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| Meeting Title | Board of Directors Open Meeting | | |
| Date | 12 th March 2020 | Agenda item | Bo.3.20.20 |

Emergency Preparedness Resilience & Response (EPRR) Core Standards Update

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| Presented by | Tanya Claridge, Director of Governance and Corporate Affairs | | |
| Author | Steve Amos, Emergency Planning Manager Tanya Claridge, Director of Governance and Corporate Affairs | | |
| Lead Director | Sandra Shannon, Chief Operating Officer | | |
| Purpose of the paper | To inform the Board on the position of the 2019/20 NHS England EPRR core standards and work undertaken. | | |
| Key control | This paper is a key control for all strategic objectives | | |
| Action required | To note | | |
| Previously discussed at | Audit and Assurance Committee February 2020 | | |
| Previously approved at: | Committee/Group | Date | |
| | Quality Committee | 30/10/2019 | |
| | Audit and Assurance Committee | 03/12/2019 | |
| | Quality Committee | 29/01/2020 | |
| | Audit and Assurance Committee | 04/02/2020 | |
| Key Options, Issues and Risks | | | |
| <p>The Civil Contingencies Act 2004 and the NHS Act 2006 as amended by the Health and Social Care Act 2012 underpin Emergency Preparedness, Resilience and Response (EPRR) within health. Both Acts place EPRR duties on NHS England (NHSE) and NHS Trusts in England.</p> <p>NHSE sets out the expectations for the EPRR self-assessment assurance process in order to be assured that BTHFT:</p> <ul style="list-style-type: none">Is prepared to respond to an emergencyHas resilience in relation to continuing to provide safe patient care. <p>This is undertaken by using a range of core standards to support the Trust’s self-assessment and is headed under 10 domains totalling 64 standards for all Acute Trusts to comply with.</p> <p>The Trust by the end of March will be reporting as ‘substantially compliant’ with a minimum of 62/64 (96%) standards in place with an action plan to ensure the remaining standards are completed which has already been received by the Committees.</p> | | | |
| Analysis | | | |
| <p>Work is ongoing to complete the outstanding core standards listed in the action plan which was submitted to NHSE in October 2019 with a timescale for completion and it was expected that these were all achievable within the timescales set. Currently 2 will be completed and possibly a third by the end of March. The forth relates to NHSE providing training which currently isn’t available at present so this action will be moved for anticipated completion by September 2020. Appendix 1 contains the details.</p> <p>The Audit and Assurance Committee received the core standards submission and associated evidence and called into question the strength of assurance in place and requested the Quality Committee review the assurance again. The Director of Governance and Corporate Affairs has reviewed the evidence portfolio and ensured the strength of the assurance is reflected in the analysis presented in Appendix 2. This was received by and approved by the Quality Committee on the 29th January and Audit Committee on 4th February 2020.</p> <p>All EPRR risks assessments have recently been sent out to internal staff members and groups to be reviewed and the risk assessments are currently in date.</p> | | | |

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Recent incidents have been the partial failure of the bleep system, work has been undertaken to make the system more resilient by retesting the system and putting in an extra bleep system into the command centre. This is in conjunction with a new switchboard computer in the command centre which would become operational in the event of the loss of the switchboard office. Action cards have been produced for loss of switchboard and loss of bleep system.

The Trust carried out a table top exercise in February relating to the activation of the Chemical, Biological, Nuclear and Radiation plan; this included a communication test from the Emergency Department and the testing of the action cards.

Training for on call managers on using the incident command centre, their roles and responsibilities started in February with 2 sessions completed and 2 more planned in March.

Recommendation

The Board is asked to note the main themes and to support the work the being undertaken.

The Health, Safety & Resilience Committee is updated at each quarterly meeting of the progress made on the action plan and the Board will be updated in September so will be aware of the progress made to achieve a fully complaint core standards status.

| 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) | | | | | | |

| Benchmarking implications (see section 4 for details) | Yes | No | N/A |
|---|--------------------------|--------------------------|-------------------------------------|
| Is there Model Hospital data relevant to the content of this paper? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is there any other national benchmarking data relevant to the content of this paper? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Risk Implications (see section 5 for details) | Yes | No |
|---|-------------------------------------|--------------------------|
| Corporate Risk register and/or Board Assurance Framework Amendments | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quality implications | <input type="checkbox"/> | <input type="checkbox"/> |
| Resource implications | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal/regulatory implications | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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| Diversity and Inclusion implications | <input type="checkbox"/> | <input type="checkbox"/> |
| Performance Implications | <input type="checkbox"/> | <input type="checkbox"/> |

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| Regulation, Legislation and Compliance relevance |
| NHS Improvement: (please tick those that are relevant) |
| <input checked="" type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual |
| Care Quality Commission Domain: Well Led |
| Care Quality Commission Fundamental Standard: Safety, Premises & equipment, staffing, Good governance |
| NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities |
| Other (please state): |

| Relevance to other Board of Director's Committee: (please select all that apply) | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Workforce | Quality | Finance & Performance | Partnerships | Major Projects | Other (please state) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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1 PURPOSE/ AIM

The paper is presented to ensure that the committee is aware of the work that has been undertaken to assure our compliance with the EPRR core standards. Where there are core standards that are currently not fully compliant, the Committee is requested to agree that there is a suitable action plan to ensure they are completed within the agreed timescale.

2 BACKGROUND/CONTEXT

Work to generate the assurance profile began in July 2019 through sharing the revised core standards with relevant internal staff and the population of an evidence portfolio to enable the organisation to identify levels of compliance throughout the standards.

3 SUMMARY

The Trust reported substantial compliance in October 2019, which was the same as for 2018/19 (when 57/64 standards were met). For additional, external assurance, in November 2019, the Trust attended the Local Health Resilience Partnership (LHRP) who lead on behalf of NHSE on the assurance process. The LHRP is responsible for reviewing and considering organisational self-assessment returns and facilitating a confirm & challenge process, and where applicable ensuring non-compliant organisations are regularly monitored until an agreed level of compliance is reached. The LHRP agreed that submitted level of compliance for our organisation. At subsequent LHRP meetings, the Trust will have to provide an update of the progress made on its action plan.

4 BENCHMARKING IMPLICATIONS

Not applicable.

5 RISK ASSESSMENT

The following risks are on the risk register and relate to work on the core standards, these are:

2965- Mass casualty incident – current score 12

2962- Fire in a clinical area– current score 9

2959- Adverse weather– current score 9

2958 Fuel shortage– current score 6

2957- Supply chain failure– current score 6

2956- Failure of utilities– current score 9

2955- Industrial action– current score 9

2954-Unplanned closure of ward/department due to sudden incident– current score 9

2937 -Unplanned closure of hospital– current score 8

2964-Chemical, Biological, Radiation, Nuclear incident– current score 6

These risks are overseen by the Emergency Planning Manager and are within their review date and a risk assessment is available to support them.

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| 6 | RECOMMENDATIONS |
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The committee is asked to note the work undertaken.

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| 7 | Appendices |
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Appendix 1. Core standards self-assessment

Appendix 2. Core standards action plan