

Reporting to:	Trust Board - 29 September 2016
Title	NHS Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance 2016-2017
Sponsoring Director	Debbie Kadum – Chief Operating Officer
Author(s)	Sara Biffen, Deputy Chief Operating Officer Fran Collins, Emergency Planning and Resilience office
Previously considered by	N/A
Executive Summary	<p>As an acute hospital we are required to undertake the annual EPRR assurance process to assess our preparedness against the core standards. We have completed a self-assessment against the relevant individual core standards and rated our compliance.</p> <p>This was presented to NHS England and the CCG lead for discussions and assessment on 21/09/2016. Following discussion with the chair, early indication suggested we will be rated <i>partial</i> compliance. This is a lower level of compliance from the 2015-2016 assessment due to a change in the scoring system. Within the standards a detailed list of evidence is given to provide assurance. It is in these areas that we require further development in order for the Trust to achieve a higher compliance rating. Despite this, all parties acknowledge the Trust was in a better position in relation to preparedness.</p> <p>For 2016-2017, the assurance deep dive has focused on Business Continuity and fuel. The attached template includes the completed assessment against the core standards and the action plan that has been compiled.</p> <p>Key areas that require attention include training and preparedness within RSH ED and Trust wide Business Continuity. Plans are in place to address these and we are confident that we will be able to improve the compliance level over the next 6-8 months. The list of areas which require further attention are:</p> <ul style="list-style-type: none"> • Core Standards- Duty to assess risk ; 8 & 11 • HAZMAT: Preparedness- 41 • Business Continuity: Deep Dive: DD1, DD2, DD3, DD4, DD5 <p>These are all included in the attached action plan for approval.</p>
Strategic Priorities	<p>1. Quality and Safety</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme <p>2. People</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce

		to make our organisation a great place to work
3. Innovation		<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4 Community and Partnership		<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population
5 Financial Strength: Sustainable Future		<input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
		<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks		<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our 'simple' discharges. <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains		<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
X Receive <input type="checkbox"/> Note	X Review X Approve	Recommendation The Trust Board is asked to RECEIVE and REVIEW the self-assessment and APPROVE the action plan to enable us to improve our compliance and develop a sustainable Business Continuity plan.

Core standard	Clarifying Information	Evidence of assurance											Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale							
		Acute healthcare providers	Specialist providers	NHS Ambulance service providers	Patient Transport Providers	111	Community services providers	Mental healthcare providers	NHS England Regional Teams	NHS England Central Team	CCGs	CSUs (business continuity only)					Primary care (GP, community pharmacy)	Other NHS funded organisations					
Governance																							
1	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Ensuring accountable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergency Preparedness Resilience and Response, and Business Continuity Management agendas • Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible. • Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles. • Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. • Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. • That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. This budget and resource should be proportionate to the size and scope of the organisation.			DK		
2	Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			FC			
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			FC			
4	The accountable emergency officer ensures that the Board and/or Governing Body receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			SB			
Duty to assess risk																							
5	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments • Version control • Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages			SB		
6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum) and national risk registers.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans. • Sharing appropriately once risk assessment(s) completed			SB		
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			SB			
Duty to maintain plans – emergency plans and business continuity plans																							
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. Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Relevant plans:	Green				
		corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses	Amber	Review plans and update	FC	Mar-17
		HAZMAT/ CBRN - see separate checklist on tab overleaf	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• identify locations which patients can be transferred to if there is an incident that requires an evacuation;	Green			
		Severe Weather (heatwaves, flooding, snow and cold weather)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation;	Green			
		Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• take into account how vulnerable adults and children can be managed to avoid admissions, and include appropriate focus on providing healthcare to displaced populations in rest centres;	Amber	Review plans and update	FC	Mar-17
		Mass Countermeasures (eg mass prophylaxis, or mass vaccination)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• include arrangements to co-ordinate and provide mental health support to patients and relatives, in collaboration with Social Care if necessary, during and after an incident as required;	Amber	Review plans and update	FC	Mar-17
		Mass Casualties	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• make sure the mental health needs of patients involved in a significant incident or emergency are met and that they are discharged home with suitable support	Green			
		Fuel Disruption	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or radiation incident are met.	Amber	Review plans and update	FC	Mar-17
		Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• for each of the types of emergency listed evidence can be either within existing response plans or as stand alone arrangements, as appropriate.	Green			
		Infectious Disease Outbreak	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		N/A			
		Evacuation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		N/A			
		Lockdown	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y					
Utilities, IT and Telecommunications Failure	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y							
Excess Deaths/ Mass Fatalities	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y							
having a Hazardous Area Response Team (HART) (in line with the current national service specification, including a vehicles and equipment replacement programme) - see HART core standard tab	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y							
firearms incidents in line with National Joint Operating Procedures - see MITFA core standard tab	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y							
9	Ensure that plans are prepared in line with current guidance and good practice which includes: • Aim of the plan, including links with plans of other responders • Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions • Trigger for activation of the plan, including alert and standby procedures • Activation procedures • Identification, roles and actions (including action cards) of incident response team • Identification, roles and actions (including action cards) of support staff including communications • Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed • Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents • Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) • Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • Contact details of key personnel and relevant partner agencies • Plan maintenance procedures. (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions: • Being able to provide evidence of an approval process for EPRR plans and documents • Asking peers to review and comment on your plans via consultation • Using identified good practice examples to develop emergency plans • Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down • Version control and change process controls • List of contributors • References and list of sources • Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services).			FC		
10	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Oncall Standards and expectations are set out • Include 24-hour arrangements for alerting managers and other key staff.			FC		
11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		BIA on workplan to develop Trust made plan	SB	Mar-17		
12	Arrangements explain how VIP and/or high profile patients will be managed.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Comms			
13	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Specify who has been consulted on the relevant documents/ plans etc.			FC		
14	Arrangements include a debrief process so as to identify learning and inform future arrangements	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			FC			
Command and Control (C2)																							
15	Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Explain how the emergency on-call rota will be set up and managed over the short and longer term.			FC		
16	Those on-call must meet identified competencies and key knowledge and skills for staff.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold), for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.			FC		
17	Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the logistic.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc.), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/co-ordination centre and manage any events required.			FC		
18	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			FC			
19	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			FC			
20	Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			DJ			
21	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			DJ			
Duty to communicate with the public																							
22	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Have emergency communications response arrangements in place • Be able to demonstrate that you have considered which target audience you are aiming at or addressing in 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 compliments the response of responders • Using lessons identified from previous information campaigns to inform the development of future campaigns • 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 spokespeople and 'talking heads' • 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.			JK		

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23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk.	Green		JK	
Information Sharing – mandatory requirements																						
24	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Where possible channelling formal information requests through as small as possible a number of known routes. • Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups. • Collectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s). • Social networking tools may be of use here.	Green		JK	
Co-operation																						
25	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorate. • Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups	Green		SB	
26	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Taking lessons learned from all resilience activities	Green		FC	
27	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives	Green		SB	
28	Arrangements outline the procedure 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	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Identifying useful lessons from your own practice and those learned from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues	Green		FC	
29	Arrangements outline the procedure for responding to incidents which affect two or more regions.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Having a list of contacts among both Cat. 1 and Cat 2 responders with in the Local Resilience Forum(s) / Borough Resilience Forum(s) area	Green		FC	
30	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Establish mutual aid agreements	Green			
31	Plans define how links will be made between NHS England, the Department of Health and PHE. Including how information relating to national emergencies will be co-ordinated and shared	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs.	Green			
32	Arrangements are in place to ensure an Local Health Resilience Partnership (LHRP) (and/or Patch LHRP for the London region) meets at least once every 6 months	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Developing and documenting a training and briefing programme for staff and key stakeholders	Green			
33	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward	Green		FC	
Training And Exercising																						
34	Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate)	Green		FC	
35	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	Green		FC	
36	Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Green		FC	
37	Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Green		SB	

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DD1	Organisation has undertaken a Business Impact Assessment	<ul style="list-style-type: none"> The organisation has undertaken a risk based Business Impact Assessment of services it delivers, taking into account the resources required against staffing, premises, information and information systems, supplies and suppliers. The organisation has identified interdependencies within its own services and with other NHS organisations and 3rd party providers Risks identified through the Business Impact Assessment are present on the organisations Corporate Risk Register 	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> updated Business Impact Assessment corporate risk register 	Amber	To complete a BIA for organisation	SB	Mar-17
DD2	Organisation has explicitly identified its Critical Functions and set Minimum Tolerable Periods of disruption for these	<ul style="list-style-type: none"> The organisation has identified their Critical Functions through the Business Impact Assessment. Maximum Tolerable Periods of Disruption have been set for all organisational functions - including the Critical Functions 	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> Business Continuity plan explicitly details the Critical Functions Business Continuity plan explicitly outlines all organisations functions and the maximum tolerable period of disruption 	Amber	To be detailed in BIA and Plan	SB	Mar-17
DD3	There is a plan in place for the organisation to follow to maintain critical functions and restore other functions following a disruptive event.	<ul style="list-style-type: none"> The organisation has an up to date plan which has been approved by its Board/Governing Body that will support staff to maintain critical functions and restore lost functions The plan outlines roles and responsibilities for key staff and includes how a disruptive event will be communicated both internally and externally 	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> an organisation wide Business Continuity plan that has been updated in the last 12 months and agreed the Board/Governing Body 	Amber	Review Plan and update	SB	Mar-17
DD4	Within the plan there are arrangements in place to manage a shortage of road fuel and heating fuel	<ul style="list-style-type: none"> The plan details arrangements in place to maintain critical functions during disruption to fuel. These arrangements include both road fuel and were applicable heating fuel. 	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> detail within the plan that explicitly makes reference to shortage of fuel and its impact of the business. 	Amber	Details to be added to plan	SB	Mar-17
DD5	The Accountable Emergency Officers has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this	EPRR Framework 2015 requirement, page 17	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Amber	Review contracts and amend as necessary	SB	Dec-16
DD6	Review of Critical Services Fuel Requirement Data Collection Programme (F1-F18)	Please complete the data collection below - this data set does not count towards the RAG score for the organisations. Please provide any additional information in the "Other comments" free text box.	Y	Y		Y	Y	Y	Y							Y	<ul style="list-style-type: none"> NHS Ambulance Trusts have already provided this information in a national collection in May 2016. 	Green			

Fuel Demand Summary

When providing information on the fuel requirements for both business as usual and to operate a critical service please ensure the supply and demand balances whereby:
Total Daily fuel use (F1) = own bunkered fuel use (F5) + any 3rd party bunkered fuel use (F6) + any forecourt fuel use (F9)

Section 1: Business as Usual Demand

	Petrol	Diesel	Other (inc LPG, Kerosene)
F1 How much fuel do you use daily when providing a business as usual service? (litres)	<input type="text" value=""/>	<input type="text" value="1,510"/>	<input type="text" value=""/>

Section 2: Bunkered Fuel

	Petrol	Diesel	Other (inc LPG, Kerosene)
F2 Do you hold bunkered fuel (Yes/No) <small>If no go to F6</small>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="No"/>
F3 What is the total bunkered fuel capacity? (litres)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
F4 On average, what volume of bunkered fuel do you hold? (litres)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
F5 Do you use <u>your own</u> bunkered fuel when providing a business as usual service? <small>If no go to F6</small>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
F6 Do you access a <u>3rd party or another service's</u> bunkered fuel when providing a business as usual service? <small>If no go to F8</small>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
F7 <small>If you have answered "yes" to F6 or have bilateral supply agreements to operate a business as usual service, please provide a description of any agreement(s), amount of supply and companies / organisations involved.</small>	<input type="text" value=""/>		

Section 3: Petrol Stations / Forecourts

	Petrol	Diesel	Other (inc LPG, Kerosene)
F8 Do you use forecourts to operate a business as usual service? (Yes/No) <small>If no go to F10</small>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="No"/>
F9 What is the average daily forecourt fuel use to operate a business as usual service? (litres)	<input type="text" value="0"/>	<input type="text" value="930"/>	<input type="text" value=""/>

Critical Service Operation Only

Please refer to question 4 of the guidance notes for further information on how to identify the fuel requirements of a critical service.
 During an emergency it is expected that organisations will not be operating as normal and will only be delivering those essential services that are Critical.
 Low fuel consumption alternatives should also be explored as part of the Critical Service identification process. For example, if there is the possibility that a Critical Service activity can be carried out remotely, and therefore does not require the use of fuel, this should be removed from the supply.
 The below section refers to the fuel requirements to deliver a **Critical Service only**.

Section 4: Critical Service Demand

	Petrol	Diesel	Other (inc LPG, Kerosene, Gas Oil)
F10 How much fuel would you use daily if you were providing a critical service? (litres)	<input type="text" value=""/>	<input type="text" value="465"/>	<input type="text" value=""/>

Section 5: Critical Service Bunkered Fuel

	Petrol	Diesel	Other (inc LPG, Kerosene, Gas Oil)
F11 Do you have access to either <u>your own or 3rd party</u> bunkered fuel if you were providing a critical service (either from general access or mutual supply agreements)? (Yes/No) <small>If no go to F14</small>	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="No"/>
F12 What volume of <u>your own</u> bunkered fuel would you use daily if you were providing a critical service? (litres)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
F13 What volume of <u>3rd party or another service</u> bunkered fuel (either from general access or mutual supply agreements) would you use daily if you were providing a critical service? (litres)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
F14 <small>If you have answered "yes" to F13 or have bilateral supply agreements to operate a critical service, please provide a description of any agreement(s), amount of supply and companies / organisations involved.</small> <small>If no go to F15</small>	<input type="text" value=""/>		

Section 6: Critical Service Petrol Stations / Forecourts

	Petrol	Diesel	Other (inc LPG, Kerosene, Gas Oil)
F15 Will you need access to Designated Filling Stations (DFS) if you were providing a critical service? (Yes/No) <small>If no go to F17</small>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="No"/>
F16 What volume of fuel would you use daily from Designated Filling Stations (DFS) if you were providing a critical service? (litres)	<input type="text" value=""/>	<input type="text" value="465"/>	<input type="text" value=""/>

Critical Service Operation Only

F17 To ensure that there are adequate Designated Filling Stations* (DFS) to meet the demands of all critical users, please detail in the table below the number of vehicles required to operate a critical service
 A Designated Filling Station (DFS) is a retail filling station with the purpose of only supplying road fuel for critical use only. The DFS list will be compiled to provide sites giving a good geographic coverage of the UK to meet the predicted regional demand for fuel for critical services.

Vehicles	Number of Vehicles required to operate a critical service		
	Petrol	Diesel	Other (inc LPG)
With NHS Logo			
Without NHS Logo			
Private vehicles		1,275	
Total			

F18 If you have answered "Yes" to question 2 (Do you hold bunkered fuel?) please detail which company primarily supplies your bunkered fuel and where known which local or regional supply depot or terminal does the fuel gets delivered from. Please select from drop down list provided or select "other" and

Who primarily supplies your bunkered fuel? <small>Please Select from drop down list:</small>	If other or multiple suppliers please state:	Which Terminal is your bunkered fuel supplied from? <small>Please Select from drop down list:</small>	If other please state:	Average Number of Deliveries per Month

Hazardous materials (HAZMAT) and chemical, biological, radiological and nuclear (CBRN) response core standards (NB this is designed as a stand alone sheet)			Acute healthcare providers	Specialist providers	NHS Ambulance service providers	Community services providers	Mental Health care providers		Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Q	Core standard	Clarifying information						Evidence of assurance				
Preparedness												
38	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Arrangements include: • command and control interfaces • tried and tested process for activating the staff and equipment (inc. Step 1-2-3 Plus) • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • communications planning for public and other agencies • interoperability with other relevant agencies • access to national reserves / Pods • plan to maintain a cordon / access control • emergency / contingency arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies	Y	Y	Y	Y	Y	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving arrangements • Version control	Green		FC	
39	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	Y	Y	Y	Y	Y	• Site inspection • IT system screen dump	Green		FC	
40	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	• Documented systems of work • List of required competencies • Impact assessment of CBRN decontamination on other key facilities • Arrangements for the management of hazardous waste	Y	Y	Y	Y	Y	• Appropriate HAZMAT/ CBRN risk assessments are incorporated into EPRR risk assessments (see core standards 5-7)	Green	Currently risk assessments are completed and held by Estates Dept. Look to centralise	FC	
41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		Y		Y			• Resource provision / % staff trained and available • Rota / rostering arrangements	Amber	Due to high % of new staff in RSH ED potential gaps have been identified	FC	Dec-16
42	Staff on-duty know who to contact to obtain specialist advice in relation to a HAZMAT/ CBRN incident and this specialist advice is available 24/7.	• For example PHE, emergency services.	Y	Y	Y	Y	Y	• Provision documented in plan / procedures • Staff awareness	Green		FC	
Decontamination Equipment												
43	There is an accurate inventory of equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.	• Acute and Ambulance service providers - see Equipment checklist overleaf on separate tab • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	Y	Y	Y	Y	• completed inventory list (see overleaf) or Response Box (see Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities (NHS London, 2011))	Green		FC	
44	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required (NHS England published guidance (May 2014) or subsequent later guidance when applicable)	There is a plan and finance in place to revalidate (extend) or replace suits that are reaching the end of shelf life until full capability of the current model is reached in 2017	Y		Y				Green		FC	
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	There is a named role responsible for ensuring these checks take place	Y		Y				Green		FC	
46	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date Decontamination equipment for: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other equipment		Y		Y				Green		FC	
47	There are effective disposal arrangements in place for PPE no longer required.	(NHS England published guidance (May 2014) or subsequent later guidance when applicable)	Y		Y				Green		FC	
Training												
48	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training		Y		Y				Green		FC	
49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	• Documented training programme • Primary Care HAZMAT/ CBRN guidance • Lead identified for training • Established system for refresher training so that staff that are HAZMAT/ CBRN decontamination trained receive refresher training within a reasonable time frame (annually). • A range of staff roles are trained in decontamination techniques • Include HAZMAT/ CBRN command and control training • Include ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability when caring for patients with a suspected or confirmed infectious respiratory virus • Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	Y	Y	Y	Y	• Show evidence that achievement records are kept of staff trained and refresher training attended • Incorporation of HAZMAT/ CBRN issues into exercising programme	Green		FC	
50	The organisation has sufficient number of trained decontamination trainers to fully support it's staff HAZMAT/ CBRN training programme.		Y		Y				Green		FC	
51	Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	• Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf)	Y	Y	Y	Y	Y		Green		FC	

HAZMAT CBRN equipment list - for use by Acute and Ambulance service providers in relation to Core Standard 43.

No	Equipment	Equipment model/ generation/ details etc.	Self assessment RAG Red = Not in place and not in the EPRR work plan to be in place within the next 12 months. Amber = Not in place and in the EPRR work plan to be in place within the next 12 months. Green = In place.
	EITHER: Inflatable mobile structure		
E1	Inflatable frame		Green
E1.1	Liner		Green
E1.2	Air inflator pump		Green
E1.3	Repair kit		Green
E1.2	Tethering equipment		Green
	OR: Rigid/ cantilever structure		
E2	Tent shell		Green
	OR: Built structure		
E3	Decontamination unit or room		N/A
	AND:		
E4	Lights (or way of illuminating decontamination area if dark)		Green
E5	Shower heads		Green
E6	Hose connectors and shower heads		Green
E7	Flooring appropriate to tent in use (with decontamination basin if needed)		Green
E8	Waste water pump and pipe		Green
E9	Waste water bladder		Green
	PPE for chemical, and biological incidents		
E10	The organisation (acute and ambulance providers only) has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required. (NHS England published guidance (May 2014) or subsequent later guidance when applicable).		Green
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme		Green
	Ancillary		
E12	A facility to provide privacy and dignity to patients		Green
E13	Buckets, sponges, cloths and blue roll		Green
E14	Decontamination liquid (COSHH compliant)		Green
E15	Entry control board (including clock)		Green
E16	A means to prevent contamination of the water supply		Green
E17	Poly boom (if required by local Fire and Rescue Service)		N/A
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)		Green
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)		Green
E20	Waste bins		Green
	Disposable gloves		Green
E21	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe		Green
E22	FFP3 masks		Green
E23	Cordon tape		Green
E24	Loud Hailer		Green
E25	Signage		Green
E26	Tabbards identifying members of the decontamination team		Green
E27	Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support.		Green
	Radiation		
E28	RAM GENE monitors (x 2 per Emergency Department and/or HART team)		Green
E29	Hooded paper suits		Green
E30	Goggles		Green
E31	FFP3 Masks - for HART personnel only		Green
E32	Overshoes & Gloves		Green

	Ref	Core Standard	Action Required	RAG Rating	Responsibility	Action Update	Timescale
Core Standards for Governance, Risks, Plans, Command & Control, Information Sharing, Cooperation, Training & Exercising	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. Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent & list is not exhaustive)	Review corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	Amber	SB		Mar-17
			Major Incident Plan - include arrangements and support for patients with mental health issues during an incident. Also consider vulnerable adults and children	Amber	SB		Mar-17
			Expand major incident plan in relation to Fuel Disruption and travel to work	Amber	SB		Mar-17
			Update Evacuation policy to reflect NHS England Guidance - Planning for the Shelter & Evacuation of people in Healthcare settings	Amber	SB		Mar-17
			To up date utilities, IT and Telecommunications Failure Business Continuity plans	Amber	SB		Mar-17
	11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	BIA on workplan to develop Trustwide plan and overview	Amber	SB		Mar-17

HAZMAT CBRN	41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.	Due to high % of new staff in RSH ED potential gaps have been identified. Dates identified for future training and additional staff identified to attend PRPS Train the Trainer session	Amber	FC		Dec-16
	DD1	Organisation has undertaken a Business Impact Assessment	To complete a BIA for organisation	Amber	SB		Mar-17
Business Continuity	DD2	Organisation has explicitly identified its Critical Functions and set Minimum Tolerable Periods of disruption for these	To be detailed in BIA and Plan	Amber	SB		Mar-17
	DD3	There is a plan in place for the organisation to follow to maintain critical functions and restore other functions following a disruptive event.	Review Plan and update	Amber	SB		Mar-17
	DD4	Within the plan there are arrangements in place to manage a shortage of road fuel and heating fuel	Details to be added to plan	Amber	SB		Mar-17
	DD5	The Accountable Emergency Officer has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this	Review contracts and ensure business continuity is written into all future contracts with providers.	Amber	SB		Dec-16