

South Tees Hospitals 
NHS Foundation Trust

Meeting / Committee:	Board of Directors	Meeting Date:	25 November 2014
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This paper is for:	Action/Decision X	Assurance	Information
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Title:	2014/15 Emergency Preparedness, Resilience & Response (EPRR): self-assessment
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Purpose:	NHS trusts are required to undertake a self-assessment against version 2.0 NHS England Core EPRR Standards, review action plans developed for the previous assurance process, provide a statement of compliance and an improvement plan approved by the Board.
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Summary:	This paper details our current compliance with the 2014/15 core standards. There are a small number of core standards where we are not compliant, however it is considered that these do not impact our immediate preparedness and resilience. Where we are not compliant there is an action plan in place to achieve compliance.
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Prepared By:	Elizabeth Harvey Emergency Planning & Resilience Manager	Presented By:	Ruth Holt Director of Nursing & Quality Assurance
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Recommendation:	The Board are asked to: a) Receive this paper, self-assessment and statement of compliance as assurance that we are meeting the NHS England EPRR core standards. b) Approve the supporting action plan.
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Implications (mark with x in appropriate column(s))	Legal X	Financial X	Clinical X	Strategic X	Risk & Assurance X
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1 Introduction

The NHS needs to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient care. These could be anything from an infectious disease outbreak to a major transport accident. Under the Civil Contingencies Act (2004), the Trust is designated a Category 1 responder. This means that it must be able to provide an effective response in emergencies whilst maintaining services. It is subject to the full range of civil protection duties, including risk assessment to inform contingency planning and sharing information with other responders to enhance co-ordination. This work is referred to as emergency preparedness, resilience and response (EPRR).

The NHS England Core Standards for EPRR are the minimum standards which NHS organisations and providers of NHS funded care must meet. A director, nominated as the accountable emergency officer, is responsible for ensuring these standards are met.

The Trust is required to undertake a self-assessment against the 2014/15 NHS England Core Standards, produce a statement of compliance and an improvement plan and present these to the relevant Trust Board. The core standards spread sheet supports the self-assessment process by suggesting evidence which would demonstrate compliance against the core standards. The RAG rating is designed to enable organisations to prioritise the improvement plan for areas of non-compliance.

This paper will be submitted to the Durham, Darlington & Tees Area Team and North Yorkshire & Humber Area Team. Evidence identified in the self-assessment against specific standards may be requested.

This paper and self-assessment provide assurance to the Board of the preparedness and resilience of the Trust to respond to a wide range of emergencies. There are only a few core standards where we are not compliant, however it is considered that these do not impact our immediate preparedness and resilience. Where we are not compliant, there is an action plan in place to achieve compliance.

2 Self-assessment

We are required to self-assess against 2014/15 NHS England EPRR Core Standards (version 2.0), and provide a RAG rating. The format of the 2014/15 Core Standards is different from 2013/14 standards (version 1.0). Whereas the 2013 Core Standards comprised 124 standards, there are only 47 standards this year; 33 general core standards which apply to acute and community trusts and 14 which focus on the trust's ability to manage patients presenting from an accidental release of hazardous materials (HAZMAT) or from deliberate Chemical, Biological, Radiological and Nuclear incidents (CBRN).

There is an additional requirement to review the 2013/14 action plan and to take forward any outstanding actions.

In summary, NHS organisations and providers of NHS funded care must:

- **Nominate an accountable emergency officer (AEO) who will be responsible for EPRR**

Ruth Holt, Director of Nursing & Quality Assurance, is the nominated AEO.

- **Contribute to area planning for EPRR through local health resilience partnerships (LHRPs) and other relevant groups**

The trust is represented on the Durham, Darlington & Tees LHRP and a number of other emergency planning groups in Teesside and North Yorkshire.

- **Have suitable, proportionate and up to date plans which set out how they plan for, respond to and recover from emergency and business continuity incidents as identified in national and community risk registers**

The trust has an up to date Major Incident Plan which includes a number of specific emergency response plans related to the risks identified in local risk registers, e.g. Chemical, Biological, Radiological and Nuclear incidents (CBRN).

- **Exercise these plans through:**
 - a communications exercise every six months (July 2014)
 - a desktop exercise once a year (October 2014); and
 - a major live exercise every three years (September 2013).
- **Have appropriately trained, competent staff and suitable facilities available round the clock to effectively manage an emergency or business continuity incident**

The Heads of Nursing joined the tactical on call rota. They have received training on the Skills for Justice National Occupational Standards (NoS) for Civil Contingencies: Responding to emergencies at tactical (silver) level. Both tactical on call and Corporate Directors are required to assess themselves against the relevant NoS standards for responding to emergencies.

The Incident Co-ordination Centre at JCUH (Radiology Meeting Room) does not fully comply with the equipment specification laid down in Appendix 1 of NHS England Command and Control framework. However it worked satisfactorily at the most recent table top exercise in October. Discussions

with Durham, Darlington & Tees Area Team suggest that the Trust will not be required to resource the exact equipment list.

- **Share their resources as required to respond to an emergency or business continuity incident**

The Major Incident Plan contains a section detailing how mutual aid will be coordinated between organisations.

- **Have proportionate and up to date business continuity plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks**

The trust has business continuity plans for all its critical services, as defined in the Business Continuity Management Policy. The policy and plans have been revised to align to ISO 22301 the International Standard for Business Continuity, mandated by NHS England.

Appendix 1 shows the trust's compliance against the 2014/15 core standards along with a RAG rating for each standard. Core standard 41 is non-compliant due to slippage in training schedules. Standards 49 and 51 cover the introduction of new procedures for the decontamination of patients contaminated by chemicals. NHS England requires the move from wet decontamination to dry decontamination to be fully implemented by April 2015.

3 Review of 2013 action plan

The Trust Board received this action plan on 17 December 2013. There were 19 core standards out of 124 which were non-compliant (16 red, 3 amber). At the time of writing there are 2 which remain amber, including the facilities required in the Incident Co-ordination Centre. Evacuation planning at JCUH has been delayed due to the slippage in the refit programme in the main ward block.

4 Action Plan

An action plan has been developed to ensure the organisation becomes compliant with all the core standards in the next twelve months – see Appendix 2, attached. This combines the outstanding actions from the 2013 action plan and the non-compliant standards. It is considered that the level of non-compliance does not impact our immediate preparedness and resilience.

The Emergency Preparedness Committee (EPC) will monitor the progress of the action plan.

5 Recommendations

The Board are asked to:

- a) Receive this paper, self-assessment and statement of compliance (see Appendix 3) as assurance that the trust is meeting the NHS England EPRR core standards.
- b) Approve the supporting action plan.

E Harvey
Emergency Planning & Resilience Manager
29 October 2014

Appendix 1 – Core Standards

Appendix 2 – Core Standards Improvement Plan

Appendix 3 - Statement of Compliance