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| Meeting Title | Open Board of Directors Meeting | | |
| Date | 9 July 2020 | Agenda item | Bo.7.20.14 |

Emergency Preparedness Resilience & Response (EPRR) and NHSE 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 EPRR 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 are headed under 10 domains totalling 64 standards for all Acute Trusts to comply with.</p> <p>For 2019/20, the Trust is currently 'substantially compliant' with 62/64 (96%) core standards in place with an action plan to ensure the remaining standards are completed which has been previously received by the Committees.</p> <p>At present it is in unknown what the process for the 2020/21 NHSE core standards process will be.</p> | | | |
| Analysis | | | |
| <p>Work was progressed to get the Trust into a fully compliant state by the end of March 2020, but due to Covid19, the 2 remaining actions have not been completed, one was for NHSE to provide training for on call staff, this action will be moved for anticipated completion by March 2021. The second action was for internal training for on call managers, this was started in February with 2 out of 4 sessions being held. As the Covid situation has evolved, the majority of on call managers have now been involved in the command and control structures that are currently in place so are now more familiar should an incident require a tactical group to be formed.</p> <p>Appendix 1 contains the details of the action plan. Appendix 2 contains the list of all the core standards.</p> <p>In December, 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 was reflected in the analysis that was received by and approved by the Quality Committee on the 29th January and Audit Committee</p> | | | |

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on 4th February 2020.

All EPRR risks assessments have recently been reviewed and the risk assessments are currently in date.

Recommendation

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

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

Regulation, Legislation and Compliance relevance

NHS Improvement: (please tick those that are relevant)

☒ Risk Assessment Framework ☒ Quality Governance Framework

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|--|---|
| <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 Board 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 Board 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 (60/64 standards met) in October 2019, and is currently reporting 62/64 compliance with the standards.

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 9

2962- Fire in a clinical area– current score 6

2959- Adverse weather– current score 6

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 6

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

2937 -Unplanned closure of hospital– current score 4

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.

6 RECOMMENDATIONS

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

7 Appendices

Appendix 1. Core standards action plan

Appendix 2. Core standards