

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.29

## 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	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, identifying areas of risk and the proposed mitigation now that the submission to NHS England has been completed.	
Key control	This paper is not currently a key control for the Board Assurance Framework	
Action required	To note	
Previously discussed at/ informed by	Resilience Group	
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 BTHFT:</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 were 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 of the Trust’s EPRR self-assessment to NHS England was 31st October 2018 where the Trust provided a signed statement of compliance. The Quality Committee was given delegated responsibility by the Board of Directors to approve the submission on this date. The compliance statement is derived from the percentage of the core standards for which the Trust has evidence of achievement. The Trust was able to demonstrate <b>Substantial compliance</b> with the core standards, as 57 out of the 64 standards could be evidenced (89%).</p> <p>The Trust can now evidence that a further 3 standards have been completed as planned giving a 93.75% achievement (Appendix 1). The Board of Directors will be aware that an action plan was developed to ensure full compliance with eth Core Standards, this action plan is being managed by the Director of Governance and Corporate Affairs and the Emergency Planning Manager. The work on the four outstanding standards is subject to a comprehensive action plan to ensure delivery of full compliance by September 2019.</p>		
Recommendation		
<p>The Board of Directors is asked to note the range of actions being undertaken and which have been completed to ensure that the Trust could demonstrate substantial compliance to NHS England for the 2018/19 core standards and that work is progressing to achieve full compliance.</p>		

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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
<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 update of the Trust's compliance with the EPRR Core Standards, identifying areas of completion, risk and the proposed mitigation to work towards full compliance. This paper provides an update on both assurance and the Trust's 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 were 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 SUMMARY

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 60 (up from 57) of the 64 standards. This profile of compliance (93.75%) is categorised as 'substantially compliant' by NHS England.

An action plan is in place to support the delivery of the core standards in full by September 2019. The Trust is able to demonstrate a variety of EPRR related activities since the last Board report including staff training, table top exercises to test Business Continuity Plans in case of a 'no deal' exit from the European Union and the transport of Type-A packages from Medical Physics.

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#### **4 RISK ASSESSMENT**

The risk associated with the assessment of compliance with the EPRR core standards has been assessed and is being managed through the Director of Governance and Corporate Affairs, and its mitigation will be assured by the Health and Safety Committee.

#### **5 RECOMMENDATIONS**

The Board of Directors is asked to note the Trust position in relation to EPRR Core Standards and that the EPRR action 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