
**Internal Audit Report
For
Bradford Teaching Hospitals NHS Foundation Trust**

**Emergency Preparedness, Resilience and Response (EPRR)
BH/13/2019**



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Report Version: Final
Report Date: 18 October 2018



Objective

The objective of the review was to provide assurance that an EPRR Baseline assessment and Performance update have been undertaken and completed, with an action plan being produced where the Foundation Trust does not meet full compliance.

Overall Opinion

Significant	<p>The audit included assessment of 10 of the 65 EPRR Core standards version 4 (2018) that are applicable to the Foundation Trust. The audit involved a desk top review of the evidence held for the planned submission to the Regional EPRR team on 31 October 2018.</p> <p>By the publication date of this report, the auditor arrived at a final opinion of Significant Assurance that the Foundation Trust's projected EPRR Submission was accurate and complete.</p>
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Assurance on Key Control Objectives

Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
			Major	Mod	Minor
The Foundation Trust's EPRR return is accurate and complete.	<ul style="list-style-type: none"> ✓ Internal Audit selected a sample of 10 requirements from the EPRR draft submission. On the basis of the requirements tested for this audit, the evidence uploaded or referenced was sufficient to justify the Foundation Trust's self-assessment scores. ✓ The Foundation Trust self-assessed a full compliance rating against nine of the ten requirements selected by Internal Audit. For the remaining requirement which was assigned a partial compliance rating, an action plan to achieve full compliance is being implemented. 	Significant	0	1	0
Overall		Significant	0	1	0



Background Information

The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), all NHS organisations and providers of NHS funded care must show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR).

NHS Providers are required to submit a self-assessment against the Core Standards on an annual basis. Bradford Teaching Hospital NHS Foundation Trust should then produce an action plan to demonstrate how the gaps will be met.

The audit will be informed by the following key reference documents:

- EPRR requirements and supporting evidence scheduled to be submitted by the Foundation Trust
- Internal work plans and progress reports to the Board (or delegated Committee)

Objectives & Scope

The objective of the review was to provide assurance that an EPRR Baseline assessment and performance update have been undertaken and completed, with an action plan being produced where the Foundation Trust does not meet full compliance.

Methodology

The objectives of this review were achieved by:

- Interviewing key officers to gain an understanding of the on-going work for each of the EPRR requirements
- Review the self-assessment scores and supporting evidence for a sample of requirements. For each of the sample, we considered the supporting evidence against EPRR guidance notes to determine whether or not the evidence supports the self-assessment projection given by the Foundation Trust.



Report Circulation

Draft	Final	Recipient Name	Recipient Title
✓	✓	Steven Amos	Emergency Planning Manager
✓	✓	Tanya Claridge	Director of Governance and Corporate Affairs
	✓	Matthew Horner	Director of Finance
	✓	XXX	Trust Secretary

Acknowledgement

The auditor is grateful for the assistance received from management and staff during the course of this review. The following members of the Audit Yorkshire team were involved in the production of this report:

Head of Internal Audit: Helen Kemp-Taylor
Audit Manager: Karina Rogers
Senior Auditor: Kuljit Singh

Date: 18 October 2018



Section 3: Schedule of Findings and Recommendations

Finding	Risk	Recommendation	Priority	Management Response	Responsible Officer	Target Date
<p>Core Standard Evidence</p> <p>From our review of the EPRR documentation held, it was found substantial and relevant evidence has been collated to support the Foundation Trust's projected self-assessment scores. Failure to have the satisfactory assurance evidence in place will require the status to be downgraded to partial compliance.</p> <p>We have recommended evidence for Standard 7 is updated and formalised in a prompt manner to meet the full compliance status for this standard.</p>	<p>Evidence for the standard is not fully updated in time for the submission deadline date.</p>	<p>1. For all EPRR standards, the Foundation Trust should continue to ensure that sufficient and clear evidence is formally in place in time for the scheduled submission date.</p>	<p>Moderate</p>		<p>Director of Governance and Corporate Affairs</p>	<p>31 March 2019</p>



Audit Opinion

The following opinions provide management assurance in line with the following definitions:

Opinion Level	Opinion Definition	Guidance on Consistency
HIGH (STRONG)	High assurance can be given that there is a strong system of internal control which is designed and operating effectively to ensure that the system's objectives are met.	<p>The system is well designed. The controls in the system are clear and the audit has been able to confirm that the system (if followed) would work effectively in practice. There are no significant flaws in the design of the system.</p> <p>Controls are operating effectively and consistently across the whole system. There are likely to be core controls fundamental to the effective operation of the system. A High opinion can only be given when the controls are working well across all core areas of the system. For example with 'Debtors' the controls over identifying income, raising debt, recording debt, managing debt, receiving debt, etc. are all working effectively – there are no serious concerns. Note this does not mean 100% compliance. There could be some minor issues relating to either systems design or operation which need to be addressed (and hence the report may include some recommendations) – however these issues do not have an impact on the overall effectiveness of the control system and the delivery of the system's objectives.</p>
SIGNIFICANT (GOOD)	Significant assurance can be given that there is a good system of internal control which is designed and operating effectively to ensure that the system's objectives are met and that this is operating in the majority of core areas	<p>The system is generally well designed - but there may be weaknesses in the design of the system that need to be addressed.</p> <p>In addition most core system controls are operating effectively – but some may not be.</p> <p>Whilst any weaknesses may be significant they are not thought likely to have a serious impact on the likelihood that the system's overall objectives will be delivered.</p>



LIMITED (IMPROVEMENT REQUIRED)	Limited assurance can be given as whilst some elements of the system of internal control are operating, improvements are required in the system's design and/or operation in core areas to effectively meet the system's objectives	<p>The system is operating in part but there are notable control weaknesses.</p> <p>There are weaknesses in either design or operation of the system that may mean that core system objectives are not achieved.</p> <p>In terms of what differentiates a borderline Significant Opinion to a borderline Limited opinion – the main factors are the scale and potential impact of weaknesses found. Multiple weaknesses across a range of core areas would suggest a Limited Opinion level is applicable. However it also true that ONE weakness can suggest a Limited Opinion if it is fundamental enough to mean that a number of core system objectives will not be achieved.</p>
LOW (WEAK)	Low assurance can be given as there is a weak system of internal control and significant improvement is required in its design and/or operation to effectively meet the system's objectives.	<p>The audit has found that there are serious weaknesses in either design or operation that may mean that the overall system objectives will not be achieved and there are fundamental control weaknesses that need to be addressed.</p> <p>It should be borne in mind that Low Assurance is not 'No Assurance.' The key point here is that there is a good chance that the system may not be capable of delivering what it has been set up to deliver – either through poor systems design or multiple control weaknesses. The report will clearly state if 'No Assurance' is actually more applicable than no assurance.</p>

Where limited or no assurance is given the management of the Foundation Trust must consider the impact of this upon their overall assurance framework and their Annual Governance Statement.



Section 4: Key to Internal Audit Reports

Priorities assigned to individual recommendations

Individual recommendations are graded in accordance with the severity of the risk involved to the Foundation Trust. Audit Yorkshire has a standard definition for each level of recommendation priority. This is represented in the table below:

Grading	Definition	Guidance on Consistency
Major (High)	Recommendations which seek to address those findings which could present a significant risk to the organisation with respect to organisation objectives, legal obligations, significant financial loss, reputation/publicity, regulatory/statutory requirements or service/business interruption.	These are recommendations which aim to address issues which if not addressed could cause significant damage or loss to the organisation. The expectation is that these recommendations would need to be taken as a matter of urgency. These recommendations should have a high corporate profile – with a clear implementation tracking process in place, overseen by the Board or a Board level committee.
Moderate (Medium)	Recommendations which seek to address those findings which could present a risk to the effectiveness, efficiency or proper functioning of the system but do not present a significant risk in terms of corporate risk.	These are recommendations which if not addressed could cause problems with the safe or effective operation of the system being reviewed. The recommendations should have appropriate profile within the division or business area in which the system being considered sits and some profile at Board /Audit Committee level also. These recommendations should be carefully tracked to ensure that action reduces the risks found
Minor (Low)	Recommendations which relate to issues which should be addressed for completeness or for improvement purposes rather than to mitigate significant risks to the organisation. (This includes routine/housekeeping issues)	All other recommendations fall into this category. This includes recommendations which further improve an already robust system and housekeeping type issues.



The audit included assessment of 10 of the 65 EPRR Core standards version 4 (2018) that are applicable to the Foundation Trust. The audit involved a desk top review of the evidence held for the planned submission to the Regional EPRR team on 31 October 2018.

The Foundation Trust must be able to demonstrate evidence of compliance against the standard on all requirements. The following table summarises the findings from the audit:

Standard No	Description	Projected Compliance Assessment	Internal Audit Assessment
3	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually.	Green – Fully Compliant	Agree
7	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Green – Fully Compliant	Agree – On basis that risk assessments will be formalised in time for submission.
13	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heat wave on the population the organisation serves and its staff.	Green – Fully Compliant	Agree
21	In line with current guidance and legislation, the organisation has effective arrangements in place safely manage site access and egress of patients, staff and visitors to and from the organisation's facilities. This may be a progressive restriction of access / egress that focuses on the 'protection' of critical areas.	Green – Fully Compliant	Agree
24	A resilient and dedicated EPRR on call mechanism in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond or escalate notifications to an executive level.	Green – Fully Compliant	Agree
30	The organisation has a pre identified an Incident Co-ordination Centre (ICC) and alternative fall-back location. Locations should be tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.	Amber – Partially Compliant	Agree - The Foundation Trust has established an EPRR work programme demonstrating evidence of progress and an action plan to achieve full compliance within the next 12 months.



37	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Green – Fully Compliant	Agree
46	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders.	Green – Fully Compliant	Agree
48	The organisation has established the scope and objectives of the BCMS, specifying the risk management process and how this will be documented.	Green – Fully Compliant	Agree
57	There are organisation specific HAZMAT/ CBRN planning arrangements (or dedicated annex).	Green – Fully Compliant	Agree

