

Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2018/2019 1 October 2018



Agenda Item No: 8.1

Trust Board Report

Meeting Date:	1 October 2018
Title:	Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2018/2019.
Executive Summary:	<p>This report sets out the EPRR Core Standards Self-Assessment and the Trust's position in relation to achieving these standards for 2018/2019, along with the 'Deep Dive' outcome and the actions outstanding for achieving full compliance.</p> <p>The Trust's overall rating for 2018/2019 is 'Substantially' compliant</p>
Report of:	Chief Operating Officer/Accountable Emergency Officer (AEO)
Action Requested:	For Trust Board to receive and note this report for assurance.
For the attention of the Board	To provide an update on the Trust's position in relation to achievement of the EPRR Core standards for 2018/2019.
Assure	To provide assurance to the Board of the Trust's resilience in the event of an emergency incident occurring.
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Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services
Resource Implications:	None
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involves and treats everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	None
Risks: BAF/ TRR	1542 - Green
Risk: Appetite	None
Public or Private:	Public
Other formal bodies involved:	
References	N/A

NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny
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Report Details

1	<p>In line with the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) and national requirements, which NHS organisations and providers of NHS Funded care must meet as part of the Health and Social Care Act 2012, the Trust has undertaken its yearly self-assessment for 2018/19 against the standards to determine its level of compliance.</p> <p>The EPRR core standards for 2018/19 were issued in July 2018. The EPRR core standards have been changed. This year's EPRR 'deep dive' assurance was focused on 'Command and Control'.</p> <p>The core standards for this year have been split into ten domains:</p> <ul style="list-style-type: none"> • Governance • Duty to risk assess • Duty to maintain plans • Command and control • Training and Exercising • Response • Warning and informing • Co-operation • Business Continuity • Chemical Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT) <p>The Trust has undertaken the self-assessment against the core standards. For this year the NHS assurance rating has changed; in order to determine an organisation's compliance. The Trust's assessment has resulted in it being 'substantially compliant'. The self-assessment has been reviewed by the Trust's Accountable Emergency Officer (AEO) and Emergency Planning Group. The self-assessment is set out in Appendix 1.</p> <p>The 'deep dive' is also attached in Appendix 1 for information; this is not a requirement of the EPRR Core Standard ratings.</p> <p>An outline action plan of outstanding actions is set out in Appendix 1, in order to achieve 'Fully Compliant' 2019/2010.</p> <p>The assessment and supporting evidence was required to be submitted by the Trust to NHS England West Midlands by the 31 August 2018 and Wolverhampton Clinical Commissioning Group.</p> <p>Trust Board are asked to note the report and supporting appendix; Appendix 1, which will be monitored through the Emergency Planning Group.</p>
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Appendices

1	<p>Self-Assessment Core Standards 2018/2019 'Deep Dive' Action Plan to achieve 'full compliance' in 2019/20</p>
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EPRR Core Standards 2018/2019

Self-assessment, 'Deep dive' and Action Plan



2) Core Standards
self assessment tool \

Please select type of organisation:

Acute Providers

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	14	12	2	0
Command and control	2	2	0	0
Training and exercising	3	3	0	0
Response	7	7	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	14	14	0	0
Total	64	62	2	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Incident Coordination Centres	4	4	0	0
Command structures	4	4	0	0
Total	8	8	0	0

Overall assessment:	Substantially compliant
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Instructions:

- Step 1: Select the type of organisation from the drop-down at the top of this page
- Step 2: Complete the Self-Assessment RAG in the 'EPRR Core Standards' tab
- Step 3: Complete the Self-Assessment RAG in the 'Deep dive' tab
- Step 4: Ambulance providers only: Complete the Self-Assessment in the 'Interoperable capabilities' tab
- Step 5: Click the 'Produce Action Plan' button below

Ref	Domain	Standard	Detail	Acute Providers	Specialist Providers	NHS Ambulance Service Providers	Community Service Providers	Patient Transport Services	NHS111	Mental Health Providers	NHS England Director Commissioning Operations Team	NHS England Regional Team	NHS England National Team	NHS Improvement	Clinical Commissioning Group	Commissioning Support Unit	Primary Care Services - GP, community pharmacy	Other NHS funded organisations	Evidence - examples listed below
1	Governance	Appointed AEO	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	• Name and role of appointed individual
2	Governance	EPRR Policy Statement	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for making sure the policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	Evidence of an up to date EPRR policy statement that includes: • Resourcing commitment • Access to funds • Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.
3	Governance	EPRR board reports	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • business continuity, critical incidents and major incidents • the organisation's position in relation to the NHS England EPRR assurance process.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	• Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board
4	Governance	EPRR work programme	The organisation has an annual EPRR work programme, informed by lessons identified from: • incidents and exercises • identified risks • outcomes from assurance processes.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Process explicitly described within the EPRR policy statement • Annual work plan
5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources • Role description of EPRR Staff • Organisation structure chart • Internal Governance process chart including EPRR group
6	Governance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Process explicitly described within the EPRR policy statement
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Evidence that EPRR risks are regularly considered and recorded • Evidence that EPRR risks are represented and recorded on the organisations corporate risk register
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• EPRR risks are considered in the organisation's risk management policy • Reference to EPRR risk management in the organisation's EPRR policy document
Domain 3 - Duty to maintain plans																			
9	Duty to maintain plans	Collaborative planning	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Partners consulted with as part of the planning process are demonstrable in planning arrangements
	Duty to maintain plans	Planning arrangements	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the following risks / capabilities:																
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as per the EPRR Framework).	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as per the EPRR Framework).	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heat wave on the population the organisation serves and its staff.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
15	Duty to maintain plans	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza as described in the National Risk Register.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required

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16	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
17	Duty to maintain plans	Mass Countermeasures	In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including the arrangement for administration, reception and distribution, eg mass prophylaxis or mass vaccination. There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop Mass Countermeasure distribution arrangements. These will be dependant on the incident, and as such requested at the time. CCGs may be required to commission new services dependant on the incident.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
18	Duty to maintain plans	Mass Casualty - surge	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to increase capacity by 10% in 6 hours and 20% in 12 hours.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
19	Duty to maintain plans	Mass Casualty - patient identification	The organisation has arrangements to ensure a safe identification system for unidentified patients in emergency/mass casualty incident. Ideally this system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number and capture patient sex.	Y	Y														<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to place to shelter and / or evacuate patients, staff and visitors. This should include arrangements to perform a whole site shelter and / or evacuation.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
21	Duty to maintain plans	Lockdown	In line with current guidance and legislation, the organisation has effective arrangements in place safely manage site access and egress of patients, staff and visitors to and from the organisation's facilities. This may be a progressive restriction of access / egress that focuses on the 'protection' of critical areas.	Y	Y	Y	Y			Y							Y	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
22	Duty to maintain plans	Protected individuals	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to manage 'protected individuals'; including VIPs, high profile patients and visitors to the site.	Y	Y	Y	Y			Y							Y	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
23	Duty to maintain plans	Excess death planning	Organisation has contributed to and understands its role in the multiagency planning arrangements for excess deaths, including mortuary arrangements.	Y	Y	Y	Y			Y							Y		<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
Domain 4 - Command and control																			
24	Command and control	On call mechanism	A resilient and dedicated EPRR on call mechanism in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond or escalate notifications to an executive level.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement • On call Standards and expectations are set out • Include 24 hour arrangements for alerting managers and other key staff.
25	Command and control	Trained on call staff	On call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf on the Chief Executive Officer / Clinical Commissioning Group Accountable Officer. The identified individual: <ul style="list-style-type: none"> • Should be trained according to the NHS England EPRR competencies (National Occupational Standards) • Can determine whether a critical, major or business continuity incident has occurred • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making • Should ensure appropriate records are maintained throughout. 	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement
Domain 5 - Training and exercising																			

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26	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Process explicitly described within the EPRR policy statement Evidence of a training needs analysis Training records for all staff on call and those performing a role within the ICC Training materials Evidence of personal training and exercising portfolios for key staff
27	Training and exercising	EPRR exercising and testing programme	The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements. Organisations should meet the following exercising and testing requirements: <ul style="list-style-type: none"> a six-monthly communications test annual table top exercise live exercise at least once every three years command post exercise every three years. The exercising programme must: <ul style="list-style-type: none"> identify exercises relevant to local risks meet the needs of the organisation type and stakeholders ensure warning and informing arrangements are effective. Lessons identified must be captured, recorded and acted upon as part of continuous improvement.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Exercising Schedule Evidence of post exercise reports and embedding learning
28	Training and exercising	Strategic and tactical responder training	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Training records Evidence of personal training and exercising portfolios for key staff
29	Training and exercising	Computer Aided Dispatch	Manual distribution processes for Emergency Operations Centre / Computer Aided Dispatch systems have been tested annually			Y													<ul style="list-style-type: none"> Exercising Schedule Evidence of post exercise reports and embedding learning
Domain 6 - Response																			
30	Response	Incident Co-ordination Centre (ICC)	The organisation has a preidentified an Incident Co-ordination Centre (ICC) and alternative fall-back location. Both locations should be tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Documented processes for establishing an ICC Maps and diagrams A testing schedule A training schedule Pre identified roles and responsibilities, with action cards Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards
31	Response	Access to planning arrangements	Version controlled, hard copies of all response arrangements are available to staff at all times. Staff should be aware of where they are stored; they should be easily accessible.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Business Continuity Response plans
32	Response	Management of business continuity incidents	The organisations incident response arrangements encompass the management of business continuity incidents.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Documented processes for accessing and utilising loggists Training records
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Documented processes for completing, signing off and submitting SitReps Evidence of testing and exercising
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Guidance is available to appropriate staff either electronically or hard copies
35	Response	Access to 'Clinical Guidance for Major Incidents'	Emergency Department staff have access to the NHSE 'Clinical Guidance for Major Incidents' handbook.	Y															<ul style="list-style-type: none"> Guidance is available to appropriate staff either electronically or hard copies
36	Response	Access to 'CBRN incident: Clinical Management and health protection' guidance	Clinical staff have access to the PHE 'CBRN incident: Clinical Management and health protection' guidance.	Y															<ul style="list-style-type: none"> Guidance is available to appropriate staff either electronically or hard copies
Domain 7 - Warning and informing																			
37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Have emergency communications response arrangements in place Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response Using lessons identified from previous major incidents to inform the development of future incident response communications Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public and staff during major incidents, critical incidents or business continuity incidents.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Have emergency communications response arrangements in place Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies) Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which complements the response of responders Using lessons identified from previous major incidents to inform the development of future incident response communications Setting up protocols with the media for warning and informing
39	Warning and informing	Media strategy	The organisation has a media strategy to enable communication with the public. This includes identification of and access to a trained media spokesperson able to represent the organisation to the media at all times.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Have emergency communications response arrangements in place Using lessons identified from previous major incidents to inform the development of future incident response communications Setting up protocols with the media for warning and informing Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokesperson and 'talking heads'
Domain 8 - Cooperation																			
40	Cooperation	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.	Y	Y	Y	Y			Y	Y	Y			Y			Y	<ul style="list-style-type: none"> Minutes of meetings
41	Cooperation	LRF / BRP attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with other responders.	Y	Y	Y	Y			Y	Y	Y			Y			Y	<ul style="list-style-type: none"> Minutes of meetings Governance agreement if the organisation is represented
42	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, co-ordinating and maintaining resource eg staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA).	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y		Y	Y	<ul style="list-style-type: none"> Detailed documentation on the process for requesting, receiving and managing mutual aid requests Signed mutual aid agreements where appropriate
43	Cooperation	Arrangements for multi-region response	Arrangements outlining the process for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.			Y					Y	Y	Y					Y	<ul style="list-style-type: none"> Detailed documentation on the process for coordinating the response to incidents affecting two or more LHRPs
44	Cooperation	Health tripartite working	Arrangements are in place defining how NHS England, the Department of Health and Social Care and Public Health England will communicate and work together, including how information relating to national emergencies will be cascaded.										Y						<ul style="list-style-type: none"> Detailed documentation on the process for managing the national health aspects of an emergency
45	Cooperation	LHRP	Arrangements are in place to ensure an Local Health Resilience Partnership (LHRP) meets at least once every 6 months.								Y	Y							<ul style="list-style-type: none"> LHRP terms of reference Meeting minutes Meeting agendas

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46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Documented and signed information sharing protocol Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'.
Domain 9 - Business Continuity																			
47	Business Continuity	BC policy statement	The organisation has in place a policy statement of intent to undertake Business Continuity Management System (BCMS).	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Demonstrate a statement of intent outlining that they will undertake BC - Policy Statement
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS, specifying the risk management process and how this will be documented.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> BCMS should detail: <ul style="list-style-type: none"> Scope e.g. key products and services within the scope and exclusions from the scope Objectives of the system The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties Specific roles within the BCMS including responsibilities, competencies and authorities. The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process Resource requirements Communications strategy with all staff to ensure they are aware of their roles Stakeholders
49	Business Continuity	Business Impact Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Documented process on how BIA will be conducted, including: <ul style="list-style-type: none"> the method to be used the frequency of review how the information will be used to inform planning how RA is used to support.
50	Business Continuity	Data Protection and Security Toolkit	Organisation's IT department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Statement of compliance
51	Business Continuity	Business Continuity Plans	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: <ul style="list-style-type: none"> people information and data premises suppliers and contractors IT and infrastructure These plans will be updated regularly (at a minimum annually), or following organisational change.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation
52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against the Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers Audit reports
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess and take corrective action to ensure continual improvement to the BCMS.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers Action plans
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers arrangements work with their own.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Provider/supplier assurance framework Provider/supplier business continuity arrangements

Ref	Domain	Standard	Detail	Acute Providers	Specialist Providers	NHS Ambulance Service Providers	Community Service Providers	Patient Transport Services	NHS111	Mental Health Providers	NHS England Director Commissioning Operations Team	NHS England Regional Team	NHS England National Team	NHS Improvement	Clinical Commissioning Group	Commissioning Support Unit	Primary Care Services - GP, community pharmacy	Other NHS funded organisations	Evidence - examples listed below	Self assessment RAG Red = Not compliant with core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months. Amber = Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months. Green = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments	
Deep Dive - Command and control																									
Domain: Incident Coordination Centres																									
1	Incident Coordination Centres	Communication and IT equipment	The organisation has equipped their ICC with suitable and resilient communications and IT equipment in line with NHS England Resilient Telecommunications Guidance.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Fully compliant		Head of EP			
2	Incident Coordination Centres	Resilience	The organisation has the ability to establish an ICC (24/7) and maintains a state of organisational readiness at all times.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Up to date training records of staff able to resource an ICC	Fully compliant		Head of EP			Forms part of 'grab packs' - SOP in place re ICC.
3	Incident Coordination Centres	Equipment testing	ICC equipment has been tested every three months as a minimum to ensure functionality, and corrective action taken where necessary.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Post test reports Lessons identified EPRR programme	Fully compliant		Head of EP			SOP in place with IT
4	Incident Coordination Centres	Functions	The organisation has arrangements in place outlining how it's ICC will coordinate it's functions as defined in the EPRR Framework.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Arrangements outline the following functions: Coordination Policy making Operations Information gathering Dispersing public information.	Fully compliant		Head of EP			SOP in place re ICC
Domain: Command structures																									
5	Command structures	Resilience	The organisation has a documented command structure which establishes strategic, tactical and operational roles and responsibilities 24/7.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Training records of staff able to perform commander roles EPRR policy statement - command structure Exercise reports	Fully compliant		Head of EP			
6	Command structures	Stakeholder interaction	The organisation has documented how its command structure interacts with the wider NHS and multi-agency response structures.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	EPRR policy statement and response structure	Fully compliant		Head of EP			
7	Command structures	Decision making processes	The organisation has in place processes to ensure defensible decision making; this could be aligned to the JESIP joint decision making model.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	EPRR policy statement inclusive of a decision making model Training records of those competent in the process	Fully compliant		Head of EP			As outlined in MI Plan
8	Command structures	Recovery planning	The organisation has a documented process to formally hand over responsibility from response to recovery.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Recovery planning arrangements involving a coordinated approach from the affected organisation(s) and multi-agency partners	Fully compliant		Head of EP			Action card in place

Overall assessment:			Substantially compliant						
Ref	Domain	Standard	Detail	Evidence - examples listed below	Self assessment RAG	Action to be taken	Lead	Timescale	Comments
20	Duty to maintain plans	Shelter and evacuation	In line with with current guidance and legislation, the organisation has effective arrangements in place for the evacuation and shelter of patients, staff and visitors		Amber	Development of an Evacuation and Shelter Plan which gives a co-ordinated response to an evacuation and/or shelter of people as appropriate. This plan is to supplement the current business continuity plans and Fire Policy. It will not replace the current Trust Fire Policy or its evacuation processes in the event of a fire.	Head of EP & Fire Team	Dec-18	
17	Duty to maintain plans	Mass Countermeasures			Amber	A plan to be developed in conjunction with the CCG, as this would need to be a health economy approach.	Clinical Director for Pharmacy	Mar-19	
23	Duty to maintain plans	Excess death planning			Green	The Trust will undertake an ongoing review of its capacity levels in relation to peak periods ie winter and bariatric capacity requirements in line with the recommendations in HTA 'storage capacity and contingency arrangement in mortuaries: guidance for designated individuals in HTA-licensed establishments'.	Pathology Quality Manager	Mar-19	