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| Report to: | Board of Directors | | | | |
| Date of Meeting: | 28 October 2015 | | | | |
| Report Title: | 2015 NHS England Emergency Planning Resilience and Response Core Standards | | | | |
| Status: | For information | Discussion | Assurance | Approval | Regulatory requirement |
| Mark relevant box with X | | | X | X | X |
| Prepared by: | Carol Woolgar, Resilience and Governance Manager | | | | |
| Executive Sponsor (presenting): | Stacey Hunter, Director of Operations | | | | |
| Appendices (list if applicable): | A) Compliance Statement (Appendix A) B) Self-assessment Action Plan (appendix B) | | | | |

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| Purpose of the Report |
| <p>NHS England (NHSE) is in the process of carrying out an emergency planning assurance across the country during 2015-16. As with the 2014-15 process this is based on the NHSE Core Standards for Emergency Preparedness, Resilience and Response (EPRR). All acute trusts are required to participate in this process and ensure their Boards (or equivalent) are sighted on the level of compliance achieved, the results of the self-assessment and the action/work plan for the forthcoming period.</p> <p>It is expected that the evidence provided to reviewing organisations will be a copy of the organisation's paper to the relevant Board or Governing Body (or equivalent) detailing:</p> <ul style="list-style-type: none"> • a declaration of the level of compliance achieved (Appendix A) • an action plan stemming from their self-assessment (Appendix B) <p>As in previous years, the Board will be updated on the Core Standards via the annual EPRR report.</p> |

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| Key points for discussion |
| <p>The Trust is declaring full compliance against the core standards. For this assurance full compliance is defined as:</p> <p><i>“The plans and work programme in place appropriately address all the core standards that the organisation is expected to achieve. “</i></p> <p>A total of four gaps were identified and the resulting action plan can be found in appendix B. Implementation of the action plan will be monitored through the Joint Health, Safety and Resilience Committee and by any assurance / review process implemented by NHSE (details to be confirmed for 2015-16)</p> |

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| Recommendations |
| <ul style="list-style-type: none"> i) Approve the NHS EPRR Core standards assessment, action plan and Statement of Compliance; ii) Delegate monitoring of action plan implementation to the Joint Health, Safety and Resilience Committee |

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

STATEMENT OF COMPLIANCE

Airedale NHS Foundation 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 Full 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

Date of board / governing body meeting

Date signed

Organisation: Airedale NHS Foundation Trust

| Core standard reference | Core standard description | Improvement required to achieve compliance | Action to deliver improvement | Deadline |
|-------------------------|---|--|---|--|
| 8 | Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity. | Review lockdown plan | Review lockdown plan | Jan-16 |
| 23 | Arrangements ensure the ability to communicate internally and externally during communication equipment failures | Publish Loss of telecommunications plan in draft. MTPAS review | Complete approval of loss of telecommunications plan Complete MTPAS registration | Nov-15 Nov-15 / Subject to providers |
| 41 | Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7. | Complete CBRN training / refresher training for all identified staff | Complete CBRN training / refresher training for all identified staff | Nov-16 |
| 45 | There are routine checks carried out on the decontamination equipment including: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other decontamination equipment | Implement basic monthly check for RAM Gene | Implement basic monthly check for RAM Gene | December 2015 |