

Board of Directors – Open

Date: 9 September 2020

Item Ref: 13

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| TITLE OF PAPER | Board Declaration of EPRR (Emergency Preparedness, Resilience and Response) Self-Assessment and Work Plan for 2020/21 |
| TO BE PRESENTED BY | Beverley Murphy, Executive Director of Nursing, Professions and Operations |
| ACTION REQUIRED | To inform at Board level the response to the national accountability EPRR core standards |

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| OUTCOME | No action required by Board. This report is for information only. |
| TIMETABLE FOR DECISION | September 2020 |
| LINKS TO OTHER KEY REPORTS / DECISIONS | 2020/21 Annual Report |
| STRATEGIC AIM STRATEGIC OBJECTIVE | Strategic Aim: 2 Create a great place to work Strategic Objective: CQC Getting Back to Good |
| BAF RISK NUMBER & DESCRIPTION | BAF Risk Number: BAF0002 BAF Risk Description: There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence. |
| LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC | CQC Standards 6, 10 and 16 Requirements within NHS Standard Contract |
| IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT | Compliance with national NHS England EPRR Core Standards. Benefits for service delivery in having Business Continuity Plans in place. Benefits for the Trust in confidence and ability to manage critical and major incidents, together with reputation with partner agencies No financial impact presently. |
| CONSIDERATION OF LEGAL ISSUES | Compliance with the Civil Contingencies Act 2004 and NHS Act 2006 |

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| Author of Report | Terry Geraghty |
| Designation | Emergency Planning Manager |
| Date of Report | 2 September 2020 |

Summary Report

1. Purpose

| For approval | For assurance | For collective decision | To seek input | To report progress | For information | Other (Please state) |
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2. Summary

The requirements on Emergency Preparedness, Resilience and Response (EPRR) accountability for this year have been significantly condensed from previous years due to the Coronavirus; NHS England and NHS Improvement recognising both the work to date and the continuing effort by NHS organisations. Not surprisingly therefore, the focus remains on the pandemic.

Unlike previous years whereby Trusts receive a spreadsheet outlining the core standards we are expected to meet, enabling us to evidence activity on those standards requiring work, to in turn inform the level of compliance met to seek Board approval to submit, this year the standards took the form of a simple letter containing three broad themes:

- i. progress made by organisations that were reported as partially or non-compliant in the 2019/20 process.
- ii. the process of capturing and embedding the learning from the first wave of the COVID-19 pandemic.
- iii. inclusion of progress and learning in winter planning preparations.

Submission for this year has also changed. Providers are asked that their Trust Accountable Emergency Officer (AEO) send an email to NHS England and NHS Improvement responding to the above themes by 31 October 2020 using the email address: england.yorkshire-epr@nhs.net

There is no requirement to seek Board approval however, Board sighting of the Trust's EPRR compliance is an important aspect of Trust business.

1. The Trust self- assessed as 'Substantially Compliant' in the 2019/20 process, therefore the first is already met. We have two standards that remain partially met from last year relating to Lockdown Plans and Data Protection Security. All others are fully met.

Lockdown Plans for each site had commenced, the priority being in-patient facilities but was suspended in March 2020. It is intended that the programme of work will continue in order that a plan is applied to all sites.

IMST had liaised with NHS Digital to agree an action plan to achieve the standard required for Data Protection and Security. Again, this was suspended in March 2020 as IT priorities changed for both organisations due to the pandemic. The INSIGHT upgrade forms part of this work.

Last year's Deep Dive identified one area of non-compliance relating to climate change risk assessment and two of partial compliance in respect of adaptation planning. Though these had no bearing on our compliance score, it is recognised that this is an important area of consideration for the Trust and a sustainability lead has been appointed within Estates.

2. The Trust conducted a first phase review of the Covid-19 pandemic in June 2020, identifying what went well, what not so well and what needed to be considered moving into the next phase, together with early warning signs of a resurgence in Covid-19 activity and a potential second wave.

The implementation of a Daily Dashboard providing information on staffing levels, bed states, Covid-19 activity, staff testing, antibody testing, crisis calls, S.136, admissions, services stood up/down and exceptions has been hugely beneficial in informing at a glance the position on the Trust's key services and where support needs to be directed.

Furthermore, the bolstering of 24/7 crisis lines for both service users and professionals to access Mental Health services in anticipation of the increased demand.

The pandemic has demonstrated how well clinical and corporate services can work cohesively and this joined up approach is being embedded into the Trust's infrastructure as it stands up its normal management and reporting processes.

The Trust's Outbreak Plan has already been revised and updated in readiness for a resurgence of Covid-19 activity or a second surge during the winter months and; Heatwave Action Cards were prepared providing advice for coping with hot weather, whilst reducing the spread of the virus.

Working with our partners has always been important to the Trust and never more so than during this pandemic. The mutual aid from supplies and training to the Gold Cell for decision making at Director level, together with the Sheffield Health and Care Swabbing Service incorporating Primary Care Services have ensured all health organisations have worked collaboratively and supported each other. This is already embedded into the Trust's Pandemic Flu Plan but will be reviewed with our partners to understand how Integrated Care Systems (ICS) link into the present formal structure of providers to CCG and NHS England and NHS Improvement.

The rapidly changing guidance coupled with timescales for situation reporting have been a challenge, demonstrating both the necessity of having in place an Incident Control Centre as a hub for all incoming and outgoing information and, consistent leadership to develop a team approach. It has also highlighted the need for greater Emergency Planning resilience with one resource in Trust creating the potential for a single point of failure.

Business Continuity Plans are to be reviewed. The plans are purposely simple but need to be adapted to a larger scale incident. Their focus has been on short term disruption rather than the pandemic which continues to impact on service delivery.

3. Winter planning has already commenced, incorporating the learning from Covid-19. Board will be briefed via a separate report prepared by Michelle Fearon as to the preparation and planning specific for Winter and in response to Implementing Phase 3 of the COVID-19 Pandemic.

3 Next Steps

NHS England and NHS Improvement require SHSC submission of an email as mentioned earlier in this report by 31 October 2020.

Within SHSC, the work plan will be taken forward by the Accountable Emergency Officer, Emergency Planning Manager and non-executive/Governing Body member for EPRR.

4 Required Actions

This report is for information. There are no actions for Board.

5 Monitoring Arrangements

The Emergency Planning Manager will submit quarterly reports to the Audit & Risk Committee detailing progress against the action plan.

6 Contact Details

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