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Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	27 October 2016
Board Sponsor:	Mark Smith Chief Operating Officer & Accountable Emergency Officer for Emergency Planning, Resilience and Response (EPRR)
Paper Author:	Head of Resilience, Natasza Lentner
Subject:	Emergency Planning, Resilience and Response Statement of readiness and assurance from the accountable officer

Executive summary

- **EPRR Core Standards and Assurance**

The Head of Resilience has completed the Emergency Planning, Resilience and Response core standards document for BSUH and prepared this Statement of Readiness for the Local Health Resilience Partnership (LHRP).

This year NHSE changed the way that the assurance rating is calculated. This change means that although BSUH's overall position hasn't changed since last year we are now rated as non-compliant with the EPRR core standards, with 17 amber ratings and 1 red ratings for non-compliance for fuel planning (that will need further discussion at the LHRP and at National level (please see appendix 2 for the full assurance document).

Should an organisation be non-compliant the Local Health Resilience Partnership will regularly monitor progress throughout the year until it is has attained an agreed level of compliance. The Head of Resilience has completed an action plan to ensure we are compliant within the next 12 months (please see appendix 1).

The Chief Operating Officer is taking action to strengthen directorate engagement in emergency planning with a view to increasing the pace at which the Trust can complete the action plan. The Resilience Group will review the action plan quarterly and in light of the current non-compliance position it is recommended that progress is reported to the board every 6 months with quarterly reports to the Quality and Performance committee

- **Business Continuity Deep Dive**

BSUH has scored Amber in the majority of the standards for Business Continuity. The Trust-wide Business Continuity Plan is in place but needs to be reviewed and aligned with the IOS 22301. Clinical Directorate Service level plans are in place for all critical services and are currently being reviewed and a gap analysis undertaken. Staffing resource limitations has delayed this piece of work

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- **Hazardous materials (HAZMAT) and chemical, biological, radiological and nuclear (CBRN) response core standards**

BSUH has scored Amber in the majority of the standards for HazMat as the current plan is in draft and need to be completed and published. This has been delayed due to staff resourcing issues and increased work load due to the on-going Junior Dr Industrial Action

- **Updated Plans**

Substantial time and effort went into a total review and rewrite of our Major Incident Plan and Pandemic Flu Plans this year. This was undertaken in conjunction with all BSUH directorates to ensure all departments had sight of and have been able to comment on its content.

The Command and Control Framework is a new document that has been produced this year, this is an overarching document that feeds into all other response plans. This has been agreed by the Resilience Forum and signed off by the Senior Management team.


- **Training**

- Regular training continues for corporate induction, RSCH ED training, Paeds Mandatory Training, Volunteer Training, Reception Staff and command and Control Training for On Call -Directors and Managers.
- Bespoke training is provided to staff members as needed to suit their emergency roles.
- A CPD programme has been produced for On call Managers and Directors
- This year the Trust took part in 2 table top exercises Exercise Dark Star (Power Failure Exercise) and Exercise Apollo (Pandemic Flu Exercise).

Action required by the Board

The Board is asked to:

- Note the attached EPRR Core Standards and EPRR Core Standards Action Plan for all amber and red ratings (appendix 1 and 2)
- Confirm that, the organisation has completed the EPRR self-assessment and that we are currently non-compliant:

Compliance Level	Evaluation and Testing Conclusion	BSUH
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.	

Note the recommendation for a six monthly progress report to the board.

Links to corporate objectives

The report supports the Trust's corporate objectives: **excellent outcomes; great experience; empowered skilled staff; high productivity; deliver the clinical strategy**

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Identified risks and risk management actions	Please see appendix 1 for the BSUH EPRR Core Standard Action Plan for 2015/2016 for identified risks as per the EPRR Core Standards
Resource implications	Time restraints- The Emergency Planning Team is under resourced (there is currently one emergency planning officer (EPO) but it is widely accepted that that there should be two for this Trust.
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	This is the 4 th yearly EPRR Assurance Board update
Appendices	Attached EPRR Core Standards and Action Plan.

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Appendix 1 EPRR Action Plan October 2016- October 2017

Self-assessment RAG

Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.

Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.

Green = fully compliant with core standard.

	Core standard	Clarifying information	RAG	Evidence	Action to be taken	Lead	Timescale
4	The accountable emergency officer ensures that the Board and/or Governing Body receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group) . Must include information about the organisation's position in relation to the NHS England EPRR core standards self-assessment.	Amber	An annual report goes to the board yearly following the EPRR assurance process. Last board report was in November 2015. Resources: Currently only 1 EPO in a Trust that should have 2 EPOs	Under resourced, The organisation requires 2 EPOs and currently there is only 1.	AEO (COO)	Jul-17

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8	DD1, DD2, DD3, DD5, DD6	corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	Amber	Trustwide Business Continuity Plan in place and aligned to the BS25999 but needs to be reviewed and updated to align with the ISO 22301	Plan in place aligned to BS25999 but needs updating to align with the ISO 22301. Planning to have gap analysis and assessment by ISO to bring the plan up to the current standards	Head of Resilience	Jul-17
	38, 39, 40, 41, 42, 43, 46	HAZMAT/ CBRN – This relates to counts as 8 core standards and therefore 8 Ambers	Amber	Plan in draft, plan to be finalised and published by November 2016	Draft in Place, need to be finalised. there is a need for a preventative programme of maintenance (PPM) to be put	Head of Resilience	Jul-17
		Mass Countermeasures (eg mass prophylaxis, or mass vaccination)	Amber	We have not had to have this in place before.	As a result of recent discussions with the NHS E Heads Of EPRR, their regional colleagues are going to ask for this be on the national work programme to refresh/update this guidance as needed		Jul-17
	DD4	Fuel Disruption	Red		Awaiting feedback from fuel demand summary	Head of Resilience	Jul-17
		Evacuation	Amber	Draft in place but work still needed on patient tracking, transport and triage	Draft in place but work still needed on patient tracking, transport and triage	Head of Resilience	Jul-17

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	Lockdown	Amber	The Trust has Lockdown policy in place. The ability to lockdown a building using the AACS is in place but more developed in certain areas. Existing estate mitigates against Trust wide lockdown	Security is working to see how we can utilise Security staff & portering teams to physically staff various entrances because as part of the problem with automated access control systems is that they are linked to fire alarm & can be overridden by activating the fire alarm call points. Our Software supplier are looking at an override for that function which they have put in to some Gov't Department buildings	Head of Security	
	Utilities, IT and Telecommunications Failure	Amber	Trustwide Business Continuity Plan in place and aligned to the BS25999 but needs to be reviewed and updated to align with the ISO 22301		Head of Resilience	Jul-17

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12	Arrangements explain how VIP and/or high profile patients will be managed.	This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management	Amber	A draft of a plan is available but has not been signed off or published yet	To be signed off and published	COO	Jul-17
23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		Amber	A satellite phone is available at RSCH and PRH but these need servicing and are not easy to use. Radios available via Switchboard and Security	Need national steer on resilient telecoms, can the Sat phones be changed for something more usable	National	Jul-17
33	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Amber	Director level rep attends when possible	Director level rep not always available as they are also the COO or DCOO, membership may need reviewing to ensure regular attendance. Possible another deputy from a non-operational role?	AEO (COO)	Jul-17