EPRR Self-Assessment Assurance report

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Executive Summary

Context

To provide an update of the EPRR self-assessment undertaken in July 2015 and progress against core standards. To provide further assurance and update following the Paris Attacks in November.

Questions

1. Is the Trust Board satisfied with the level of improvement and compliance?
2. Are there any concerns that need addressing?
3. Is the Trust Board able to support the implementation of a new call out system?

Conclusion

1. The level of compliance is high with outstanding non-compliance within agreed time frames. NHS England are still to provide formal feedback but no urgent issues have been flagged up at this time.
2. Major Incident Training and exercising continue to be a struggle to arrange however some improvements in areas of mandatory training (particularly ED) will improve awareness and exposure.
3. A new system would involve investment to make use of new technology to improve our response arrangements and to not rely on a single means of communication.

Input Sought

We would welcome the Board's input regarding continued support of implementation of strategies to ensure continual high compliance with the national standards.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Not applicable]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Not applicable]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[No]

3. Related **Patient and Public Involvement** actions taken, or to be taken: [None]

4. Results of any **Equality Impact Assessment**, relating to this matter: [No impact]

5. Scheduled date for the **next paper** on this topic: [TBC]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages.** [My paper does comply]

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

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January 2016 Trust Board

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1 Introduction

1.1 NHS England undertakes an assurance programme with regards to Emergency Preparedness, Resilience and Response (EPRR) of NHS organisations. This was initially presented to NHS England in September 2015, following Trust Board sign off in August, Since then NHS England have asked to seek further assurance nationally as a result of the Paris Terrorist attacks in November 2015. This paper provides a brief update on developments since the last assurance meeting with NHS England and the additional assurance following the Paris Attacks.

1.2 In summary this report identifies that the Trust continues significantly compliant with the requirements of the core standards, 98% fully compliant, 2.0% partially compliant and 0% not compliant, as well as complying with the additional Paris Attack assurances.

2 Overview – EPRR Assurance

2.1 Table 1 below shows the current position of the Trust against core standards. It shows that of the standards the Trust is compliant with 98% of the standards, 2.0% partially compliant and 0% not compliant. Of the partially compliant both areas of work – Evacuation and Lockdown are being progressed within their expected timeframes.

Table 1 UHL Core Standards Review 2014

	All Standards		EPRR Standards Only		CBRN Standards Only		Flu Deep Dive	
	Total	**%**	Total	%	Total	%	Total	%
GREEN = Fully compliant with core standard.	**92**	**98**	44	95.7	44	100	4	100
AMBER = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.	**2**	**2**	2	4.3	0	0	0	0
RED = Not compliant with core standard and not in the EPRR work plan within the next 12 months.	**0**	**0**	0	0	0	0	0	0

2.2 The table 2 and figure 1 show the position of compliance and improvement since the last Trust Executive update. It shows improvement and continual high levels of assurance against the core standards.

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

	July 2015		December 2015	
	Total	Percentage	Total	Percentage
GREEN - arrangements in place now, compliant with core standards	91	96.8	**96**	**98**
AMBER - draft or scheduled on action plan for completion by Dec 2013	2	2.0	**2**	**2**
RED - arrangements not in place or scheduled for completion after Jan 2014	1	1.0	**0**	**0**

3 Paris Attack Assurance

3.1 Following the Paris attacks on 13th November a security update teleconference was held across the Leicestershire Local Resilience Forum. This was to ensure that the level of threat and any responses were understood by the relevant organisations. Specific details have been provided to the Trust Executive and due to the sensitive nature of the information this has been omitted from the public Trust Board.

3.2 NHS England locally held meetings to seek assurance regarding a number of issues and NHS England nationally also requested further assurance. The assurance requested and response is listed below.

	Narrative	Any Gaps?	Further Actions
NHS England – local assurance			
Are you Major incident and CBRN / Hazmat plans up to date?	Yes Major Incident plan – May 2014 CBRN Plan 28th July 2015	Major Incident plan is due to be signed off with minor updated amendments	Trust Exec to sign off Dec 2015.
Have you Hazmat / CBRN plans been updated to take account of the IOR guidance on dry decontamination?	Plans and training updated to reflect IOR Guidance	No	
Is your operational (ED) staff and On-call managers and directors training up to date?	Yes – ED staff receive annual training – 1 team a month. On call director training – 3rd Dec 2015		
When was the last time you tested your Major Incident and CBRN / Hazmat response?	CBRN – Olympic Shower 11th May 2012 Major Incident - EMERGO Exercise 8th July 2014, Exercise Autumn Power 1st October 2015		Undertake CBRN Exercise – however this is unlikely due to significant winter pressures in ED to be until after April. Although we are still considering options.
How assured is your organisation on its ability to respond to a CBRN / Hazmat incident?	Assured– ED staff receive annual training – 1 team a month. On call director training – 3rd Dec 2015		
National Assurance			
Review and tested your cascade systems to ensure that they can activate support from all staff groups… in a timely manner in the event of loss of primary communications	Requirement to undertake every 6 months. We currently test every 3-4 months. Last test 18th August 2015.	Last test undertaken 22nd December 2015 Current process takes 90+ mins – can be improved with investment with technology	Invest in a resilient automated system Test local cascade

		Relies on Trust infrastructure Only contacts the on call personnel.	
Arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to transport infrastructure, including public transport where appropriate in an emergency.	Fuel shortage plan identifies strategies for managing including car sharing.	Ability to implement to a catastrophic/short notice event would be difficult	
Plans are in place to significantly increase critical care capacity and capability over a protracted period of time	Details listed in the Pandemic Flu plan. Tested as part of EMERGO exercise July 2014 and exercise Autumn Power – October 2015.		
Given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.	Concern that with the downgrading of the Trauma Orthopaedic geared towards low energy otho-geriatric trauma. All Trauma surgical staff have Advanced Trauma Life Support training which will cover these types of injuries there isn't the practical experience or knowledge to support this. A joined up approach and access to support would be required.	Lack of practical experience or knowledge to treat traumatic blast or ballistic injuries.	Explore options with NHS England as to what networks/experience can support this type of surgical activity.

4 Conclusion

4.1 Based on the evidence above the Trust should be assured that measures are in place to adequately respond to incidents however there are a number of areas that could be further developed, most notably investment in major incident call out system an exercise of the Trust CBRN plan and access to Resilience Direct for on call staff.