

Meeting Title	Board of Directors		
Date	08.11.2018	Agenda item	Bo.11.18.27

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

Presented by	Sandra Shannon, Chief Operating Officer		
Author	Tanya Claridge, Director of Governance and Corporate Affairs, Steve Amos, Emergency Planning Manager		
Lead Director	Sandra Shannon, Chief Operating Officer		
Purpose of the paper	This paper provides the Board with an update of the Trust’s Compliance with the EPRR Core Standards following the paper received by Board on the 13th September 2018		
Key control	This paper is not currently a key control for the Board Assurance Framework		
Action required	To note		
Previously discussed at/ informed by	Executive Management Team (Operational) Meeting Board of Directors		
Previously approved at:	Committee/Group	Date	
	Quality Committee	31.10.18	
Key Options, Issues and Risks			
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 : <ul style="list-style-type: none">• is prepared to respond to an emergency• has resilience in relation to continuing to provide safe patient care. 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.			
Analysis			
The final submission deadline to NHS England was 31st October 2018 where the Trust has provided a signed statement of compliance. The compliance statement relates to the percentage of standards for which can be demonstrated.			
As of the 31st October, the Trust was able to demonstrate Substantial compliance with the core standards as compliance with 57 out of the 64 standards could be evidenced (89%). This is very positive and was due to a significant amount of work being undertaken during September 2018 and October 2018 to remediate the Trust’s position from non-compliant (reported to the Board of Directors on the 13 th September), where there was an opportunity identified to ensure that the Trust could demonstrate compliance with a further 9 standards (substantial compliance) by the deadline in October. It should be noted that this work had to be undertaken at the same time as the emergency planning team (the Director of Governance and Corporate Affairs and the Emergency planning manager) were heavily involved in ensuring organisational resilience and mitigating risk as the clinical waste solution issues began affecting the Trust. This compromised the speed with which some of the evidence could be assimilated and reviewed.			
The Quality Committee was given delegated responsibility by the Board of Directors on the 13 th September to approve the submission due on the 31st October 2018. The submission was discussed and approved by the Committee as requested.			
An action plan has been developed to work towards full compliance which will be managed by the Director of Governance and Corporate Affairs and the Emergency Planning Manager.			
Recommendation			
The Board to note the work undertaken to ensure that the Trust has been able to report to NHS England substantial compliance for this year’s core standards.			

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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	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	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 full 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
NHS Improvement: Risk assessment framework, quality governance framework, code of governance , annual reporting manual
Care Quality Commission Domain: SAFE
Care Quality Commission Fundamental Standard:
Other (please state): 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 with an overview of the Trust's Compliance with the EPRR Core Standards, identifying areas of completion, risk and the proposed mitigation to work towards full compliance. 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 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 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. The 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. The 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 demonstrates compliance with 57 of the 64 standards. This profile of compliance (89%) is categorised as 'substantially compliant' by NHS England.

The full list of standards with which work commenced at the end of May 2018 (when resilience transferred into the portfolio of the Director of Governance and Corporate Affairs) has been on track to deliver substantial compliance by 31st October 2018 and for full compliance by September 2019.

As additional assurance, Internal Audit was also commissioned to assess the quality of the Trust's compliance with a range of the core standards. This happened, as scheduled, at the

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end of September 2018, and for the 10 standards sampled, significant assurance was identified (Appendix 2).

An action plan (Appendix 3) is in place to support the delivery of the core standards in full by September 2019.

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 November 2018.

5 RECOMMENDATIONS

- 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.
- The EPRR work plan will be monitored by the Health and Safety Committee to ensure full compliance by September 2019.

6 Appendices

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

Appendix 2: Internal Audit: EPRR Core Standards

Appendix 3: Action Plan