



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 31/01/2017	
TITLE of PAPER	Emergency Preparedness Response and Recovery(EPRR), Statement of Compliance	PAPER REF	5.5
STRATEGIC OBJECTIVE(S)	Work with partners to provide system leadership and resilience Provide a safe and caring service which demonstrates an efficient use of resources		
PURPOSE OF THE PAPER	The Board to approve the Emergency Preparedness, Response and Recovery (EPRR) Statement of Compliance as set out in the NHS England EPRR Assurance Core Standards Matrix 2016-17 underpinned by the NHS England planning framework and the 2013/14 NHS standard contract (Service Condition 30, page 25).		
For Approval	<input checked="" type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Head of EPRR	ACCOUNTABLE DIRECTOR	Executive Director of Operations
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper): Head of EPRR, Head of Special Operations and CBRN specialists have reviewed the EPRR self-assessment template for compliance and developed and action for each improvement area. The report has been reviewed by the Accountable Emergency Officer and the action plan will be scrutinised by the three Local Health Resilience Partnership Boards through December.			
Date: Click to enter date	Committee/Group: Choose an item.		
RECOMMENDATION(S)	Approval of the EPRR Statement of Compliance, note the action plan and delivery timescales		
RISK ASSESSMENT	Yes	No	
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Diversity and Inclusion Implications <i>If 'Yes' – please attach to the back of this paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)	4: Responsive 5: Well led		
NHSI Single Oversight Framework Choose a THEME(s)	6. Leadership & Improvement Capability (Well-Led) 2. Quality of Care (safe, effective, caring, responsive)		

1. PURPOSE

- 1.1 The Board to approve the Emergency Preparedness, Response and Recovery (EPRR) Statement of Compliance as set out in the NHS England Core Standards Matrix, the NHS England planning framework, Everyone Counts: Planning for Patients 2014/15, and the 2013/14 NHS standard contract (Service Condition 30, page 25).

The report also seeks to:-

- Inform the Board of the progress against the YAS Action Plan for 2016/17 and inform of any additional actions required following the assurance process conducted against the NHS EPRR national matrix for 2016/17.

2. BACKGROUND

- 2.1 The NHS needs to plan for, respond to and recover from, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.
- 2.2 All providers of NHS funded care are required to work towards meeting the requirements for EPRR as set out in the NHS England Core Standards Matrix, the NHS England planning framework, Everyone Counts: Planning for Patients 2013/14, and the 2013/14 NHS standard contract (Service Condition 30, page 25).
- 2.3 NHS Trusts which are designated as Category 1 Responders under the Civil Contingencies Act (2004) are required to undertake a self-assessment against the core standards during November/December 2014.
- 2.4 The Accountable Emergency Officer (AEO) is required to take a Statement of Compliance (see appendix 1) and any necessary improvement plan to their Trust Board before submission to the NHS England Area Team.
- 2.5 Statements of Compliance and improvement plans will form part of the assurance to the NHS England Board and the Department of Health that robust and resilient EPRR arrangements are established and are maintained within NHS Organisations.
- 2.6 Within the Yorkshire Region all three NHS England Area teams are undertaking the assurance process with their respective NHS Category One providers. YAS will provide a single self-assessment and action but three separate 'Statements of Compliance'.

2.7 The Head of EPRR, Head of Special Operations and CBRN specialist within YAS have carried out a self-assessment against the matrix and an action plan (see appendix 1) has been developed and will be submitted along with the Statements of Compliance once approved.

2.8 In addition the resilience department achieved ISO22301 further in 2013/4, it was re-evaluated by the ISO assessors and maintained ISO 22301 status for 2015/6 and again this February for 2016/17. Other YAS departments EOC, ICT, PTS have also maintained ISO22301 accreditation for this financial year and

YAS Corporate Communications and YAS Procurement achieved ISO22301 accreditation this year, with HART, Air Ambulance and Fleet are in the process to become accredited in Q3 2016. Thus further endorsing our top management approach and commitment to resilient services.

The Self-Assessment Matrix differs from the previous in relation to EPRR requirements as this year there is a separation of CBRN requirements and a specific MFTFA capability element as well as a deep dive look in to Fuel resilience and preparedness.

2.9 The actions plan shows any new actions required as a consequence of 2015/6 self-assessment process (see appendix 2).

The Emergency Accountable Officer on behalf of the YAS Board will submit a formal statement of compliance for the Trust (shown below, see appendix 1)

3. NEXT STEPS

3.1 The Accountable Emergency Officer or their deputy along with the Deputy Director of Operations will attend the Local Heath Resilience Partnership meetings where the action plans will be reviewed and consider/action any feedback.

3.2 The Deputy Director of Operations will ensure the actions within the action plan are completed.

4. RISK ASSESSMENT

4.1 No changes are required to the Corporate Risk Register or Board Assurance Framework.

4.2 The Trust Board monitor via the IPR report the key responsibilities of YAS in relation to our statutory duty as a Category One responder.

- 4.3 The approval of a resilience training plan is not assurance in itself. Our inability to release staff for training in line with national requirements due to performance and workforce pressures potentially increases risks to our capability and capacity to respond to Major Incidents.

5. **RECOMMENDATIONS**

1. Approve the Statement of Compliance (x 3 South and West Yorkshire, North Yorkshire and the Humber) at **Substantial**.
2. Note the Action Plan for 2016/7 and seek clarity as appropriate.

6. **APPENDICES**

- | | |
|-------------------|---|
| Appendix 1 | Example of Statement of Compliance Template 2016/7 |
| Appendix 2 | EPRR Action Plan 2016/7 (submitted) |

Yorkshire and the Humber Emergency Preparedness, Resilience and Response (EPRR) assurance 2016-2017

STATEMENT OF COMPLIANCE

Yorkshire Ambulance Service has undertaken a self-assessment against required areas of the NHS England Core Standards for EPRR v4.0.

Following assessment, the organisation has been self-assessed as demonstrating the Full compliance level (from the four options in the table below) against the core standards.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board or Governing Body 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 or Governing Body 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 or Governing Body 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 or Governing Body and will be monitored on a quarterly basis in order to demonstrate future compliance.

Where areas require further action, this is detailed in the attached core standards improvement plan and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the organisation has undertaken the following exercises on the dates shown below:

A live exercise (required at least every three years)	Exercise Leyland 17 th March 2016
A desktop exercise (required at least annually)	Exercise Saton Response 24 th – 27 th November 2015
A communications exercise (required at least every six months)	Exercise Fallen 21 st July 2016

I confirm that the above level of compliance with the core standards has been confirmed by the organisation's board / governing body.

Dave Macklin, YAS Executive Director of Operations

Signed by the organisation's Accountable Emergency Officer

08/11/2016

08/11/2016

Date of board / governing body
meeting

Date signed

Date of Board/governing body/(or delegated group _____

Organisation: Yorkshire Ambulance Service

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
MTFA Core Standard 3	Organisations have the ability to ensure that ten MTFA staff are released and available to respond to scene within 10 minutes of that confirmation (with a corresponding safe system of work).	Organisations maintain a minimum of ten competent MTFA staff on duty at all times. Competence is denoted by the mandatory minimum training requirements identified in the MTFA capability matrix.	To ensure that YAS adhere to the National requirements of having 63 staff trained and operationally available. Increase number of AIT's from 63 to 70. Request to ensure we have 10 AIT's on duty 24/7. To develop a robust activation procedure over and above HART for the activation of both on/off duty AIT's.	2016/17
HAZMAT/ CBRN Core Standard 49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	Need to check regarding any ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability when caring for patients with a suspected or confirmed infectious respiratory virus	Discuss with YAS IPC/Safety Lead Re-evaluate refresher training in relation to FFP3 both as part of standard staff training and also for SORT Staff	2016/17
MTFA Core Standard 9	Organisations ensure their operational commanders are competent in the deployment and management of NHS MTFA resources at any live incident.	Almost all Commanders from different directorates have now undertaken a tactical commander course. The on scene commanders are all NILO/Tactical Advisers. They are required to undertake a live exercise to maintain their competency. In the absence of the NILO the duty HART C/S will carry out the role of the OSC until released by the NILO. Both the NILO's /HART C/S's have not attended any specific training related to OSC.	Develop a training package specific to the role of the OSC. Ensure all commanders are up to date with refresher training	March 2017