SUMMARY REPORT		**Meeting Date:**	**24th November 2016**
		Agenda Item:	**10.4**
		Enclosure Number:	**12**

Meeting:	**Trust Board**
Title:	**Emergency Preparedness, Resilience and Response Annual Assurance Report**
Author:	**Pete Old, Health Emergency Management Specialist**
Accountable Director:	**Steve Gregory, Executive Director of Nursing and Operations**

Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/Recommendation from that Committee

Purpose of the report

To inform Trust Board of the outcome of the trust performance against the 2016 National Core Standards for Emergency Planning, Resilience and Response.	**Consider for Action**	✔
	Assurance	✔
	Discussion	
	Information	

Strategic Priorities this report relates to:

To exceed expectations in the quality of care delivered	To transform our services to offer more care closer to home more productively.	To deliver well co-ordinated effective care by working in partnership with others.	To provide the best services for patients by becoming a more flexible and sustainable organisation
✔			✔

Summary of key points in report

Following a confirm and challenge meeting with both Clinical Commissioning Groups and NHS England the trust was rated as 'substantial' in its compliance with the national core standards for Emergency Preparedness, Resilience and Response (EPRR).

The trusts Emergency Response Arrangements (major incident plan) have been reviewed in the light of new guidance published in 2015/6 and a full review of business continuity plans is underway.

Training of senior managers is underway and a major incident table top exercise is planned for 2017.

Key Recommendations		

The Board is asked to acknowledge that the trust is substantially compliant with the national core standards and agree the action plan to improve the resilience of the trust to threats to its service delivery.

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard or BAF risk
CQC	Care Quality Commission (CQC) Core Standards	Regulation 12(2) (i) Safe Care and treatment
IG Governance Toolkit	No	
Board Assurance Framework	No	

Impacts and Implications?	YES or NO	If yes, what impact or implication
Patient safety & experience	Y	Effective emergency and business continuity arrangements are required so that patients remain safe and services can continue despite internal or external events that impact on the trust's ability to operate.
Financial (revenue & capital)	Y	Additional time will be required by staff to ensure they have the right training for their role in an emergency which could potentially require some back filling.
OD/Workforce	Y	Staff training requirements
Legal	Y	Non-compliance with national guidance, or Emergency Preparedness Resilience and Response core standards and National Contract would result in breach of contract as a provider organisation if systems fail potentially leading to a loss of life.

1.0   Background

1.1   All NHS trusts are required[1] to ensure they have plans in place to respond to and recover from incidents that may impact on their service provision. The NHS England Operating Framework for Emergency Preparedness, Resilience and Response (November 2015) sets out the planning structures and roles and responsibilities of NHS organisations in some depth and includes new incident definitions defined by type and scale of impact.

1.2   National and international events such as the terrorist attacks in Europe, widespread flooding resulting in NHS organisations losing electricity for a week and Junior Doctors industrial action reinforce the need to ensure the Trust has appropriate measures in place to respond to a wide range of threats.

2.0   Annual Assurance 2016 – outcome and action plan.

2.1   NHS Commissioners annually report to NHS England to provide assurance that their commissioned providers meet their contractual requirements and the National Core Standards for Emergency Planning. The outcome of the review conducted in 2015 was that the trust achieved a rating of significantly compliant (ratings were – wholly compliant, significantly compliant, broadly compliant and non-compliant). The trust self-assessment reported 6 of the 140 criteria where it doesn't specifically meet the standard set and an action plan agreed with commissioner to address these areas of weakness.

2.1   For 2016 the Trust was required to self-assess its emergency response plans against the national core   standards including a deep dive into business continuity.

2.2   The National Core Standards for Emergency Preparedness, Resilience and Response 2016 contain thirty seven core standards each with evidence criteria. The deep dive into business continuity provided six criteria for the trust to self-assess against. Therefor for 2016 a total of forty three assessment criteria were self-assessed. The trust self-assesses against criteria set by NHS England using a RAG rating described in table 2.2a

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 Board has agreed with this position statement.
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.

Table 2.2a

2.3   The self-assessment showed that the trust was fully compliant with thirty seven of the forty three criteria. Of the six areas where full compliance couldn't be evidenced all had part compliance and now form part of the EPRR trust wide work plan outlined below in table 2.3a. During a conform and

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[1] The Civil Contingencies Act 2014. NHS Act 2006, NHS Constitution, NHS National Contract 2015

challenge meeting with the commissioner one area the rated as non-complaint was rated as compliant leaving 5 areas where in the view of the trust full compliance couldn't be evidenced.

2.4   Following a confirm and challenge meeting with both Clinical Commissioning Groups and NHS England the trust was rated as 'substantial' in its compliance with the national core standards[2].

Compliance Area	Current status	Action to be taken	By Who / Completion Target Date
Corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	**Amber** We need to provide develop and provide evidence of a business continuity culture within the organisation	Establish business continuity within job descriptions dependent upon the role of the individual, as fixed agenda items across trust meetings and establish a bi-annual forum for EPRR including business continuity	Steve Gregory Emergency Accountable Officer Completing March 2017
Evacuation	**Amber** Plans in place and training and exercising program underway	Complete training and exercise program	Andy Mathews Service Delivery Group Manager Community Hospitals & Outpatients Completed by end of October 2016
Lockdown	**Amber** Plans in place and training and exercising program underway	Complete training and exercise program	Andy Mathews Service Delivery Group Manager Community Hospitals & Outpatients Completed by end of October 2016
Demonstrate organisation wide (including on call personnel) appropriate participation in multi-agency exercises	**Amber** Trust is represented at multi agency exercises but attendance at these by on call managers needs reinforcing	Include attending exercises within appraisal objectives of on call managers to attend or observe multi agency exercises where arranged.	Steve Gregory Emergency Accountable Officer Completing March 2017
Within the plan there are arrangements in place to manage a shortage of road fuel and heating fuel	**Amber** Standard Operating Procedure exists but not part of core plans	Incorporate Fuel Shortage Standard Operating Procedure into business continuity plan	Pete Old Health Emergency Management Specialist Complete by September 2016
The Accountable Emergency Officer has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which	**Amber** Audit current arrangements and include in future contract arrangement if not a current criteria	Conduct an audit across the trust to ensure requirement for business continuity is part of standard contracting. Ensure all contractors have business plans through the contracting process. We need to ensure that we have	Ros Franke Director of Finance Completed by March 2017

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[2] Letter to Shropshire Community Health NHS Trust dated 16th September 2016, signed Bharti Patel-Smith

may supersede this.		estate resilience in place to be contained within the contract with SSSFT	Mel Duffy Director of Strategy October 2016

<div align="right">**Table 2.3a**</div>

3.0   Summary and recommendations

Shropshire Community Health Trust is compliant across all national core standards that would seriously affect the
safety of patients in the event of a major indent. Whilst self-assessing that some areas are not totally compliant some relate to a culture of business continuity which is relatively new to the NHS.

This year's assessment shows an improvement on last year in the number of areas of non-compliance thus requiring an action plan. Non-compliant areas revealed in this year's assessment differ to those of last year due to a change in core standards, except for two for which actions are well underway.

Whilst the trust does not have a direct role in responding to major incident according the national definition it is still required to have plans in place to respond to the same standard as NHS organisations that do have a response role. As business continuity plans are considered part of an NHS trusts arrangements for planning and response, and incidents that interrupt service delivery are more frequent than major incidents it is recommended that the trust considers business continuity arrangements as a priority to establish at both strategic and operational levels of the organisation.

Pete Old
Health Emergency Management Specialist

July 2016