CLASSIFICATION: UNRESTRICTED



Report to:	Trust Board (Public)	Agenda item:	SFT4152
Date of Meeting:	06 December 2018		

Report Title:	Emergency Preparedness Resilience & Response (EPRR) Statement of Compliance			
Status:	Information	Discussion	Assurance	Approval
				Х
Prepared by:	Tracey Merrifield, EPRR Manager			
Executive Sponsor (presenting):	Andy Hyett, Chief Operating Officer			
Appendices (list if applicable):				

Recommendation:	
Approval of EPRR statement of compliance - attached	

Executive Summary:

Following completion of the EPRR Core Standards self-assessment, the CCG confirm and challenge meeting and subsequent NHSE confirmation meeting, we are seeking approval from the Board of the 2018 EPRR compliance rating as 'Full' and continued support around the functionality of the EPRR agenda

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	\boxtimes
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	

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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 (EPRR) arrangements. 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 <u>2018/19</u>, Salisbury NHS Foundation Trust is required to assess itself against 64 core standards. The outcome of this self-assessment indicates that, Salisbury NHS Foundation Trust;

• is fully compliant with all of the 64 core standards;

The attached work plan details how the Trust will maintain and build on its compliance against these standards, during the next twelve months. The Trusts EPRR training plan will be developed further based on the lessons learnt from MI response and will be presented to the EPRR Steering Group for approval post recovery.

The overall rating is: Fully compliant Andy Hyett – EPRR Accountable Officer Salisbury NHS Foundation Trust Monday 1st October 2018

NHS England South EPRR Assurance compliance ratings

To support a standardised approach to assessing an organisation's **overall preparedness** rating NHS England South have set the following criteria:

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.