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| Meeting: | Brighton and Sussex University Hospitals NHS Trust Board of Directors |
| Date: | 21st December November 2015 |
| Board Sponsor: | Chief Operating Officer |
| Paper Author: | Natasza Lentner, Head of Resilience |
| Subject: | Emergency Planning, Resilience and Response (EPRR) Statement of readiness and assurance from the accountable officer |

Executive summary

- **Emergency Planning, Resilience and Response (EPRR) Core Standards and Assurance**

The Head of Resilience has completed the Emergency Planning, Resilience and Response core standards document for BSUH and prepared the Statement of Readiness for the Local Health Resilience partnership (please see appendix 1). BSUH is substantially compliant with the EPRR core standards, with a number of amber ratings for which there is an action plan to complete within 12 months (please see appendix 1), and only 1 red ratings for non-compliance (for a that will need further discussion at the Local Health Resilience Partnership (please see appendix 2 for the full assurance document).

- **Pandemic Flu Deep Dive**

BSUH has scored Amber in the majority of the standards for Pandemic flu. This is due to a delay in the new plan being approved by the Resilience group and subsequently the board. A new plan which is draft has been written with the input from all directorates and a workshop has been attended by the Head of Resilience, Infection Prevention and Control Nurse and Head of Risk Management.

- **BSUH EMERGO, 3 yearly live exercise**

In March 2015 BSUH took part in its 3 yearly live exercise. The day was assessed by Public Health England and their report gave the Trust almost full marks – 178 out of 188 performance indicators.

- **Reviewed and Updated Major Incident Plan**

Following our EMERGO Exercise in March the Major Incident plan was fully reviewed and updated in consultation with all directorates and a number of minor changes made to improve it.

- **Assurance following the Paris Attacks**

Following the recent attacks in Paris, NHS England have asked that our Board is sighted on BSUH's preparedness in relation to some key points of preparedness set out below:

1. You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;

Yes, we have a well-practiced and recently reviewed major incident cascade and we have a number of fall back arrangements that could be used if the primary telephony comms system failed

2. You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

Yes, our receiving hospital is in an urban location with many staff working within walking distance (as practiced during past adverse snow events when public transport had been disrupted). Depending on the cause and impact of the disruption other transport support arrangements could be put in place such as Sussex 4x4 volunteers, park and ride etc

3. Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care;

We are able to double ventilation capacity however this will use theatre space to some extent and therefore is dependant on what theatre capacity is being utilised for the incident at the time

4. You have 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.

Many of our polytrauma consultants on call, a core of 8 Consultants, have personal experience of blast and ballistic injuries during their training, one of whom is still employed directly by the armed forces.

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| Links to corporate objectives | Emergency Planning, Resilience and Response arrangements support the objectives of <i>excellent outcomes, great experience and high productivity</i> |
| Identified risks and risk management actions | Please see appendix 1 for the BSUH EPRR Core Standard Action Plan for 2014/2015 for identified risks as per the EPRR Core Standards |
| Resource implications | <ul style="list-style-type: none"> • EPRR Core Standards and Assurance Time restraints - The Emergency Planning Team has limited resources (there is currently one emergency planning officer but it is widely accepted that that there should be two in post for this Trust), but an action plan is in place for the Head of Resilience to complete the urgent actions identified within 12 months. |
| Legal implications | As an NHS-funded organisation and category one responder BSUH must meet the requirements of the Civil Contingencies Act (2004), the Health and Social Care Act (2012), the NHS standard contracts, the NHS England EPRR core standards, the NHS England command and control framework (2013) and NHS England business continuity management framework (2013) |
| Report history | Executive Team |

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| Appendices | Attached EPRR Core Standards and EPRR Core Standards Action Plan. |
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| Action required by the Board | | |
| The Board is asked to: | | |
| <ul style="list-style-type: none"> • Approve and sign off the updated BSUH Major Incident Plan (appendix 1) • Note the attached EPRR Core Standards and EPRR Core Standards Action Plan for all amber and red ratings (appendix 2 and 3) • Confirm that, the organisation has completed the EPRR self-assessment and that: (Tick one) • Note our assurance in relation to the Paris Attacks | | |
| Compliance Level | Evaluation and Testing Conclusion | BSUH |
| Full | The plans and work programme in place appropriately address all the core standards that the organisation is expected to achieve. | |
| Substantial | The plans and work programme in place do not appropriately address one or more the core standard that the organisation is expected to achieve. |  |
| Partial | The plans and work programme in place do not adequately address multiple core standard that the organisation is expected to achieve. | |
| Non-compliant | The plans and work programme in place do not appropriately address several | |