

<b>Meeting Title</b>	<b>Board Of Directors</b>		
<b>Date</b>	<b>13.9.18</b>	<b>Agenda item</b>	<b>Bo.9.18.26</b>

## Emergency Preparedness, Resilience and Response (EPRR) Core Standards Compliance

Presented by	Tanya Claridge, Director of Governance and Corporate Affairs	
Author	Steve Amos, Emergency Planning Manager	
Lead Director	Tanya Claridge, Director of Governance and Corporate Affairs	
Purpose of the paper	This paper provides the Board of Directors with an overview of the Trust's Compliance with the EPRR Core Standards, identifying areas of risk and the proposed mitigation prior to submission to NHS England	
Key control	This paper is not currently a key control for the Board Assurance Framework	
Action required	For approval	
Previously discussed at/ informed by	Executive Management Team (Operational) Meeting	
Previously approved at:	Committee/Group	Date
Key Options, Issues and Risks		
<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</p> <ul style="list-style-type: none"><li>is prepared to respond to an emergency</li><li>has resilience in relation to continuing to provide safe patient care.</li></ul> <p>A range of “Core standards” are used to support the Trust’s self-assessment. This year there are a number of changes to the standards and evidence required, which have now been split into ten key domains.</p>		
Analysis		
<p>The final submission deadline to NHS England is 31st October 2018 where the Trust will have to provide a signed statement of compliance. The compliance statement relates to the percentage of standards for which compliance can be demonstrated.</p> <p>As of the 6<sup>th</sup> September the Trust is not able to demonstrate compliance with the core standards as compliance with only 48 out of the 64 standards can be evidence (75%). This is disappointing and is as a result of a combination of improved governance in terms of assurance relating to compliance and the changes in the standards and evidence required.</p> <p>However, due to the timing of the Board of Directors meeting and the submission of papers, there is an opportunity to ensure that the Trust can demonstrate compliance with a further 9 standards (substantial compliance) by the deadline in October. An action plan has been developed to work towards this compliance which is being managed by the Director of Governance and Corporate Affairs and the Emergency Planning Manager. As additional assurance an Internal Audit has been commissioned to assess the quality of the Trust's compliance with a range of the core standards. This is scheduled to take place at the end of September 2018.</p>		
Recommendation		
<ul style="list-style-type: none"><li>The membership of an extraordinary meeting of the Board and Directors should be agreed which would have the devolved responsibility to sign off the EPRR Core Standards self-assessment declaration before the 31<sup>st</sup> October 2018.</li><li>A work plan should be developed and monitored by the Health and Safety Committee to ensure full compliance by April 2019</li><li>An EPRR assurance paper should be received by the Board of Directors bi-annually, the next due in March 2019. The March paper will provide an update of the work plan, progress on achieving the</li></ul>		

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core standards, training and exercises held and details of business continuity or critical incidents that have occurred.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Risk (*)					
	The current risk associated with non-compliance with core standards has been assessed in relation to the provision of outstanding care for patients. In the event of a challenge to business continuity or a major incident, at present the Trust is not able to demonstrate compliance with the standards expected, meaning that the ability to respond to a major incident may be compromised, which could affect the safety of patients. The risk is being proactively managed as a result.					

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	▪	
Quality implications	▪	
Resource implications	▪	
Legal/regulatory implications	▪	
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
<b>NHS Improvement:</b> Risk assessment framework, quality governance framework, code of governance , annual reporting manual
<b>Care Quality Commission Domain:</b> SAFE
<b>Care Quality Commission Fundamental Standard:</b>
<b>Other (please state):</b> NHS England EPRR Core Standards

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
					Health and Safety

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## Emergency Preparedness, Resilience and Response (EPRR) Core Standards Compliance

### 1 PURPOSE/ AIM

This paper provides the Board of Directors with an overview of the Trust's Compliance with the EPRR Core Standards, identifying areas of risk and the proposed mitigation prior to submission to NHS England. It is the intention of this paper to provide an update on both assurance and a remedial action plan in order to become substantially compliant with these standards.

### 2 BACKGROUND/CONTEXT

The Civil Contingencies Act 2004 and the NHS Act 2006 as amended by the Health and Social Care Act 2012 underpin EPRR within health. Both Acts place EPRR duties on NHS England and the NHS in England. Additionally, the NHS Standard Contract Service Conditions (SC30) requires providers of NHS funded services to comply with the EPRR Framework and other NHS England guidance.

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients. NHS England Core Standards for EPRR set out the minimum requirements expected of providers of NHS funded services in respect of EPRR. It should be noted that this year there are a number of changes to the standards and evidence required, which have now been split into ten key domains.

The national 2018/19 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 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.

### 3 PROPOSAL

Appendix 1 provides an overview of the national EPRR Core Standards containing the 64 standards which are applicable to NHS Acute Trusts. A proposed level of current compliance is also provided for each core standard based on a detailed assessment of the evidence available in the Trust; each standard has been assessed using a Red, Amber, and Green (RAG) rating of compliance. At present the Trust can demonstrate compliance with 48 of the 64 standards. This profile of compliance (75%) is categorised as 'non-compliant' by NHS England. Declarations from previous years are provided as a point of reference.

The Trust has developed and is implementing an action plan (Appendix 2) which commenced at the end of May 2018 (when resilience transferred into the portfolio of the Director of Governance and Corporate Affairs) and is on track to deliver substantial compliance (a further 9 core standards) by 31<sup>st</sup> October 2018 and full compliance by April 2019.

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In order to provide additional assurance an Internal Audit of compliance with a range of core standards has been commissioned. This is scheduled for the end of September 2018.

#### **4 RISK ASSESSMENT**

The risk associated with the assessment of compliance with the EPRR core standards has been assessed and will be escalated for consideration at the Integrated Governance and Risk Committee in relation to being managed on the corporate risk register during September 2018.

#### **5 RECOMMENDATIONS**

- The membership of an extraordinary meeting of the Board and Directors should be agreed which would have the devolved responsibility to sign off the EPRR Core Standards self-assessment declaration before the 31<sup>st</sup> October 2018.
- A work plan should be developed and monitored by the Health and Safety Committee to ensure full compliance by April 2019
- An EPRR assurance paper should be received by the Board of Directors bi-annually, the next due in March 2019. The March paper will provide an update of the work plan, progress on achieving the core standards, training and exercises held and details of business continuity or critical incidents that have occurred.

#### **6 Appendices**

Appendix 1: Self-assessment of compliance with the EPRR Core Standards

Appendix 2: Trust action plan to deliver full compliance by April 2019