



MEETING TITLE Trust Board		MEETING DATE 24/11/2015	
TITLE of PAPER	Statement of Compliance for Emergency Preparedness Response and Recovery(EPRR)	PAPER REF	5.7
STRATEGIC OBJECTIVE	Be at the forefront of healthcare resilience and public health improvements		
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 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).		
For Approval	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input type="checkbox"/>
AUTHOR / LEAD	Associate Director of Resilience and Special Services	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): Associate Director of Resilience and Special Services, 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.			
PREVIOUSLY AGREED AT:	Committee/Group: Not Applicable	Date: Click to enter date	
RECOMMENDATION	Approval of the EPRR Statement of Compliance, note the actionplan 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"/>
Equality and Diversity 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		All	
Monitor Quality Governance Framework Choose a DOMAIN		5: Identifying and managing risks to quality of care 1: Ensuring required standards are achieved	

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 2014/5 and inform of any additional actions required following the assurance process conducted against the NHS EPRR national matrix for 2015/6.

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 In addition the resilience department achieved ISO22301 further in 2013/4, it was reevaluated by the ISO assessors and maintained ISO 22301 status for 2015/6. Other YAS departments EOC, ICT, PTS have also achieved ISO22301 accreditation 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 Pandemic Influenza preparedness.

2.9 The actions plan shows completed actions from the 2014/5 self-assessment and any new actions required as a consequence of 2015/6 self assessment process.

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. Note the update on progress made on the 2014/5 action plan
- 3. Note the Action Plan for 2015/6 and seek clarity as appropriate.

6. APPENDICES

Appendix 1	Example of Statement of Compliance Template 2015/6
Appendix 2	Update on EPRR Action Plan submitted 2014/5
Appendix 3	EPRR Action Plan 2015/6 (submitted)

Example

Appendix1

Yorkshire and the Humber Emergency Preparedness, Resilience and Response (EPRR) assurance 2015-16

STATEMENT OF COMPLIANCE

Yorkshire Ambulance Service NHS Trust has undertaken a self-assessment against required areas of the NHS England Core Standards for EPRR v3.0.

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

Signed by the organisation's Accountable Emergency Officer

Signed _____

Date Signed _____

Date of Board/governing body/(or delegated group) 24/11/2015

Yorkshire Ambulance Service 2014/15 & 2015/16

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Actions for 2014/15	Current update 2015
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"> To incorporate process in to EOC Assurance Framework To clarify process in revised YAS MIP To be considered for incorporation in to departmental BCP's 	Complete by April 2015, revised date of July 2015 due to ICT solution being sourced	Recall to duty system being evaluated by ICT from existing supplier, capital bid required. Potential slippage in capital bid sceme in 2015/16, if not 2016/17 capital bid

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Current update 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	Complete risk assessment and upload to ResWeb by end of December 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.	Review rota provision whilst the Trust reviews rota's over the coming month. Given that these employees do this voluntarily it is both difficult and unlikely that we could be this assurance and maintain those volunteers at the same time as meeting the daily service delivery demands our rotas are being planned for. Training programmes to be recommenced in 2016 2016 for rota review. February 2016 for recommencement of SORT courses. Difficulty in retaining CBRN/MTFA staff as these are voluntary roles that do not attract any enhancements or retention fees. It is extremely challenging to keep pace in terms of recruiting against resignations for CBRN and MTFA volunteers
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	43% of staff have completed the online IOR package as of the start of November 2015 DVD to be sent to all staff as soon as it arrived (anticipated end of November) Review in April 2016

Yorkshire and the Humber EPRR core standards improvement plan 2015-16

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).	HART staff are 24/7 and compliant with the MTFA standards. In addition YAS has 60 staff trained as AIT providers, who are available via pager and recall to duty. HART are based close to the the Model Response site and easily repsond within 45 minutes. AIT are across teh Trust and therefore may take longer to respond, depending on their location. EOC have procedures to identify and MTFA incident, share with their emergency service colleagues and protect those staff responding to an MTFA incident, and stop other staff form entering the Hot Zone. It is not always possible to ensure there is 10 staff on duty at any one time, due to rota patterns. Trained AIT staff are subject to annual fitness assessment and two day refresher. All new AIT staff must pass the Physical Competence Fitness Assessment before being allowed to undertake the AIT course. There are training records for each member of the AIT held on ResWeb. All MTFA equipment is stored and maintained to the manufacturer's recommendations.	A&E Operations are reviewing the Trust rotas in 2015/16. A request to ensure 10 staff are available 24/7 will be submitted to the Rota review Group Given that these employees do this volunatirly it is both difficult and unlikely that we could be this assurance and maintin those voluteers at the same time as meeting the daily service delvery demands our rotas are being planned for. 2016 for rota review. February 2016 for recommencement of SORT courses. Difficulty in retaining CBRN/MTFA staff as these are voluntary roles that do not attract any enhancements or retention fees. It is extelemy challenging to keep pace in terms of recruiting against resignations for CBRN and MTFA volunteers	End of 2016
MTFA Core Standard 6	Organisations have an appropriate revenue depreciation scheme on a 5-year cycle which is maintained locally to replace nationally specified MTFA equipment.	MTFA monies received annually have an amount for depreciation of ballistic equipment. However it has not been transferred across into capital expenditure and depreciated down. Additionally capital expenditure rules determine that any individual item with a value of less than £5,000 is not a capital item and is therefore revenue.	Paper to be submitted to Finance to identify how the ballistic vests will be replaced given funding has been provided.	Q4 2015/16
HART Core Standard 11	Organisations maintain an appropriate register of all HART safety critical assets. Such assets are defined by their reference or inclusion within the National HART Standard Operating Procedures. This register must include; individual asset identification, any applicable servicing or maintenance activity, any identified defects or faults, the expected replacement date and any applicable statutory or regulatory requirements (including any other records which must be maintained for that item of equipment).	A register of all safety critical equipment is on ResWeb, with the appropriate service and maintenance records. However they are not asset tagged.	Safety critical equipment to be asset tagged	Dec-15
HART Core Standard 18	Organisations maintain a set of local HART risk assessments which complement the national HART risk assessments covering specific training venues or activity and pre-identified high risk sites. The provider must also ensure there is a local process / procedure to regulate how HART staff conduct a joint dynamic hazards assessment (JDHA) at any live deployment.	HART Risk assessments available on ResWeb. However they are in need of a refresh, but have been delayed, pending a review of the national risk assessments, which is due for completion before the end of the financial year	To update once the national risk assessments have been concluded	Mar-16
EPRR Core Standards	Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business	• Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles	YAS has identified as a challenge and a risk that it needs to release staff to undertake incident education, this is mitigated by ensuring there is e-learning available to staff and its included in the statutory and mandatory training	Incremental improvements 2015-16 2016-17

34	continuity incidents	• Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate)	workbook YAS has this identified on the risk register and has a workforce improvement programme in place that will enable staff to be released for this training when we improve the rotas and increase the available operational hours.	2017-18
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