

Trust Board Meeting: Wednesday 14 May 2014
TB2014.63

Title	Emergency Preparedness, Resilience and Response Assurance Audit – November 2013
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Status	For Approval
History	This paper was approved by Trust Management Executive on 27 th February 2014 and is now submitted for ratification by the Trust Board.

Board Lead(s)	Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1	This paper presents the results of the Emergency Preparedness, Resilience and Response self-assessment audit conducted in November 2013 and was approved by Trust Management Executive on 27 February 2014.
2	It is a requirement of NHS England that this is submitted and ratified by the Trust Board as part of their assurance process.
3	Recommendation: It is recommended that Trust Board accepts and endorses the statement of compliance and EPRR improvement plan in order to complete the assurance process required by NHS England Thames Valley.

Emergency Preparedness, Resilience and Response Assurance Audit – November 2013**1. Introduction**

- 1.1. In November 2013, a national Emergency Preparedness, Resilience and Response (EPRR) audit was undertaken by NHS England. In this audit Trusts were asked to assess themselves against the EPRR Core Standards first published in January 2013.

2. Assessment Process

- 2.1. The OUH undertook a self-assessment of our position against the core standards in November 2013. The results of this assessment were circulated internally for comments prior to executive sign off.
- 2.2. Following executive sign off, the assessment was submitted to NHS England Thames Valley.
- 2.3. In December 2013, the Trust was invited to an assurance meeting with key EPRR leads from NHS England Thames Valley and Public Health England. The Trust was challenged over the responses and asked, where relevant, to provide additional information. The assurance challenge was accepted by NHS England Thames Valley and Public Health England, and following this the Trust has drafted a statement of compliance and EPRR improvement plan (see Appendices 1 and 2).
- 2.4. Should the Board accept these documents, they will be submitted to NHS England Thames Valley to finish the assessment process.

3. Recommendations

- 3.1. It is recommended that Trust Board accepts and endorses the statement of compliance and EPRR improvement plan.

Paul Brennan
Director of Clinical Services

May 2014

Appendix 1 – EPRR Statement of Compliance

**EPRR statement of compliance**

The NHS needs to plan for, and respond to, 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. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.

NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements¹. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The accountable emergency officer in each organisation is responsible for making sure these standards are met.

As part of the national EPRR assurance process for 2013/14, [Oxford University Hospitals NHS Trust](#) has been required to assess itself against these core standards by 30 November 2013. The outcome of this self-assessment shows that against 119 of the core standards which are applicable to the organisation, [Oxford University Hospitals NHS Trust](#):

- is fully compliant with 111 of these core standards; and
- will become fully compliant with 118 of these core standards by 31/3/14
- will become fully compliant with 119 of these core standards by 31/3/15.

The attached improvement plan sets out actions against all core standards where full compliance has yet to be achieved.

Paul Brennan
Oxford University Hospitals NHS Trust
4 November 2013

¹ NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR), published on 7 January 2013. The core standards are available at <http://www.england.nhs.uk/ourwork/gov/epr/>.

Appendix 2 – OUH EPRR Improvement Plan

EPRR Improvement Plan: Oxford University Hospitals NHS Trust

Version: Version 1, November 2013

Oxford University Hospitals NHS Trust has been required to assess itself against the NHS core standards for Emergency Preparedness, Resilience and Response (EPRR) as part of the annual EPRR assurance process for 2013/14. This improvement plan is the result of this self-assessment exercise and sets out the required actions that will ensure full compliance with the core standards.

This is a live document and it will be updated as actions are completed.

Core standard		Current self-assessed level of compliance (RAG rating)	Remaining actions required to be fully compliant	Planned date for actions to be completed	Lead name	Further comments
5.2	All NHS organisations and providers of NHS funded care must have plans which set out how they plan for, respond to and recover from disruptions, significant incidents and emergencies. Incident response plans must make sure that all arrangements are trialled and validated through testing or exercises.	Amber	Further training and exercising is required by the Trust.	On-going.	David Smith	On-line training package is being developed.
5.24	There must be an annual work programme setting out training and exercises relating to EPRR and how lessons will be learnt.	Amber	Further training and exercising is required by the Trust.	On-going.	David Smith	On-line training package is being developed.
5.25	Key knowledge and skills for staff must be based on the National Occupation Standards for Civil Contingencies. Directors on NHS on-call rotas must meet NHS published competencies.	Red	Work is underway to build a training programme for staff based on the National Occupational Standards.	31/3/14	David Smith/Learning & Development	
7	All NHS organisations and providers of NHS funded care must develop, maintain and continually improve their business continuity management	Amber	All services need to have a service continuity plan in place that has been reviewed and tested in the	31/12/13 and on-going.	Divisional Teams	

Core standard		Current self-assessed level of compliance (RAG rating)	Remaining actions required to be fully compliant	Planned date for actions to be completed	Lead name	Further comments
	systems. This means having suitable plans which set out how each organisation will maintain continuity in its services during a disruption from identified local risks and how they will recover delivery of key services in line with ISO22301.		past 12 months.			
7.16	Organisations must highlight which of their critical activities have been put on the corporate risk register and how these risks are being addressed.	Amber	Services to enter service level risk assessments onto Trust risk management system.	31/3/15	Divisional Teams	
7.41	Business continuity plans must specify how they will be communicated to and accessed by staff. Plans must include: reference to the National Occupation standards for Civil Contingencies and NHS England competencies when identifying key knowledge and skills for staff.	Red	Work is underway to build a training programme for staff based on the National Occupational Standards.	31/3/14	David Smith/Learning & Development	
7.42	Business continuity plans must specify how they will be communicated to and accessed by staff. Details of the tools that will be used to make sure staff remain aware through on-going education and information programmes (for example, e-learning and induction training).	Amber	Further training support is required for staff.	31/3/14	David Smith/Learning & Development	On-line training package is being developed.