

TRUST BOARD REPORT IN PUBLIC – 30TH November 2017

TRUST EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) ASSURANCE RESULTS 2017/18

1. SUMMARY

- 1.1. NHS England South (South East) has undertaken an EPRR Assurance Process of all the NHS Organisations within county in order to provide an overview that will feed in to the National NHS England Assurance.
- 1.2. NHS England provides a set of questions to all organisations and these questions are based on EPRR Core Standards developed by NHS England. The Trust self-assessment response to this question set is then reviewed by a panel consisting of representatives from Surrey & Sussex Healthcare NHS Trust (SaSH), East Surrey, and Horsham & Mid Sussex Clinical Commissioning Groups. Following this review the final decision on the rag rating of each question is made. The review meeting for SaSH was held on Tuesday 4th July 2017. This information is then shared with NHS England (South, South East) for review.
- 1.3. Following the assurance review meeting, the Trust must submit the following documentation to NHS England (South, South East) for the LHRP Executives meeting on the 12th October 2017.
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 - Results of the organisation's final EPRR RAG scores, as agreed at the review meeting (Appendix 2)
 - A resulting action/work plan providing clear actions, timescales and leads on areas where the organisation scored Red or Amber. (Contained in 3.1)
 - A declaration of the Level of Compliance achieved (Appendix 1)
- 1.4. Once the above documents are received by NHS England South (South East) an aggregated results table will be released to the NHS organisations in Surrey through the Local Health Resilience Partnership. This aggregated results table will allow the Trust to assess its EPRR function in comparison to other NHS organisations in Surrey and a copy of the aggregated results will be submitted to the Trust Resilience Group and the Trust Executive Committee.
- 1.5. This paper provides a comparison between the 2016 and 2017 results to highlight the areas where the Trust has improved, remained the same or decreased its rating and provides a list of the action plan for 2017/18.

2. ANALYSIS OF RESULTS

2.1. Since the 2016 Assurance Process, SaSH has made the following progress:

Core standard	2016	2017	Reason for change	Deadline
Evacuation Plan			Due to a change in the Emergency Planning Officer this action is still Amber however a working group are meeting regularly to produce the required plan in line with the organisational risks	March 2018
IT Disaster Recovery Plan			Investment continues to support the plan. IT are collating data to show the recovery time of critical systems to ensure the Trust invest in the right solution. Recommendation of disaster recovery solution will follow data collation.	Review April 2018
Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level			Executive LHRP attendance was lower than planned however there was full attendance at Operational meetings and actions were shared with Executive Accountable Emergency Officer (AEO)/COO. A plan is in place to ensure AEO/deputy will attend going forward.	Through-out 2018
Arrangements include a current training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents			Due to changes in the training requirements, a further training needs analysis is in progress to identify any gaps. A plan is in place to deliver the remaining training requirements by the end of the financial year.	April 2018
Preparedness ensures all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.			All incident commanders have access to internal and external resilience training and exercising however more internal training will take place to bridge the gap in training.	April 2018
Mass Countermeasures Plan			Complete	NA
Mass Casualties Plan			Complete	NA

- 2.2. Due to variation in the number and type of questions over the 2016 Assurance Process, it is only useful to consider broad comparisons, between the two years. Whilst some correlation is possible with 2016; it is not however, reliable to draw a direct comparison year on year.
- 2.3. In addition to the core standards, each year a deep dive takes place in to an area of EPRR. This year SaSH completed a self-assessment to review the organisations Governance against the guidelines below (full details in appendix 1) however these are not mandatory core standards and were not included in the 2016/17 core standard spreadsheet.

Guideline	Action
Accountable Emergency Officer has taken 2016/17 EPRR assurance report to Board/Governing body	The report was taken to Exec and is being taken to Board this year
Published results of 2016/17 EPRR Assurance process in annual report	Will be added to 2018 annual report agenda
NED/Governing Body rep holds EPRR Portfolio for SaSH	Accountable Emergency Officer is formally responsible for EPRR at SaSH
The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function	Bi-monthly Resilience meeting
The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group	Bi-monthly Resilience meeting plus regular meetings between Resilience Manager and Accountable Emergency Officer/COO

3. SUMMARY OF AMBER RATING AND THEIR ACTIONS

- 3.1. The Assurance Process Results (appendix 2) have additional columns in which to capture the actions needed to improve the results. As we have received no Red ratings this year the questions that received an Amber rating were reviewed and a work plan has been implemented to ensure owners are identified and actions are completed.

Using the results from the assurance review panel and the criteria for overall rag rating, it can be established that Surrey & Sussex Healthcare NHS Trust has earned an overall rating of **Substantial**

4. RECOMMENDATIONS

4.1. It is recommended that the Trust Board Committee:

- Note the EPRR changes since the report for 2016/17.
- EPRR Assurance – Self Assessment embedded document (Appendix1)
- Approve the Declaration of the Level of Compliance Achieved (Appendix 2)

Angela Stevenson
Chief Operating Officer
November 2017

5. APPENDICES

Appendix 1

Core Standards Document:



core-standards-epr-
v5 2017.xlsx

Appendix 2

**2017-18 ASSURANCE PROCESS
DECLARATION OF LEVEL OF COMPLIANCE**

Surrey & Sussex Healthcare NHS Trust undertook the NHS England Assurance Process 2017-18. This was conducted during June -August 2017. The process was led by NHS England South (South East). The Assurance process consisted of 52 core standards (an increase from 51 in 2016) with 46 specific to Acute with sub-questions each were assessed and rag rated. Following the assurance review panel the results of the Surrey & Sussex Healthcare NHS Trust assurance submission is as follows:

RAG	46 Core standards
NA for Acute	6
	41 (89.1%)
	5 (10.9)
	0

Surrey & Sussex NHS Healthcare Trust have been asked to provide the Trust with an overall rag rating using the following criteria:

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 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 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 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 and will be monitored on a quarterly basis in order to demonstrate future compliance.
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