scope; and provide a consistent cohesive framework for self-assessment, peer review and assurance processes.

Last year the self-assessment was extended, incorporating a number of deep dives into governance, Hazmat/Chemical, biological, radiological and nuclear (CBRN) Core Standards and Hazmat/CBRN equipment checklist.

Appendix 1 details the national EPRR Core Standards containing only those standards which are applicable to NHS Acute Trusts. Each individual standard is assessed against a Red, Amber, and Green (RAG) rating of compliance.

## 3. Action Plan

An action plan to ensure full compliance with the Core Standards has been developed and can be found in Appendix 2.

## 4. Statement of Compliance

As requested by NHS England, as part of this process a statement of compliance is required to be signed by the Trust. This is required to be signed and sent to NHS England later this year once the 2018/19 standards are issued.

Presently the Trust is reporting *Partial compliance*, which does not reflect the declaration of last year. A great deal of rigour has been applied to this most recent self assessment, and it relied on the acquisition of high quality evidence to support declaration. As a result the action plan is necessarily challenging and designed to enable the production of tangible evidence of compliance. It is anticipated that by the time of submission for this year's standards (approximately October) that the trust will be able to report as *Substantial compliance* as per the previous year, with full compliance being achieved once the action plan has been completed.

## 5. Governance

An Emergency Resilience and Business Continuity Sub-group of the Health and Safety Committee will be formed during quarter 2 2018/19 as a means of providing the work

**Board of Directors: 12.7.18**

**Agenda Item: Bo.7.18.11**

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associated with emergency resilience and business continuity with a governance infrastructure and a route of escalation.

## **Conclusion**

The Board of Directors is asked to note the contents of this report and the rigour of the self assessment undertaken. The Board of Directors is asked to gain assurance from the actions proposed to enable the Trust to declare at the minimum substantial compliance with Core Standards by October 2018.

Board of Directors: 12.7.18  
 Agenda Item: Bo.7.18.11

## Appendix 1 – EPRR Core Standards Compliance Matrix

Key – RAG Rating

RAG	Definition
Red	Not compliant with Core Standard and not in the EPRR work plan within the next 12 months
Amber	Not compliant but evidence of progress and in the EPRR work plan for the next 12 months
Green	Fully compliant with Core Standards

### EPRR Core Standards

Number	Core Standard	Evidence of Assurance	Self-Assessment RAG 2016/17	Self-Assessment RAG 2017/18	Self-Assessment RAG June 2018
<b>Governance</b>					
1.	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management).	The Accountable Officer is the Director of Governance and Corporate Affairs	Green	Green	Green
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.	EPRR work programme in place and monitored regularly providing annual assurance to the Trust Board.	Green	Green	Green
3.	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	A number of EPRR policies and procedures are available. The overarching policy to bring all these together is in development.	Amber	Amber	Amber
4.	The accountable emergency officer ensures that the Board and/or Governing Body receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resource are made available to enable the organisation to meet the requirements of these core standards.	Annual report to the Board updating on compliance against EPRR Core Standards and the work programme.	Green	Green	Green
<b>Duty to assess risk</b>					
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 its functions.	All risks updated aligning with Local Health Resilience Partnership (LHRP) and community risks. An investigation is carried out where when an incident takes place supported by the Emergency Planning Team.	Green	Green	Amber
6.	There is a process to ensure that the risk assessment(s) is in line with the organisational, LHRP, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	All risks are reviewed quarterly and aligned with LHRT, and community risks.	Green	Green	Green
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.	Risks are managed and updated by the Emergency Planning Team and reported periodically to the Trust Operational Resilience Group and Local Health Sub Group.	Green	Green	Amber, links to no. 5
<b>Duty to maintain plans – emergency plans and business continuity plans</b>					
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).	Major Incident Plan - Incident Response Plan in place	Green	Green	Green
		Corporate and service level business continuity plans (aligned with nationally recognised BC standards) – A Corporate Business Framework has been developed and awaiting final approval. In addition, all Divisions and Corporate services have identified business continuity leads that have all received specific training in July 2017. This training was aligned to ISO22301. All Divisions and Corporate services are in the process of producing Business Impact Analysis based on their critical activities.	Amber	Amber	Amber
		Hazmat/CBRN – CBRN plan in place and been exercised.	Green	Green	Amber
		Severe Weather Plans - cold weather and heatwave plan in place.	Green	Green	Amber
		Pandemic Influenza – plan available and reviewed in line with national updates	Amber	Green	Amber
		Mass Countermeasures (e.g. mass prophylaxis, or mass vaccination) –	Green	Green	Amber

**Board of Directors: 12.7.18**  
**Agenda Item: Bo.7.18.11**

		incorporated into CBRN plan and Bradford District Multi-Agency Communicable Disease Outbreak Management Algorithm.			
		Mass Casualties – incorporated into Incident Response Plan.	Green	Green	Green
		Fuel Disruption – incorporated into Estates plan for buildings. Divisions need to identify essential services that need vehicle fuel to carry on	Green	Green	Amber
		Surge and Escalation Management – Operational Pressures Escalation Levels (OPEL) plan available and other Operational plans incorporating regional networks are in place.	Green	Green	Green
		Infectious Disease Outbreak – Human Disease Outbreak Plan in place.	Green	Green	Green
		Evacuation – Local ward/departmental plans in place. West Yorkshire Acute Trust Full and Partial Evacuation Site Plan available (requires final sign off).	Amber	Green	Amber
		Lockdown – Local ward/departmental plans in place. Whole site plan is in development by the Lockdown Task and Finish Group.	Amber	Amber	Amber
		Utilities, IT and telecommunications failure –OPEL plan and business continuity plans available. In addition lessons learnt debrief reports and action plans available following local and national incidents.	Green	Green	Green
		Excess Deaths/Mass Fatalities – Incorporated into Incident Response Plan.	Green	Green	Amber
9.	Ensure that plans are prepared in line with current guidance and good practice.	<p>Several plans updated this year all in line with Civil Contingencies Act (2004), relevant NHS England guidance and latest subject specific guidance.</p> <p>Some key plans are peer reviewed by West Yorkshire EPRR colleagues to ensure these are aligned across the region.</p>	Amber	Green	Green
10.	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	<p>OPEL Plan and service level business continuity outlines the structures and actions to be taken when business continuity is enacted.</p> <p>On call structure in place. Majority of staff trained in Strategic/Tactical Leadership in a Crisis, JESIP Joint Decision Model.</p> <p>Increased modes of contact with the on call team have been implemented and tested.</p>	Green	Green	Green
11.	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	<p>OPEL Plan outlines the structures and actions to be taken when business continuity is enacted.</p> <p>Linked to the development of business impact analysis.</p>	Amber	Amber	Amber, links to production of BIA's
12.	Arrangements explain how Very Important Person (VIP) and/or high profile patients will be managed.	VIP plan in place.	Green	Green	Amber
13.	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content.	<p>Plans/Policies are developed in consultation with relevant parties.</p> <p>The Trust is a member of the System Resilience Group (A&amp;E Delivery Board), Bradford and Airedale Health Resilience Group, Local Resilience Forum and LHRP. Close working with other NHS organisations</p>	Green	Green	Green
14.	Arrangements include a debrief process so as to identify learning and inform future arrangements.	Debriefs and learning have been developed following significant incidents requiring establishment of Silver Command.	Green	Green	Green
<b>Command and control</b>					
15.	Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	<p>Operations Centre available 24/7.</p> <p>Trust on call arrangements in place.</p>	Green	Green	Green
16.	Those on call must meet identified competencies and key knowledge and skills for staff.	Silver and Gold Commanders have received Strategic/Tactical Leadership in a Crisis, JESIP Joint Decision Model training.	Amber	Green	Green
17.	Documents identify where and how the emergency or business continuity incident will be managed from, i.e. the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management)	Incorporated within the Incident Response Plan.	Green	Green	Green

**Board of Directors: 12.7.18**  
**Agenda Item: Bo.7.18.11**

	and the key roles required within it, including the role of the loggist.				
18.	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.	The role of the loggist and the maintenance of contemporaneous notes are outlined within the Incident Response Plan.  Future loggist training to be planned to increase number of trained staff.	Green	Green	Green
19.	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.	Sitreps in use daily as part of surge and escalation reporting as well as NHS England format within the Incident Response Plan.	Green	Green	Green
20.	Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.	Initial advice would be sought through Resilience Leads.  Hazmat Advisors available from Yorkshire Ambulance Service.  Firearms advice available from West Yorkshire Firearms Service.	Green	Green	Green
21.	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements.	Radiation Protection Supervisors available and can be contacted via switchboard.	Green	Green	Green
<b>Duty to communicate with the public</b>					
22.	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	A number of communication methods applied during communication failures internally that have been evoked during recent incidents	Green	Green	Green
23.	Arrangements ensure the ability to communicate internally and externally during communication equipment failures.	External communications as mentioned above. Further resilience to be incorporated internally via the implementation of dedicated hotlines/dedicated lines between key areas.	Green	Green	Green
<b>Information sharing – mandatory requirements</b>					
24.	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	Trust information sharing agreement incorporated within the Trust Communication Plan also the Trust is signed up to the West Yorkshire Emergency media Protocol, which sits across health and social care.	Green	Green	Green
<b>Co-operation</b>					
25.	Organisations actively participate in or are represented at the Local Resilience Forum.	The Trust is a member of the Health Sub Group, LHRP and acute practitioners' forum.	Green	Green	Green
26.	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA.	The Trust is a member of the Health Sub Group and LHRP.	Green	Green	Green
27.	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	West Yorkshire Mutual Aid Agreements available.	Green	Green	Green
30.	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties.	A number of policies, arrangements in place to support EPRR functions and duties (e.g. OPEL, Incident Response Plan, mutual aid agreements etc.)	Green	Green	Green
33.	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level.	Attendance at the LHRP is the Accountable Emergency Officer or someone with delegated authority.	Green	Green	Green
<b>Training and exercising</b>					
34.	Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents.	Additional training sessions in 2017/18 for on call staff (SLIC, TLIC and JESIP Joint Decision Model).  Business continuity training delivered to 28 staff in July 2017 and a number of staff exposed to the Incident Response Plan through the table top and live exercise in May and June 2017 respectively.  Initial Operational Response Training video added to ESR as mandatory for core AED staff.	Amber	Green	Amber
35.	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	Table top and live exercise completed in last 12 months. More exercises to be planned.	Green	Green	Green

**Board of Directors: 12.7.18**  
**Agenda Item: Bo.7.18.11**

36.	Demonstrate organisation wide (including on call personnel) appropriate participation in multi-agency exercises.	Participation in trauma network (MERIT, Emergo), and COMAH site exercises.	Green	Green	Green
37.	Preparedness ensures all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.	Training provision and courses recorded onto ESR. Evidence of 'silver' command attendees.	Amber	Green	Green



Board of Directors: 12.7.18  
 Agenda Item: Bo.7.18.11

## Appendix 2 – EPRR Core Standards Action Plan 2018

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
3.	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Development of EPRR Framework signed off at Trust Executive Management Team	Draft framework document to be produced and initial consultation to commence	December 2018
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 its functions.	All risks updated aligning with Local Health Resilience Partnership (LHRP) and community risks. An investigation is carried out where when an incident takes place supported by the Emergency Planning Team.	Risks to be reviewed by EP manager and shared with relevant internal stakeholders for comment	August 2018 links with no. 7
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.	Risks are managed and updated by the Emergency Planning Team and reported periodically to the Trust Operational Resilience Group and Local Health Sub Group.	Risks to be shared with relevant internal stakeholders for comment	August 2018
8.	Ensure that plans are prepared in line with current guidance and good practice	Business Continuity Plans - Development of robust Business Impact Analyses & Business Continuity Plans across Trust	All Business Impact Analyses from Business Continuity leads will be completed by December 2018 Throughout 2019 testing and exercising will be undertaken which will inform development of Business Continuity Plans	December 2018
		CBRN plan in place but needs to be reviewed	Plan to be updated and sent out for comment	November 2018
		Severe Weather Plans - heatwave plan in place.	Winter resilience plan to be reviewed	September 2018
		Pandemic Influenza plan	Plan to be made available and in line with national updates	November 2018
		Mass Countermeasures (e.g. mass prophylaxis, or mass vaccination)	Will link to Pandemic and outbreak plan	November 2018
		Mass Casualties	Incorporated into Incident Response Plan but needs updating when plan due for review in December 2018	December 2018
		Fuel Disruption	Estates have in date plan for infrastructure. Divisions to identify priority services that would still have to run	December 2018
		Evacuation – Local ward/departmental plans in place.	West Yorkshire Acute Trust Full and Partial Evacuation Site Plan completed, needs local maps and requires final sign off. Meetings already arranged.	September 2018
		Lockdown Plan – Produce plan to be ready for consultation Final plan signed off	Draft plan produced and initial consultation to commence	October 2018
		Excess Deaths/Mass Fatalities – Incorporated into Incident Response Plan	To be incorporated into Incident Response Plan when reviewed in December 2018	December 2018 when due for review
11.	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical	Completion of all Business Impact Analyses for Divisions and Corporate Services	OPEL plan in place and due for review July/August 2018. Development of robust Business Impact Analyses to identify critical activities	December 2018
12.	Arrangements explain how Very Important Person (VIP) and/or high profile patients will be managed.	VIP plan to be in place.	Draft has been produced, to be circulated for comment and approval. There is reference to VIP's in communication policy.	September 2018
34.	Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents.	A formalised TNA needs to be produced to identify training for relevant staff.	If no plan can be found, one to be developed. Work to be commenced late 2018.	February 2019