

Board of Directors

Report

Subject: Emergency Preparedness, Response and Resilience self-assessment Audit (EPRR)
Date: 5 October 2016
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Executive Summary

Each September NHS Trusts are required to complete a compliance self - assessment against the published EPRR and associated / supporting standards.

For September 2016 the audit focuses on 6 separate areas of compliance;

- EPRR Core Standards
- Business Continuity (including a Deep Dive on the Fuel Plan arrangements)
- HAZMAT CBRN Core Standards
- HAZMAT CBRN Equipment Checklist
- MTFA Core Standards (Not applicable to SFH and therefore removed from the attached paper)
- HART Core Standards (Not applicable to SFH and therefore removed from the attached paper)

Performance & Compliance

Compliance Area	Assessed Compliance		
	Fully compliant	Partially compliant	Non-compliant
EPRR Core Standards	49	3	0
Business Continuity*	16	5	0
HAZMAT CBRN Core Standards	12	2	0
HAZMAT CBRN Equipment Checklist	36	1	0
TOTAL	113	11	0

Directors are asked to note that there is an error message recorded on the Business Continuity assessment sheet for cell H63. This relates to an error on the spreadsheet rather than an incorrect figure. This has been raised with the NHS England Area team who are looking into the issue.

This reported position represents a significant improvement in compliance against the 2015 submission. Agreed action plans are in place to address the remaining gaps (partially compliant) which will be monitored via the Resilience Assurance Group (RAC). For the majority of actions work is well advanced but can only turn to compliant once fully embedded.

Actions to address the 11 amber criteria (Taken from the attached spreadsheets)			
	Action	Timescale	Comment
1	Procure Tabards which clearly identify members of the decontamination team	September 2016	On order. In the interim yellow hi-Vis jackets will be used
2	Arrange decontamination training for the newly appointed SFH Resilience Adviser and other members of the NUH Resilience Team in order to support the HAZMAT / CBRNE training programme	March 2017	In the meantime the NUH trainer will support delivery of the programme at SFH
3	Undertake an HAZMAT / CBRNE risk assessment to reflect the requirements of the EPRR Standards	September 2016	On Track
4	Complete the Trust Business Impact Analysis in line with guidance contained within Trust Business Continuity Policy	October 2016	On Track
5	Complete the Trust Business Impact Analysis risk assessment in line with guidance contained within Trust Business Continuity Policy	December 2016	On Track
6	Update Business Continuity Plans to reflect actions 4 and 5 above in line with Trust Business Continuity Policy.	January 2017	On Track
7	Ensure Business Continuity Plans reflect and detail the arrangements in place to maintain critical functions during disruption to fuel. These arrangements include both road fuel and were applicable heating fuel	October 2016.	The fuel shortage plan, policy & procedure was agreed at TMB on 26.09.16
8	Existing Business Continuity Plans to be revised and where necessary new plans developed to ensure all sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301.	January 2017	On Track
9	Review and clarify arrangements for the continuation of the organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident in so far as is practical.	January 2017.	On Track
10	Develop a VIP plan to explain how VIP and/or high profile patients will be managed.	January 2017	On Track
11	Identify and train a cadre of loggists to ensure that decisions are recorded and meetings minuted during a critical, major or business continuity incident.	December 2016.	On Track
Recommendation			
Action / Next Steps			
<ol style="list-style-type: none"> 1. The Board of Directors are asked to AGREE the submission and NOTE the current performance 2. The Chief Operating Officer to submit the completed assessment to NHS England in accordance with the published timeframe. 3. The Board of Directors are asked to NOTE that NUH representatives will attend a planned confirm and challenge meeting with the NHS England Area Team and provide the necessary assurance and evidence to support the self-assessed compliance. This 			

<p>event is planned for the 5th October 2016.</p> <p>4. RAC to continue to monitor the action plan through to full compliance. Update reports will be provided monthly to the Trust Management Board.</p>	
<p>Relevant Strategic Priorities (please mark in bold)</p>	
<p>To consistently deliver a high quality patient experience safely and effectively</p>	<p>To develop extended clinical networks that benefit the patients we serve</p>
<p>To eliminate the variability of access to and outcomes from our acute services</p>	<p>To provide efficient and cost-effective services and deliver better value healthcare</p>
<p>To reduce demand on hospital services and deliver care closer to home</p>	

<p>How has organisational learning been disseminated</p>	<p>Training is currently being disseminated across SFH</p>
<p>Links to the BAF and Corporate Risk Register</p>	
<p>Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)</p>	
<p>Links to NHS Constitution</p>	<p>Not Applicable</p>
<p>Financial Implications/Impact</p>	<p>None</p>
<p>Legal Implications/Impact</p>	<p>Requirement of the Civil Contingencies Act 2004</p>
<p>Partnership working & Public Engagement Implications/Impact</p>	<p>Not applicable</p>
<p>Committees/groups where this item has been presented before</p>	<p>Resilience Assurance Committee. Local CCG (Confirm & Challenge session planned)</p>
<p>Monitoring and Review</p>	<p>The EPRR is an annually submitted document giving</p>
<p>Is a QIA required/been completed? If yes provide brief details</p>	<p>No QIA is required within this process</p>