The Trust Board is asked to:

- Acknowledge our assurance submission and compliance level with associated work plan for approval
- Duly reflect this submission as having been sighted by the Trust Board in the published minutes of the Trust Board meeting for assurance to the CCG officers
- Ensure that the Core Standard level of compliance is acknowledged and published within the Trusts Annual Report as per requirement

<table>
<thead>
<tr>
<th>Reporting to:</th>
<th>Trust Board</th>
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</thead>
<tbody>
<tr>
<td>Date</td>
<td>Thursday 28th September 2017</td>
</tr>
<tr>
<td>Paper Title</td>
<td>NHS Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance 2017-2018</td>
</tr>
</tbody>
</table>
| Brief Description | Provider organisations are asked to undertake an annual self-assessment against the relevant national Emergency Planning Response and Recovery (EPRR) Core Standards and rate their compliance. These individual ratings then inform the overall organisational rating of compliance and preparedness. Once this process has taken place organisations are expected to take a statement of compliance to their Boards. This, along with the Core Standards assurance ratings and rectification plan should then form the submission to the Clinical Commissioning Group (CCG) and Local Health Resilience Partnership (LHRP).

The CCG will facilitate a formal calibration and formal compliance process via a confirm and challenge meeting on Thursday 19th October where Sara Biffen, DCOO, will present our assurance report findings.

It is considered best practice for provider organisations to publish their level of EPRR assurance as part of their annual report.

SaTH compliance is rated as ‘Partial’ at this stage prior to NHS England and CCG scrutiny. This is justified as per a current work plan which is submitted alongside this document. |
| Sponsoring Director | Chief Operating Officer |
| Author(s)            | Stewart Mason, Emergency Planning and Resilience Officer (approved by Sara Biffen, Deputy Chief Operating Officer) |
| Recommended / escalated by | NA – official NHSE requirement |
| Previously considered by | NA |
| **Link to strategic objectives** | SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm  
HEALTHIEST HALF MILLION ON THE PLANET – Build resilience and social capital so our communities live healthier and happier lives and become the healthiest 0.5 million on the planet through distributed models of health  
VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce |
| **Link to Board Assurance Framework** | If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186)  
If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients (RR 668)  
If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423) |
| **Outline of public/patient involvement** | N/A |
| **Equality Impact Assessment** | ● Stage 1 only (no negative impacts identified)  
● Stage 2 recommended (negative impacts identified)  
   ● negative impacts have been mitigated  
   ● negative impacts balanced against overall positive impacts |
| **Freedom of Information Act (2000) status** | ● This document is for full publication  
● This document includes FOIA exempt information  
● This whole document is exempt under the FOIA |
<table>
<thead>
<tr>
<th>Core standard</th>
<th>Clarifying information</th>
<th>Evidence of assurance</th>
<th>Self-assessment RAG</th>
<th>Action to be taken</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1.1</td>
<td>Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management).</td>
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<tr>
<td>A1.2</td>
<td>Organisations from an internal risk programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.</td>
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<td>A1.3</td>
<td>Organisations have an overarching framework or policy which sets out expectations of corporate and service level Business Continuity (aligned to current nationally recognised BC standards)</td>
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<td>A1.4</td>
<td>Have arrangements for (but not necessarily have a separate plan for) some or all of the following: - Mass Casualties - Mass Countermeasures (eg. mass prophylaxis, or mass vaccination) - HAZMAT/ CBRN - see separate checklist on tab overleaf.</td>
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<tr>
<td>A1.5</td>
<td>There is a process to consider if there are any internal risks that could threaten the performance of corporate and service level Business Continuity (including Business Continuity Management) arrangements.</td>
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<td>A1.6</td>
<td>There are no specific Evac &amp; Shelter plans in progress - all templates must be completed to include evidence of recovery for these key service systems should they be affected.</td>
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<tr>
<td>A1.7</td>
<td>There are no specific CBRN Plans.</td>
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<tr>
<td>A1.8</td>
<td>There are no specific Evacuation &amp; Resettlement plans.</td>
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<tr>
<td>A1.9</td>
<td>That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards.</td>
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<tr>
<td>A1.10</td>
<td>The accountable emergency officer ensures that the Board and/or Governing Body receive reports on EPRR and BCM issues.</td>
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<tr>
<td>A1.11</td>
<td>The Board or delegated governing group ensure that arrangements are reviewed, on at least an annual basis, including: - Business Continuity (BCP's in progress - all templates must be completed to include horizontal movement but no specific Evac &amp; Shelter plans)</td>
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<td>A1.12</td>
<td>The accountable emergency officer ensures that the Board and/or Governing Body receive reports on EPRR and BCM issues.</td>
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<tr>
<td>A1.13</td>
<td>The accountable emergency officer ensures that the Board and/or Governing Body receive reports on EPRR and BCM issues.</td>
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<tr>
<td>A1.14</td>
<td>The accountable emergency officer ensures that the Board and/or Governing Body receive reports on EPRR and BCM issues.</td>
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**Core standard**

Arrangements explain how VIP and/or high profile patients will be managed.  

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**Clarifying information**

Arrangements include a process for determining whether an emergency or business continuity incident has occurred.  

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**Evidence of assurance**

- Being able to provide documentary evidence that plans are regularly reviewed, reviewed and systematically updated, based on incident descriptions.
- Being able to provide evidence of an agreed process for EPRR plans and documents.
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**Staff assessment rubric**

Green = fully compliant with core standard.  

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**Action to be taken**

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**Score**

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**Legend**

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**Transcode**

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Arrangements to include a named training plan with a tailor-made needs analysis and ongoing training of  staff required to deliver the requirement to emergencies and business continuity incidents. 

Staff are aware about their roles in a plan. - Trainings needs are undertaken within the last 12 months.

Training is limited to National Occupational Standards and is relevant and proportionate to the operational plan.

- Training is limited to Joint Emergency Response Interoperability Programme (JESIP) where appropriate.
- Evidence is given to have an appropriate number of staff and income rates for which training would be equivalent for the purpose of ensuring that the plan is effective.

- Training is given to all management and all other staff who have an emergency roles.
- Training is given to the Local Health Resilience Partnership and Local Resilience Forum meetings in order to function of awareness.

Taking lessons from all resilience activities and using the Local Health Resilience Partnership and Local Resilience Forum meetings and network meetings to share good practice and learning from the exercise in the plan are aware of their role.

Taking direct and bilateral collaboration, requiring that other Cat 1.

Training package to be created in required to be documented in BCP Meeting agenda. Exercise buy-in needed to be signed off by all stakeholders.

Alignments are in line with NHS recommendations which includes a monthly communication tool, annual tabletop exercises and live exercise at least every three years.

If possible, these exercises should involve relevant stakeholders.

Lessons identified and acted upon in a period of continuous improvement.

Training provided to ensure everyone is aware of the purpose of ensuring warning and informing arrangements are effective.

Action to be taken Lead Timescale

Green = fully compliant with core standard.

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

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

Green = fully compliant with core standard.

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

Red = Not compliant with evidence of progress and not in the work plan within the next 12 months.
<table>
<thead>
<tr>
<th>Core Standard</th>
<th>Ref</th>
<th>RAG</th>
<th>Actions Required</th>
<th>Responsible Officer</th>
<th>Timescale</th>
<th>Action Updates</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Standards for Governance, Risks, Plans, Command &amp; Control, Information Sharing, Cooperation, Training &amp; Exercising</td>
<td>Duty to maintain emergency and business continuity plans (section 9)</td>
<td>Yellow</td>
<td>• All Trust Care Groups, Services and Departments to develop BCP's utilising Trust template with advice and support from EPRO</td>
<td>SM</td>
<td>March 2018</td>
<td>Overarching BCP document and working service template live. Breakdown of services Matrix under completion and implementation process launching at all corporate levels from Care Groups to Exec Board throughout September 2017</td>
<td></td>
</tr>
<tr>
<td>Core Standards for Governance, Risks, Plans, Command &amp; Control, Information Sharing, Cooperation, Training &amp; Exercising</td>
<td>• Utilities, IT &amp; Telecommunications failure to be considered by every Care Group, service and department in their BIA and the recovery processes clearly identified</td>
<td>Yellow</td>
<td>SM</td>
<td>March 2018</td>
<td>BCP's in progress - all templates must be completed to include evidence of recovery for these key service systems should they fail with associated impact assessment</td>
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</tbody>
</table>
Arrangements include how to continue your organisation’s prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.

| Duty to maintain emergency and business continuity plans (section 26) | Each Care Group, service or department to analyse critical functions | SM | March 2018 | Roll-out program in place for ALL services and departments to submit BCP’s which in turn identify a balanced delivery of service in the event of service interruption of Critical Functions. BCP Matrix is an agenda item on the September 2017 Organisational Risk Group meeting which is the identified assurance authority for BCP compliance across the Trust |
| Command & Control (section 31) | • All Site Coordinators must receive bespoke Incident Awareness and Command & Control training  
• All Operational Managers must receive SaTH bespoke Incident Commander Training  
• All Executive Directors must receive SaTH bespoke Incident Commander Training  
• Incident Commander on-call competencies must be completed by all on-call officers in line with National Occupational Standards as well as localised principles  
• Training schedule and bookings need implementing | SM (supported by SB) | March 2018 | Agenda item for September EP & BCP Meeting |
| Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents. | Duty to communicate with the public section | • Bespoke Comms Incident Response Plan required
• Media RVP requires identifying
• Exec Directors require bespoke incident media delivery training | Comms Team | Dec 2017 | Meeting identified between EPRO & Comms late September 2017 |
### Training and Exercising (section 49)

| Care Group Directors to acknowledge and actively support study time to include EP Awareness & Response |
| All Site Coordinators/Oper ational Managers/Executive Directors on-call must undertake SaTH bespoke EP Awareness and Command & Control Training |
| Training records to be maintained on ESR or portfolio |

<table>
<thead>
<tr>
<th>SM</th>
<th>Ongoing</th>
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</table>

ED Nurse and Support Worker training identified and commenced on both sites (6hrs EP & CBRN Awareness & Response)

Acknowledged that training across all Care Groups at nurse, medic and support staff level is required within most specialities & will be identified in EPRO report to Board, September 2017

On-Call management and Exec training schedule required - also to be declared in EPRO Board Report and training package developed
Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.

**Training and Exercising (section 50)**

- Executives and Care Group Directors to commit support to staff, train and contribute to an exercise programme to reduce risk and gain staff confidence.
- Exercising schedule to be designed around current risk register/departmental and Care Group/national requirements/team needs.
- To be identified in EPRO Board Report.
- To be added as standard item to EP & BCP agenda within on-going EP work plan.

| SM (supported by CGD’s) | March 2018 | Agenda item on EP & BCP meeting – Sept 2017 |
Preparedness ensures all incident commanders (on-call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.

| Training and Exercising (section 52) | • EP awareness and C&C training to be undertaken by ALL SaTH on-call officers  
• Competency framework should be developed with annual sign-off to recognise SaTH developments and national recommendations  
• Record of Commanders exercise participation to be maintained and encouraged as part of PDR | SM | March 2018 | A couple of managers received training over past couple of years |