

Hull and East Yorkshire Hospitals NHS Trust

Trust Board

11 September 2018

Title:	EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)
Responsible Director:	Jacqueline Myers – Director of Strategy and Planning
Author:	Alan Harper – Assistant Director of Planning

Purpose:	To advise Trust Board regarding the outcome of the 2018 / 19 EPRR assessment against core standards.	
BAF Risk:		
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	✓
	High quality care	✓
	Great local services	✓
	Great specialist services	✓
	Partnership and integrated services	✓
	Financial sustainability	✓
Summary Key of Issues:	<p>Key points: As the Trust does not fully comply with 5 of the 105 lines of inquiry, within the 2018 / 19 Core Standards, the assurance rating is viewed as 'Substantially Compliant', rather than Full, Partial or Non-Compliant.</p> <p>The results of the Trust assessment and Board report will be shared with Hull CCG and East Riding of Yorkshire CCG prior to submission to NHS England on 31October.</p> <p>An Action Plan to address areas where attention is required, as noted in section 4 above, has been prepared. This will be monitored by the Trust Resilience Committee and reported quarterly at the Trust Non-Clinical Quality Committee.</p>	

Recommendation:	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> • note the Trust's assurance rating • note the Trust's ongoing monitoring arrangements • publish results of the Trust's 2018 /19 assurance rating in the Trust Annual Report
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HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD – 11 SEPTEMBER 2018

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)

2018 / 19 ANNUAL ASSURANCE

1. PURPOSE OF PAPER

The purpose of this paper is to advise Trust Board regarding the outcome of the Trust assessment against the 2018 / 19 NHS England Core Standards for EPRR.

2. BACKGROUND

The NHS England EPRR Framework states providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

NHS England Core Standards for EPRR set out the minimum requirements that are expected to be met.

NHS England has a statutory requirement to formally assure itself regarding NHS EPRR readiness. This is provided through the EPRR annual assurance process and assurance report which NHS England submits to the Department of Health and Social Care, and the Secretary of State for Health and Social Care.

As the Core Standards provide a common reference point for all organisations, they provide the basis of the EPRR annual assurance process.

Providers of NHS funded services complete an assurance self-assessment based on these core standards.

3. 2018 / 19 EPRR ASSURANCE

Details of the 2018 /19 EPRR annual assessment were received in July and contained 105 lines of inquiry split into ten domains: governance, duty to risk assess, duty to maintain plans, command and control, training and exercising, response, warning and informing, cooperation, business continuity and Chemical / Biological / Radiological / Nuclear, including a decontamination equipment checklist.

The subject of this year's "Deep Dive" focused on command and control.

4. ACTION ARISING FROM 2018 / 19 ASSESSMENT

Issues from this year's assessment are noted below.

4.1 Duty to maintain plans: Evacuation (Amber Risk)

EPRR Core Standard 20 states organisations should have effective evacuation plans in place, including whole site evacuation.

All wards and departments have effective evacuation plans; these are contained within their individual Fire Information Manual. The Trust Fire Safety Team works collaboratively with ward and departmental managers when preparing these plans. Clinical staff receive annual fire training and evacuation training every three years. The last large scale evacuation took place in June 2018 (Women and Children's Hospital).

Although evacuation plans are in place and tested, there is not a whole hospital site evacuation plan. Discussion has commenced within the Trust, NHS England, Humber Emergency Planning Service and neighbouring acute Trusts.

4.2 Response: Incident Coordination Centre (Amber Risk)

EPRR Core Standard 30 states the organisation must have an Incident Coordination Centre (ICC) and alternative fall-back location.

The Trust has an ICC; staffed on a 24/7 basis by the Operations Support and Site Management teams. A fall-back location has been identified (Trust IT Services Department / office suite) - a Table Top exercise is planned to test the location and facilities available.

4.3 Response: 'Clinical Guidance for Major Incidents' (Red Risk)

EPRR Core Standard 35 states Emergency Department staff should have access to the NHS England 'Clinical Guidance for Major Incidents' handbook. NHS England has not issued this publication.

4.4 Cooperation: Local Health Resilience Partnership (Red Risk)

EPRR Core Standard 40 states the Accountable Emergency Officer should attend no less than 75% of Local Health Resilience Partnership meetings per annum.

The Assistant Director of Planning and Trust Lead for EPRR deputises and attends these meetings.

4.5 Chemical Biological Radiological Nuclear: Trainers (Amber Risk)

EPRR Core Standard 67 states the organisation must have sufficient trained decontamination trainers to fully support its staff training programme.

The Trust CBRN Lead is currently the only Trainer. Two ED staff have been identified for training and will attend next NHS England organised CBRN Trainer session.

5. TRUST ASSURANCE RATING: 2018 / 19

As the Trust does not fully comply with 5 of the 105 lines of inquiry, within the 2018 / 19 Core Standards, the assurance rating is viewed as 'Substantially Compliant', rather than Full, Partial or Non-Compliant.

The results of the Trust assessment and Board report will be shared with Hull CCG and East Riding of Yorkshire CCG prior to submission to NHS England on 31 October.

6. ONGOING MONITORING ARRANGEMENTS

An Action Plan to address areas where attention is required, as noted in section 4 above, has been prepared. This will be monitored by the Trust Resilience Committee and reported quarterly at the Trust Non-Clinical Quality Committee.

7. RECOMMENDATION

Trust Board is asked to:

- note the Trust's assurance rating – 'Substantially Compliant'
- note the Trust's ongoing monitoring arrangements
- publish the Trust's 2018 /19 EPRR assurance rating in the Trust Annual Report

Alan Harper

Assistant Director of Planning

4 September 2018