



<b>MEETING TITLE</b> Trust Board Meeting in Public		<b>MEETING DATE</b> 25/11/2014	
<b>TITLE of PAPER</b>	Emergency Preparedness Response and Recovery(EPRR), Statement of Compliance	<b>PAPER REF</b>	5.3
<b>STRATEGIC OBJECTIVE</b>	Be at the forefront of healthcare resilience and public health improvements		
<b>PURPOSE OF THE PAPER</b>	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 2013/14, and the 2013/14 NHS standard contract (Service Condition 30, page 25).		
<b>For Approval</b>	<input checked="" type="checkbox"/>	<b>For Assurance</b>	<input type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input type="checkbox"/>
<b>AUTHOR / LEAD</b>	Associate Director of Resilience and Special Services	<b>ACCOUNTABLE DIRECTOR</b>	Executive Director of Operations
<b>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):</b> Associate Director of Resilience, 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.			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b> Choose an item. Not Applicable	<b>Date:</b> Click to enter date	
<b>RECOMMENDATION</b>	Approval of the EPRR Statement of Compliance, note the action plan and delivery timescales		
<b>RISK ASSESSMENT</b>	<b>Yes</b>	<b>No</b>	

<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Equality and Diversity Implications</b> <i>If 'Yes' – please attach to the back of this paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>		
<b>Care Quality Commission</b> <b>Choose a DOMAIN</b>	All Choose an item. Choose an item.	
<b>Monitor Quality Governance Framework</b> <b>Choose a DOMAIN</b>	5: Identifying and managing risks to quality of care 1: Ensuring required standards are achieved Choose an item.	

## **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 2013/4 and inform of any additional actions required following the assurance process conducted against the NHS EPRR national matrix for 2014/5.

## **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 Associate Director of Resilience and Special Services, 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 2) has been developed and will be submitted along with the Statements of Compliance once approved.
- 2.8 Following the self-assessment in 2013/4 and to provide further assurance to the Board, Internal Audit Services carried out an independent review of our compliance against national resilience toolkits. This audit was scored as 'Significant' Assurance'. In addition the resilience department achieved ISO22301 further endorsing our top management approach and commitment to resilient services. The Self-Assessment Matrix differs very little from 2013/4 in relation to EPRR requirements. However, this year there is an added focus on CBRN capacity and capability from which the new actions arise.
- 2.9 The actions plan shows completed actions from the 2013/4 self-assessment and any new actions required as a consequence of 2014/5.

The Level of Compliance Matrix is shown below.

Compliance Level	Evaluation and Testing Conclusion
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 themes standards that the organisation is expected to achieve.
Partial	The plans and work programme in place do not adequately address multiple core standard themes standards that the organisation is expected to achieve.
Non-compliant	The plans and work programme in place do not appropriately address several core standard themes standards that the organisation is expected to achieve.

### 3. NEXT STEPS

- 3.1 The Accountable Emergency Officer or their deputy along with the Associate Director of Resilience will attend the Local Health Resilience Partnership meetings where the action plans will be reviewed and consider/action any feedback.
- 3.2 The Associate Director of Resilience and Special Services 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. x Approve the Statement of Compliance (x 3 South and West Yorkshire, North Yorkshire and the Humber) at **Substantial**.
- 2. x Note the Action Plan and seek clarity as appropriate.

#### 6. APPENDICES

- |            |  |
|------------|--|
| Appendix 1 | Statement of Compliance Template – South Yorkshire |
| Appendix 2 | EPRR Action Plan 2013-15                           |

**South Yorkshire Emergency Preparedness, Resilience and  
Response (EPRR) assurance 2014-15**

**STATEMENT OF COMPLIANCE**

The Yorkshire Ambulance Service NHS Trust has undertaken a self-assessment against required areas of the NHS England Core Standards for EPRR 2014-2015 (v2.0).

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

Compliance Level	Evaluation and Testing Conclusion
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 themes, resulting in the organisation being exposed to unnecessary risk.
Partial	The plans and work programme in place do not adequately address multiple core standard themes; resulting in the organisational exposure to a high level of risk.
Non-compliant	The plans and work programme in place do not appropriately address several core standard themes leaving the organisation open to significant error in response and /or an unacceptably high level of risk.

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 above level of compliance with the core standards has been confirmed to the organisation's board/governing body (or delegated group).

Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

Accountable Emergency Officer  
\_\_\_\_\_

Date of Board/governing body/(or delegated group  
\_\_\_\_\_

Trust: Yorkshire Ambulance Service 2013/14 & 2014/15

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	2013/14 Action	2014/15 Ongoing and new Actions
1	All NHS organisations and providers of NHS funded care must nominate an accountable Emergency Officer who will be responsible for EPRR and business continuity management.	New in post in December 2013. Undertaken half day workshop for in EPRR internally (December 11th 2013)  We are Awaiting next tranche of Strategic Leadership in a Crisis course dates and supplier?  YAS have designated Gold Commanders trained in NOS standards, Magic, CBRN etc.	<ul style="list-style-type: none"> <li>Dir. OP's to review the NHSE EPRR guidance and develop a training needs analysis with Resilience support</li> <li>Resilience working with Dir. Op's agree an education programme for the exec team for 2014/15</li> <li>Resilience to engage NHSE at all levels to ascertain their strategic education programme post restructure, may be a potential income generator for YAS</li> </ul>	D of Ops (RH) booked onto Introduction to Resilience Course at Easingwold Emergency Planning College (March 2014). Course attendance cancelled by Director)	Update 24.7.2014 Ops Director post vacant. Director of Workforce development now AEO. Strategic Leadership in a Crisis Course in October 2014, booked on course
3.1	Director-level representation at the LHRP; and	YAS cannot facilitate Director level attendance at LHRPs. This is covered by Associate Directors and Heads of Department	<ul style="list-style-type: none"> <li>Dir. Op's agreed IW proposal regarding the level of YAS engagement at LRF/LHRP.</li> <li>If accepted those to cover agree their, governance and communications strategy, and inform those relevant internally and externally.</li> </ul>	Attendance level agreed with LHRP Chairs, Director of Operations to attend on a rotational basis (Jan 2014)	
5.1	"MIP's" be based on risk-assessed worst-case scenarios;	MIP plan under review due to national changes to doctrine, command and control NHS reorganisation	<ul style="list-style-type: none"> <li>JR/IW to conduct an interim review of the YAS MIP to ensure assurance compliance</li> <li>JR/IW to make a more thorough update of the YAS MIP, taking in to account current knowledge/research</li> <li>YAS to incorporate the proposed National (NARU Major Incident Plan Template as/when it materialises).</li> </ul>	Revised MIP in draft form next step out to consultation	Board approval in January 2015
5.9	Refer to incident response plans used by partners, including LRF plans;	Not all partners share plans with YAS. Some organisations e.g. police and fire do not have MIPs.	<ul style="list-style-type: none"> <li>Resilience to canvas all fellow Cat 1 &amp; 2 responders for their plans, post those we receive on YAS ResWeb, produce a list of where we have gaps with rationales, escalate if appropriate (e.g. have plan but refuse to share).</li> </ul>	Resilience Direct (Free Site from Civil Contingences Secretariat) a secure website for all category 1 and 2 responders replaces the National Resilience Extranet and is designed to allow Multi agency partners to share and consult on plans. Go Live September 14 <sup>th</sup> 2014	
5.10	Have been written in collaboration with PHE;	Not to date, PHE new organisation would anticipate involvement through LHRP.	<ul style="list-style-type: none"> <li>Resilience to establish clarification on this with NHSE/PHE</li> <li>YAS Lead to raise for discussion at future LHRP's</li> <li>Once clarified, Resilience to work with PHE to ensure compliance</li> </ul>	PHE Guidance available at point of request for multi- agency partners or single organisations where advice is required. e.g. National Guidance on Ebola, local guidance sought and incorporated into YAS plans.	
5.14	Be signed off by the appropriate Senior Responsible Officer;	No sign off in place	<ul style="list-style-type: none"> <li>Process to be agreed with TEG as part of the compliance with ISO 22301</li> </ul>	End March 2014 Update 24 <sup>th</sup> July: Gold Commander for the event approves operational plans. MAJAX Plan signed off by Board	

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	2103/4 Actions	2014/15 Ongoing and New Actions
5.15	Set out how legal advice can be obtained in relation to the CCA;	Identified gap in YAS process and planning. Not part of the National Ambulance Service planning template or Command and Control Guidance 2012, Not part of DH 2005 or EPRR 2013 Guidance. Not custom and practice in NHS incident management	<ul style="list-style-type: none"> <li>Resilience to raise with YAS Legal team for their interpretation.</li> <li>YAS (Head of Resilience) to raise at National level (EPRG), and seek a view of current approaches nationally.</li> <li>Resilience to raise with NHSE National EPRR Lead</li> <li>As above</li> </ul>	End Feb 2014 Update 24 <sup>th</sup> July: All BC plans contain legal requirements for that department which are reviewed when changes are made to legal frameworks and or reviewed annually.	
5.17	Explain how internal and external consultation will be carried out to validate the plan;	YAS shares plans with relevant partners and accepts feedback either directly through consultation or via the debriefing of exercise and incidents. YAS need formal guidance establishing to ensure a consistent approach.	<ul style="list-style-type: none"> <li>Resilience to ensure that any consultation is recorded within the plan and/or guidance document.</li> <li>Resilience to ensure that all consultation feedback is stored on YAS ResWeb and available to the appropriate audience</li> <li>Resilience do develop guidance on consultation as part of the plans/guidance and policy documentation, with a view to producing a consultation policy for Resilience.</li> </ul>	Guidance developed to assist managers developing resilience plans to consider consultation, financial impact, legal frameworks and insurance requirements if any	
5.21	Explain how predicted and unexpected spending will be covered and how a unique cost centre and budget code can be made available to track costs; and	Currently not acknowledged in response plans or guidance, however for large pre-planned events e.g. Olympics and Tour de France costs are estimated and captured	<ul style="list-style-type: none"> <li>To be added to interim review of YAS MIP</li> <li>To be added/acknowledged in current YAS guidance and plans, as a consideration.</li> <li>To clarify its existence in YAS Recovery Plan and amend if not.</li> </ul>	Guidance developed to assist managers developing resilience plans to consider consultation, financial impact, legal frameworks and insurance requirements if any	
5.40	Explain the process for completing, authorising and submitting NHS England standard threat-specific situation reports and how other relevant information will be shared with other organisations.	Not seen a standard threat specific situation report from NHS England	<ul style="list-style-type: none"> <li>Resilience to clarify this with assurance process authors NHSE</li> </ul>	NHS Report that the form is the standard report form as there is no threat specific template. Last used for national industrial action day for reporting nationally via NHSE. To be incorporated revised Majax Plan.	
5.43	Have agreements in place with local 111 providers so they know how they can help with an incident	No formal arrangements in place, Hidden MIP protocols from NHSD not passed across NHS 111	<ul style="list-style-type: none"> <li>To be incorporated to future YAS MIP by Resilience</li> <li>Resilience to attempt to access and evaluate NHS-D hidden protocols via NHSE at National Level</li> </ul>	Arrangements and actions cards for in place with EOC and NHS111 for escalation support in the event of a of Major Incident	
7.26	The insurance arrangement that are in place and how they may apply.	Need to explore implications further, not previously considered	Resilience to: <ul style="list-style-type: none"> <li>Discuss with YAS legal team</li> </ul>	Guidance developed to assist managers developing resilience plans to consider consultation, financial impact, legal frameworks and insurance requirements if any	
9.4	Have formal arrangements for recalling staff to duty if necessary	Informal arrangements for frontline operatives	Resilience to: <ul style="list-style-type: none"> <li>To incorporate process in to EOC Assurance Framework</li> <li>To clarify process in revised YAS MIP</li> <li>To be considered for incorporation in to departmental BCP's</li> </ul>	Paper system in place for recall to duty which is resource intensive. Meeting in October with companies that can provide electronic solutions to this action	Complete by April 2015
9.10	Make sure all commanders maintain a continuous personal development portfolio;	On-going role out linked to commander training	Resilience to: <ul style="list-style-type: none"> <li>Formalise the process as part of a revised YAS Commander Policy and presented to TEG</li> <li>Standardise the format in coordination with YAS Organisation Effectiveness and Education</li> <li>In collaboration with coordination with YAS Organisation Effectiveness and Education Resilience to introduce as part of OP's/Clinical Managers PDR's</li> </ul>	Commander CPD now in place on Resweb for Gold, Silver, Bronze, Tactical Commanders and Loggists. Training ongoing in its use. CPD Framework to TMG in November for approval	Implementation of CPD framework in January 2015



Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	2103/4 Actions	2014/15 Ongoing and New Actions
9.42	Explain how the Mobile Privileged Access Scheme (MTPAS) and Fixed Telecommunications Privileged Access Scheme (FTPAS) will be provided across the organisation; and	These programmes are not yet completed, responsibility for development lies with telecommunications groups of LRFs	Resilience to: <ul style="list-style-type: none"> <li>Review the current position of MTPAS capability within the Trust</li> <li>Review the current guidance given by YAS</li> <li>Ascertain the current National position for both Ambulance Trusts and all Airwave users.</li> </ul> Produce an action plan to deliver a resilience MTPAS package as far as practicable.	Revised MTPAS Guidance on Resweb. Audit carried out of all commanders and staff with MTPAS SIM card access.	

#### CBRN Assessment new for 2014/15

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	2103/14 Actions	2014/15 New Actions
38	There is an organisation specific HAZMAT/CBRN Plan for the organisation	Revision of plan required to include new guidance on 'Initial Operational Response' requirements.	CBRN Leads to review and revise plan	N/A	Complete by December 2014
39	Staff are able to access to organisational HAZMAT/CBRN Plans	Managers already have access to plans via Resweb. Provide access to staff via Resweb	Actions already in place to allow all staff to access Resweb Plans and Guidance section and video section.		Completed April 2015
40	HAZMAT CBRN Risk assessments are in place appropriate to the organisation	Risk assessment re impact on premises required Safe system of work in place List of competencies in place Arrangement to deal with waste in place	Review of community risk registers as part of the annual review		Completed by April 2015
41	Rotas are in place to ensure there is adequate and appropriate decontamination capability 24/7	Training of additional staff to carry out decontamination in CBRN incident IOR Training carried out for all staff	Train additional staff (150 required) to carry out decon. Preferably ECA staff. Three courses planned for November which would bring us to around 60 staff. Remainder of course planned for 2015. All HART staff are trained in Decon (42) but should not be included in the total cohort required of 150.		Completed by June 2015
49	Internal training based on current good practice and uses material that has been supplied as appropriate	Deliver of training requires as per national guidance	Release of staff to undertake training programmes as per national requirements		Ongoing
51	Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Initial Operational Response (IOR) programme incorporated into all staff training	All information to staff on IOR including videos and face to face training to be released for staff from Q4 onwards		No annual training programme in place for all staff in CBRN. IOR training programme to be delivered in Q4 2015