

Meeting Title	Trust Board Meeting in Common		
Date	Wednesday 11 th September 2019	Agenda No	14
Report Title	2019-20 Emergency Preparedness, Resilience and Response (EPRR) Core Standards Annual Assurance.		
Lead Director	Samantha Goldberg, Director of Operations (Urgent & Emergency Care)		
Report Author	Mandy Brokenshow, Emergency Planning Liaison Officer		
Action Required	Approval <input checked="" type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Other (specify) <input type="checkbox"/>		
Strategic Objectives	High Quality Care 24/7 Excellent Staff and Best Value		
Executive Summary	<p>The purpose of this paper is to provide assurance to Trust Board on the organisation's compliance against the NHS England and Improvement Emergency Preparedness, Resilience and Response (EPRR) Core Standards for 2019/20. The EPRR Core Standards are the minimum standards providers of NHS funded care must meet.</p> <p>For 2019/20, the Trust has declared that it is Fully compliant, with all 69 core standards.</p> <p>In addition to the Core Standards, this year's EPRR assurance deep dive focussed on severe weather and climate adaptation. The self-assessment provided fully compliance against 17 of the 20 standards, and partial compliance against three standards relating to climate change risk assessments and long term adaptation planning. The self-assessment of the deep dive statements does not contribute to the organisation's overall EPRR assurance rating.</p> <p>An action plan is attached in Appendix 1 to address the partial compliance identified in the deep dive.</p> <p>It is a requirement of the assurance process that the organisation's Accountable Emergency Officer (AEO) for EPRR provides a Statement of Compliance to NHS England and Improvement, and the Clinical Commissioning Group (CCG). Attached in Appendix 2.</p> <p>It is also a requirement that a statement of compliance is reported to the Board of Directors.</p>		
Background/Context	<p>EPRR is defined by a series of statutory responsibilities under the Civil Contingencies Act (2004) and Health and Social Care Act (2012), which require NHS funded organisations to maintain robust capability to plan for, and respond to incidents or emergencies that could impact on health or services to patients such as;</p> <ul style="list-style-type: none"> • Major Incidents/Emergencies (Major Accidents, Acts of Terrorism or National Incidents e.g. fuel shortage) 		

	<ul style="list-style-type: none"> • Internal Critical Incidents (Surge Capacity, Winter Pressure, Pandemic Flu or Public Health Outbreak) • Internal Business Continuity incidents/ Disruptions to Service (Loss of facilities, staff, IT/Data or Suppliers) <p>EPRR is guided by two pieces of Legislation:</p> <p><u>Civil Contingencies Act 2004 (CCA)</u></p> <p>The CCA delivers a legislative framework for the provision of civil protection in the UK, ensuring consistency of planning, whilst setting clear responsibilities for frontline responders for responding to and recovering from incidents.</p> <p><u>Health and Social Care Act 2012</u></p> <p>The Health and Social Care Act 2012 sets out the roles and responsibilities of NHS England, CCGs and Healthcare providers of NHS funded services in relation to assuring NHS emergency preparedness and response.</p> <p>It also requires NHS England and Improvement to take steps it considers appropriate to ensure that CCGs and providers of NHS services are properly prepared to cope with emergencies and to monitor their compliance.</p> <p>NHS England and Improvement annually publishes the EPRR Assurance Process. This requires all trusts to carry out a self-assessment against the NHS England and Improvement EPRR Core Standards and to produce an action plan to deliver the standards that are, as yet, not fully met.</p>
Assessment of Implications	
Financial	<p>Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trust? No</p> <p>Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trust? No</p>
Risk	<p>Failure to fully comply with the EPRR Core Standards. A failure to provide NHS England and Improvement, and the CCG in the Trusts compliance to the EPRR Core Standards.</p>
Recommendation	<ul style="list-style-type: none"> • The Board is asked to note the report, the self-assessment compliance aligned with the EPRR Core Standards, and the action plan in place to ensure compliance against the amber ragged standard. • Approve the Statement of Compliance at Full compliance. • Note the high level of EPRR assurance provided.
Legal	Civil Contingencies Act 2004 and Health and Social Care Act 2012
Appendices	<ol style="list-style-type: none"> 1. Action plan to address the partial compliance identified in the 'deep dive' relating to severe weather. 2. Accountable Emergency Officers Statement of Compliance

1. Background

- 1.1 The NHS England and Improvement Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet to ensure they are able to respond to a wide range of incident and emergencies that could affect health or patient care. The Core Standards provide a consistent framework for self-assessment, peer review and more formal processes carried out by NHS England and Improvement regulatory organisations.
- 1.2 Basildon and Thurrock Hospital NHS Foundation Trust is required annually to assess performance against the assurance framework and issue a position statement against the set criteria.
- 1.3 NHS England and Improvement has requested that organisations provide Board approved assurance by the end of September 2019.

2. Compliance Level

- 2.1 Organisations are expected to state an overall assurance rating as to whether they are Fully, Substantially, Partially or Non-compliant with the NHS EPRR Core Standards. These are detailed in the table below.

Compliance Level	Evaluation and Testing Conclusion
Full	<p>The organisation is 100% compliant with all core standards they are expected to achieve.</p> <p>The organisation's Board has agreed with this position statement.</p>
Substantial	<p>The organisation is 89 – 99% compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>
Partial	<p>The organisation is 77 – 88% compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>
Non-compliant	<p>The organisation is 76% or less of the compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>

	<p>months</p> <p>The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.</p>
--	--

3. Self-Assessment Analysis

3.1 The trust self-assessment provided evidence and assurance against the following 69 Core Standards:

- Governance
- Duty to maintain plans
- Training and exercising
- Response, warning and informing
- Cooperation
- Business Continuity
- Chemical, Biological, Radiological, Nuclear (CBRN)

3.2 The outcome of the assessment process is summarised in the following table:

Compliance Level	
Full	69 Core Standards

3.3 In addition to the Core Standards, this year’s EPRR assurance deep dive focusses on severe weather and climate adaptation. This year’s self-assessment against the deep dive severe weather standards identified the following compliance ratings:

Compliance Level	Deep Dive Severe Weather
Full	17 out of 20 deep dive Standards fully compliant
Partial	<p>3 deep dive standards achieved partial compliance – These were identified as:</p> <p>Standard Ref: 9 Severe weather response – Flood response</p> <p>Standard Ref: 16 – Long term adaptation planning – Risk assessment (Climate Change)</p> <p>Standard: 18 – Long term adaptation planning – Building adaptations.</p>

3.5 The self-assessment of the deep dive statements does not contribute to the organisation’s overall EPRR assurance rating.

4. Statement of Compliance

4.1 A copy of the full self-assessment and statement of compliance signed by the Trusts accountable emergency officer (AEO) was submitted to NHS England and Improvement on 31st August 2019.

5. Care Quality Commission (CQC)

5.1 For organisations subject to CQC inspection, NHS England and Improvement will share the final agreed version of the organisation's EPRR self-assessment if requested by the CQC.

6. NHS England EPRR Core Standards Validation meeting

6.1 The Trusts Emergency Planning Liaison Officer and Accountable Emergency Officer (AEO) will be attending a confirm and challenge meeting with NHS England and Improvement, Head of EPRR, East of England, Mid Essex CCG Head of EPRR for Essex CCGs, and Essex Acute Hospital Trusts EPLO leads on Thursday 5th September 2019. The purpose of the meeting is to validate the assurance provided in the return and to validate the evidence provided by reviewing copies of plans and documents as requested.

7. Recommendations

7.1 The Trust Board is asked to note the contents of the report and receive assurance that the self-assessment assurance provided against the EPRR Core Standards reflects the position of the Trust, and that there is an action plan in place to address the partial compliance in the three deep dive severe weather core standards.

Appendix 1

Action Plan to address the absence in compliance with the deep dive severe weather standards

Ref	Domain	Standard	Detail	Evidence - examples listed below	Organisation Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale
9	Severe Weather Response	Flood Response	The organisation is aware of, and where applicable contributed to, the Local Resilience Forum Multi Agency Flood Plan. The organisation understands its role in this plan	The organisation has reference to its role and responsibilities in the Multi Agency Flood Plan in its arrangements. Key on-call/response staff are clear how to obtain a copy of the Multi Agency Flood Plan	Documented evidence of SUDS and flood planning exist but in separate contingency plans. The access to multi agency flood plans are available via the Engineering Operations Manager and EPLO but not clearly communicated to on-call teams		To ensure clear communication on accessing flood plans is provided to key on-call / response staff through training and guidance sessions	EPLO /Senior assurance manager - Estates & Facilities	Dec-19
16	Long term adaption planning	Risk assess	Are all relevant organisations risks highlighted in the Climate Change Risk Assessment are incorporated into the organisations risk register.	Evidence that there is an entry in the organisations risk register detailing climate change risk and any mitigating actions	There is no reference to Climate Change as a risk on the Estates risk register. There is an extensive reconfiguration of existing buildings and new builds with the merger of Basildon		Climate change risks to be identified for any reconfiguration or new builds in the future.	Senior Assurance Manager - Estates & Facilities	Ongoing
18	Long term adaption planning	Building Adaptation	The organisation has in place an adaptation plan which includes necessary modifications to buildings and infrastructure to maintain normal business during extreme temperatures or other extreme weather events.	The organisation has an adaptation plan that includes suggested building modifications or infrastructure changes in future	The Trust is looking at a business case and programme to support infrastructure changes - insulation, rooves, windows and cladding replacements all of which make the building more energy sufficient (based on a risk assessment programme of works) The STP programme to be delivered by 2024 has the requirement to achieve a BREEAM Excellent rating for new builds and a Very Good rating for large-scale refurbishments.		The Trust is looking at a business case and programme to support infrastructure changes - insulation, rooves, windows and cladding replacements all of which make the building more energy sufficient (based on a risk assessment programme of works) The STP programme to be delivered by 2024 has the requirement to achieve a BREEAM Excellent rating for new builds and a Very Good rating for large-scale refurbishments.	Engineering Operations Manager / Head of estates Strategy & Planning	By 2024

Appendix 2 – Statement of Compliance

STATEMENT OF COMPLIANCE

Basildon and Thurrock University Hospitals NHS Foundation Trusts has undertaken a self-assessment against the required areas of the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) annual assurance process 2018-19.

Following the assessment, the organisation has been self-assessed as demonstrating **Full compliance** (from the table below) against the core standards.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The AEO has agreed with this position statement. A position statement will be presented to Board on 11 th September 2019.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

Where areas require further action, this is detailed in the attached core standards improvement action plan.

I confirm that the above level of compliance with the core standards has been confirmed as the Trusts Accountable Emergency Officer (AEO)

Signed  Date 30 AUGUST 2019

Samantha Goldberg, Director of Operations (Urgent & Emergency Care) and Accountable Emergency Officer (AEO)

A report on the Trusts compliance to the NHS England EPRR Core Standards will be presented to Trust Board on Wednesday 11th September 2019.