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To:		Trust Board						
From:		Richard Mitchell, Chief Operating Officer						
Date: CQC	•	28 August 2014						
regulation:	Regulation 9 (Regulated activities) Outcomes 4 Regulation 24 (Regulated activities) Outcome 6							
Title:	Title: EPRR Core Standards Self-Assessment							
Author/Responsible Director: Aaron Vogel – Emergency Planning Officer, Richard Mitchell - COO								
Purpose of the Report: To outline the current position of the Trust against its requirements under NHS England EPRR Core Standards in support of the Trust's legal requirements under the Civil Contingencies Act 2004 and Health and Social Care Act 2012.								
standards.								
The Report	is provided to th	ne Board f	or:					
Dee	cision		Discussion					
Ass	Assurance		Endorsement X					
Summary / Key Points: The Trust continues to be largely compliant with the requirements of the core standards, 71.4% fully compliant, 22.0% partially compliant and 6.6% not compliant. The majority of improvements required are relating Chemical, Biological, Radiological and Nuclear (CBRN) incidents for which the national response plan has changed requiring updates to local procedures.								
Recommendations: The Board are asked to accept this report and endorse the programme of work with support from relevant staff and service areas within the Trust.								
Previously considered at another corporate UHL Committee? Trust Executive								
Board Assurance Framework: 11 – Loss of Business Continuity			Performance KPIs year to date: Against the old core standards 40% increase in green ratings and 70% reduction in Amber and Red ratings. This however can't be quantified against the new standards.					
Resource Implications (eg Financial, HR): Training and Exercising Process, plans and policy development requiring support from all CMGs and Corporate services								
Assurance Implications: Assurance to NHS England against core standards in Emergency Planning								
Patient and Public Involvement (PPI) Implications: None								

Stakeholder Engagement Implications: Will support our requirements to engage with external partners i.e. other emergency services. It will ensure that appropriate arrangements are in place

Equality Impact:

None

Information exempt from Disclosure:

None

Requirement for further review?

Annually – will form part of the annual plan and reporting Executive Team will review progress in January 2015

Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment Assurance Report

Aaron Vogel

Emergency Planning Officer

August 2014

1 Introduction

- 1.1 In October 2013 NHS England undertook its first annual assurance review of providers of NHS funded care against the national Emergency Preparedness, Resilience and Response (EPRR) core standards. NHS England is now undertaking the assurance review for 2014.
- 1.2 In summary this report identifies that the Trust continues largely compliant with the requirements of the core standards, 71.4% fully compliant, 22.0% partially compliant and 6.6% not compliant. The majority of improvements required are relating Chemical, Biological, Radiological and Nuclear (CBRN) incidents for which the national response plan has changed requiring updates to local procedures.

2 Overview

- 2.1 The core standards were reviewed and updated nationally and as such it is not possible to compare the current level of compliance to position in October 2013, however many of the themes still remain in the new standards. The largest change was the inclusion of new specific CBRN standards in to the assurance process.
- 2.2 Table 1 below shows the current position of the Trust against the new core standards. It shows that of the standards the Trust is compliant with 71.4% of the standards, 22.0% partially compliant and only 6.6% not compliant. One of the non-compliant standard is due to the inclusion of a new standard not previously included in this review which is with regards to personal development of senior managers and directors. The others relate to specific pieces of CBRN equipment now required due to changes in national response plan.

	All Standards		EPRR Standards Only		CBRN Standards Only		CBRN Equipment Standards	
	Total	%	Total	%	Total	%	Total	%
GREEN = Fully compliant with core standard.	65	71.4	36	76.6	7	50	23	74.2
AMBER = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.	20	22.0	10	21.3	7	50.0	3	9.7
RED = Not compliant with core standard and not in the EPRR work plan within the next 12 months.	6	6.6	1	2.1	0	0.0	5	16.1

Table 1 UHL Core Standards Review 2014

- 2.3 The majority of the partially compliant standards are due to arrangements, processes or plans that are current but require a review and update or require updating due to specific requirements of the core standards. Themes include evacuation, mass countermeasures, access to specialist advice, management of mass fatalities and CBRN updates.
- 2.4 The table 2 and figure 1 show the position of compliance and improvement against the previous Core Standards since October 2013. It shows that there was continual improvement since October 2013 and reflects the current strong position that the Trust is in on the August 2014 review.

Table 2 Position against the old core standards (May 2014)

	N	lay 2014	October 2013	
	Total	Percentage	Total	Percentage
GREEN - arrangements in place now, compliant with core standards	106	89.1%	76	63.9%
AMBER - draft or scheduled on action plan for completion by Dec 2013	8	6.7%	27	22.7%
RED - arrangements not in place or scheduled for completion after Jan 2014	5	4.2%	16	13.4%
Total	119	100	119	100

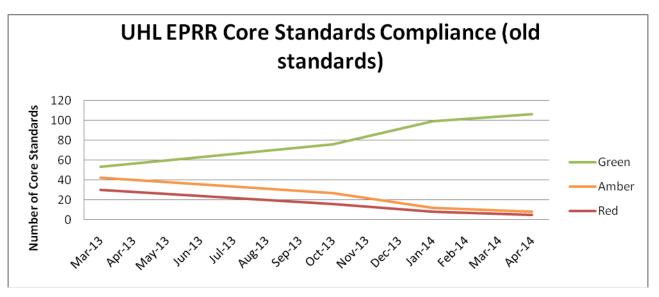


Figure 1 Trend against the old core standards

3 Action Plan

3.1 Each core standard assessed as amber or red has been given an action and deadline date to resolve. It is anticipated that many of the outstanding issues will be resolved by the development of the new Trust CBRN Plan, scheduled for completion

in October 2014 and other areas of work currently being undertaken. The Emergency Planning and Business Continuity Committee will monitor the progress of the action plan and provide regular updates and assurances to the Executive Team.

4 Conclusion

4.1 There are a number of areas that still require addressing however they should not impede the ability of the Trust to respond. Plans and procedures that are in place have been developed and tested over the last year and should provide for an appropriate response. The Emergency Planning Annual report which is due to Audit Committee provides further details of the progress made in the last year. The Trust Executive is asked to accept this report and endorse the programme of work with support from relevant staff and service areas within the Trust.