

Board of Directors

Thursday, 07 November 2019

Report Title:	EPRR Core Standards Annual Assurance Return
Executive/NED Lead:	Paul Fenton, Director of Estates and Facilities
Report author(s):	Michael Fuller, Estates and Facilities Assurance Manager and Head of EPRR
Previously considered by:	EPRR Steering Group

□ Approval	□ Discussion	Information	Assurance
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Executive summary

The purpose of this paper is to provide notification to the Public Board that ESNEFT is meeting its statutory duties and obligations in relation to emergency planning, resilience and response as laid out in:

- Health and Social Care Act (2012)
- NHS Standard Contract
- NHS Core Standards for EPRR
- NHS England business continuity management framework
- Civil Contingencies Act (2004)

There are a total of 64 core standards that ESNEFT are required to meet across Emergency Planning Resilience and Response (EPRR), Hazardous materials, chemical, biological, radiological and nuclear (Hazmat CBRN). Of these 64 standards, ESNEFT have self-assessed to be fully compliant with 57 and partially compliant with 7 standards.

In addition to the core standards and Hazmat CBRN assessment there is a 'deep dive' exercise conducted by NHS England which changes each year. The 2019/20 deep dive is in relation to severe weather response and long term adaptation within the organisation. There are a total of 20 questions in relation to this element of which ESNEFT are fully compliant with 9 and partially compliant with 7 areas. It should be noted that these elements are not part of the annual self-assessment, nor are they reflected in the score submitted to NHS England.

All of the standards which ESNEFT have assessed to be partially compliant are included in the EPRR work plan which has been reviewed in line with the overall standards compliance score. There are therefore no non-compliant standards for the Trust, indicating that the areas identified have appropriate approved actions to address them.

Detailed analysis of the core standards is **not for sharing** in the public domain and board members are asked to defer any specific questions to part 2 of the board meeting.

The outcome for ESNEFT having undergone external 'confirm and challenge' scrutiny sessions from NHS England and the Suffolk CCGs is a level of **Substantially Compliant**.

Action Required of the Board of Directors To receive and note the trusts level of assurance against the annual EPRR core standards compliance assessment as being 'Substantially Compliant'. Please **Link to Strategic Objectives (SO)** tick SO₁ Keep people in control of their health SO2 Lead the integration of care 哮 SO3 Develop our centres of excellence SO4 Support and develop our staff ✓ SO4 Drive technology enabled care Risk Implications for the Trust (including There are no specific risks identified in this any clinical and financial consequences) report which require additional Board oversite. **Trust Risk Appetite** Compliance/Regulatory: The board has a minimal risk appetite when it comes to compliance with regulatory issues. It will meet laws, regulations and standards unless there is strong evidence or argument to challenge them Compliance with the Civil Contingencies Act Legal and regulatory implications 2004 by ensuring the organisation is (including links to CQC outcomes, Monitor, inspections, audits, etc.) fulfilling its duties as defined in the document. **Financial Implications** There are no identified financial implications **Equality and Diversity** There is no impact on equality and diversity

from this paper

Emergency Preparedness Resilience and Response Annual self-assessment

1. BACKGROUND

- 1.1 NHS England are conducting the annual national assurance exercise to gauge the level of preparedness within the NHS in England to respond to an emergency, and that it has resilience in relation to continuing to provide safe patient care.
- 1.2 Following on from the CBRN 'deep-dive' carried out during the 2014-15 the HAZMAT/ CBRN assessment remains incorporated into the NHS EPRR Core Standards.
- 1.3 The 2019-20 EPRR annual assurance deep dive focusses on severe weather and climate adaptation. This is as a result of a request from the Government's Environment Audit Committee (which has responsibility for assessing adaptation to climate related issues).
- 1.4 As part of this exercise organisations who receive NHS funding are required to carry out a self-assessment against the NHS England Core Standards for EPRR.
- 1.5 The number of Core Standards applicable to each organisation type is different. To account for this difference, the overall EPRR assurance rating is based on the percentage of Core Standards the organisations assesses itself as being 'fully compliant' with. The overall percentage then dictates the overall compliance level:

Overall EPRR assurance rating	Criteria	
Fully	The organisation is 100% compliant with all core standards they are required to achieve.	
Substantial	The organisation is 89-99% compliant with the core standards they are required to achieve.	
Partial	The organisation is 77-88% compliant with the core standards they are required to achieve.	
Non-compliant	The organisation compliant with 76% or less of the core standards they are required to achieve.	

- 1.6 NHS England Regional teams have conducted visits to both ESNEFT acute sites using a standardised list of questions to assess preparedness. This builds on the visits made in previous years to major trauma centres, high secure mental health facilities, burns centres and high consequence infectious disease units.
- 1.7 As ESNEFT is subject to CQC inspection, NHS England and NHS Improvement will share the final agreed version of an organisation's EPRR self-assessment if requested with the CQC.

2. SELF-ASSESSMENT RETURN

- 2.1 Following a comprehensive review of EPRR processes and documentation within the Trust, this year's compliance has maintained **Substantially Compliant** as was the case last year.
- 2.2 This year's overall compliance score is reached due to the Trust being compliant in 57 of the 64 standards with the 7 partially compliant standards included in the annual approved work plan.

3. RECOMMENDATION

3.1 It is recommended that the review of the assessment at the EPRR Steering Group and a briefing submitted to the Confidential Board which underpins the declaration, the Board is asked to approve the declaration and note that an approved action plan is in place.