

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

G

REPORT TO THE TRUST BOARD OF DIRECTORS

HELD ON 29th OCTOBER 2019

Subject	Emergency Planning Resilience and Response (EPRR) Core Standards 2019
Supporting TEG Member	Michael Harper, Chief Operating Officer
Author	Carole Mistry, Head of Organisational Resilience
Status¹	A

PURPOSE OF THE REPORT

The annual NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum requirements commissioners and providers must achieve in order to show that they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

Providers are required to demonstrate compliance against the Standards via organisational self-assessment and have this approved by their Board of Directors.

KEY POINTS

- The NHS Core Standards for EPRR have changed this year, with an increase number of standards contained within the Deep Dive. The total number of Core Standards for 2019-20 is 64. In addition to this each year a deep dive review is conducted to gain additional assurance into a specific area. For 2019/20 the specific area is severe weather and climate adaption. The deep dive standards do not contribute to the organisations overall EPRR assurance rating.
- One of the Standards is for the annual Emergency Planning report to be discussed at the Board of Directors which was completed at the September 2019 meeting.
- Declaration is via a self-assessment of fully compliant, partially compliant and not compliant against each Core Standard. An overall assurance rating is then assigned to the organisation on the basis of their submission against full compliance.
- On this basis STH is substantially compliant, having achieved 57 green (full compliance) and 7 amber (partial compliance) There are no red (non-compliant) standards.
- The Trust must have an agreed action plan to meet compliance within the next 12 months.
- The self-assessment, action plan and statement of compliance will be submitted to NHS England on the 31 October 2019

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board of Directors is requested to approve the Statement of Compliance (including the self-assessment rating of substantially compliant) and Improvement Plan for submission to NHS England (Yorkshire and the Humber) such that the Trust's Accountable Emergency Officer can sign and return the Statement of Compliance by 31st October 2019.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	16 October 2019	Y
BoD	29 October 2019	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the five aims of the STHFT Corporate Strategy 2017-20

1. Introduction

As part of NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show that they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

To do this NHS England asks providers of NHS funded care to complete an annual self-assessment against the NHS England Core Standards for (EPRR). This year STH is substantially compliant having reached 88-99 % of full compliance.

2. Statutes and Guidance underpinning EPRR

The Civil Contingencies Act (CCA) 2004 places statutory duties on Category One Responders and the Core Standards assess the Trust's preparedness and response capabilities to those duties and also to other statutory and regulatory requirements.

The key requirements for compliance are with:

- Civil Contingencies Act 2004;
- NHS Act 2006 (as amended by Health and Social Care Act 2012);
- NHS England Emergency Preparedness Framework 2015;
- National Standard Contract SC30;
- NHS Improvement;
- Care Quality Commission

3. Self-Assessment Process – Compliance and Assurance Ratings

The possible overall assurance ratings are:

Compliance Level	Evaluation and Testing Conclusion
Fully	The organisation is 100% compliant with all standards it is expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the Core Standards it is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the Core Standards it is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation is compliant with 76% or less of the Core Standards it is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

4. Performance Against the Core Standards for 2019/20

The 64 Core Standards applicable to Acute Trusts are based on the duties of Category One Responders under the Civil Contingencies Act (CCA) 2004. They are split into ten domains (seen in the table below) and self-assessed as follows:

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	14	10	4	0
Command and control	2	2	0	0
Training and exercising	3	2	1	0
Response	7	7	0	0
Warning and informing	3	3	0	0
Cooperation	4	3	1	0
Business Continuity	9	8	1	0
CBRN	14	14	0	0
Total	64	57	7	0

In addition, a deep dive review has been conducted to gain additional assurance into a specific area. For 2019/20 the specific area is severe weather and climate adaption. The deep dive standards do not contribute to the organisations overall EPRR assurance rating but are shown below for completeness:

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe weather Overheating	2	2	0	0
Severe weather Staffing	1	1	0	0
Severe weather Service Provision	1	1	0	0
Severe weather Discharge	1	1	0	0
Severe weather Access	1	1	0	0
Severe weather Assessment	1	1	0	0
Severe weather Flood prevention	1	1	0	0
Severe weather Flood response	2	2	0	0
Severe weather warning and informing	1	1	0	0
Severe weather risk assess	1	0	1	0
Severe weather supply chain	1	1	0	0
Severe weather exercising	1	0	1	0
Severe weather ICT BC	1	0	1	0
Long Term adaption planning risk assessment	1	0	0	1
Long term adaption planning overheating risk	1	0	0	1
Long term adaption Building adoptions	1	0	1	0
Long term adaption Flooding	1	0	0	0
Long term adaption – new build	1	0	0	0
Total	20	12	4	2

The details relating to non-compliance and actions for improvement for the Core Standards are shown below:

RAG Table STH against each partial compliant standard

Core Standards Domain		Rag rating	Core Standard No.	Actions required to be compliant	Complete By
Duty to maintain plans	The organisation has effective arrangements in place to respond to a Pandemic Influenza		15	Pandemic Flu plan needs reviewing. Dedicated Task and Finish Group to be established to undertake this task	Mar 20
	The organisation has effective arrangements in place to distribute Mass Countermeasures		17	Current Mass Countermeasures Plan needs reviewing in consultation with Combined Community and Acute Care Group	Mar 20
	The organisation has effective arrangements in place to allow the freeing up of 20% of their bed base in 12 hours during a mass casualty incident		18	Deputy Chief Operating Officer to continue the work of the Rapid Discharge Task and Finish group in consultation with Combined Community and Acute Care Group	Feb 20
	The organisation has effective arrangements in place to manage site access and egress including restriction and emergency		21	The draft Lockdown Plan needs to be submitted for sign off. Wards currently have action cards only with regard to locking down their area	Mar 20
Training and exercises	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in incident or exercise participation		28	Training records held by Emergency Planning Department. Need to ensure strategic and tactical responders maintain their own personal development portfolio	Feb 20
Cooperation	The organisation has mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources		42	Mutual aid is implied but not documented. AEO to discuss at LHRP (Local Health Resilience Partnership)	To be discussed at LHRP
Business Continuity	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers		55	Majority of commissioned suppliers and providers will have business continuity plans. Head of Organisation Resilience to work with Procurement to identify and gaps	Mar 20

5. Declaration of compliance

The Accountable Emergency Officer is required to declare, on behalf of the Trust, the Statement of compliance against NHS England's self-assessment (appendix A)

The declaration is of substantial compliance against the 2019/20Core Standards and will be reported at the Local Health Resilience Partnership meeting in November.

6. Recommendations

The Board of Directors is requested to approve the Statement of Compliance (including the self-assessment rating of substantially compliant) and Improvement Plan for submission to NHS England (Yorkshire and the Humber) such that the Trust's Accountable Emergency Officer can sign and return the Statement of Compliance by 31st October 2019.

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2019-20120**

STATEMENT OF COMPLIANCE

Sheffield Teaching Hospitals Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Sheffield Teaching Hospitals NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation's Accountable Emergency Officer

30/10/2019

Date signed

16/10/2019

Date of Board/governing body meeting

29/10/2019

Date presented at Public Board

31/05/2020

Date published in organisation's Annual Report