

Paper 6

<p>Recommendation</p> <p><input type="checkbox"/> DECISION</p> <p><input checked="" type="checkbox"/> NOTE</p>	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Acknowledge our assurance submission and compliance level with associated work plan for approval • Duly reflect this submission as having been sighted by the Trust Board in the published minutes of the Trust Board meeting for assurance to the CCG officers • Ensure that the Core Standard level of compliance is acknowledged and published within the Trusts Annual Report as per requirement
<p>Reporting to:</p>	<p>Trust Board</p>
<p>Date</p>	<p>Thursday 28th September 2017</p>
<p>Paper Title</p>	<p>NHS Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance 2017-2018</p>
<p>Brief Description</p>	<p>Provider organisations are asked to undertake an annual self-assessment against the relevant national Emergency Planning Response and Recovery (EPRR) Core Standards and rate their compliance. These individual ratings then inform the overall organisational rating of compliance and preparedness.</p> <p>Once this process has taken place organisations are expected to take a statement of compliance to their Boards. This, along with the Core Standards assurance ratings and rectification plan should then form the submission to the Clinical Commissioning Group (CCG) and Local Health Resilience Partnership (LHRP).</p> <p>The CCG will facilitate a formal calibration and formal compliance process via a confirm and challenge meeting on Thursday 19th October where Sara Biffen, DCOO, will present our assurance report findings.</p> <p>It is considered best practice for provider organisations to publish their level of EPRR assurance as part of their annual report.</p> <p>SaTH compliance is rated as 'Partial' at this stage prior to NHS England and CCG scrutiny. This is justified as per a current work plan which is submitted alongside this document.</p>
<p>Sponsoring Director</p>	<p>Chief Operating Officer</p>
<p>Author(s)</p>	<p>Stewart Mason, Emergency Planning and Resilience Officer (approved by Sara Biffen, Deputy Chief Operating Officer)</p>
<p>Recommended / escalated by</p>	<p>NA – official NHSE requirement</p>
<p>Previously considered by</p>	<p>NA</p>

Link to strategic objectives	<p>SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</p> <p>HEALTHIEST HALF MILLION ON THE PLANET – Build resilience and social capital so our communities live healthier and happier lives and become the healthiest 0.5 million on the planet through distributed models of health</p> <p>VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce</p>
Link to Board Assurance Framework	<p>If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186)</p> <p>If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients (RR 668)</p> <p>If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423)</p>
Outline of public/patient involvement	<p>N/A</p>
Equality Impact Assessment	<ul style="list-style-type: none"> ● Stage 1 only (no negative impacts identified) ● Stage 2 recommended (negative impacts identified) <ul style="list-style-type: none"> ● negative impacts have been mitigated ● negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> ● This document is for full publication ● This document includes FOIA exempt information ● This whole document is exempt under the FOIA

Core standard		Clarifying information	Acute healthcare providers	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
Governance								
1	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)		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	DCOO & COO both have active commitment to EPRR responsibilities. DCOO & EPRO maintain 1:1 EP reviews bi-weekly			
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.	Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect: - the undertaking of risk assessments and any changes in that risk assessment(s) - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel	Y	• 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.	Full time cross-site EPRO responsible for maintenance and delivery or work-plan at newly formed EP & BCP meeting. Meetings to be every other month, fully minuted. Representation at Director level or delegated authority to ensure top-down information delivery and responsibility to maintain good practice.			
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Arrangements are put in place for emergency preparedness, resilience and response which: • Have a change control process and version control • Take account of changing business objectives and processes • Take account of any changes in the organisations functions and/ or organisational and structural and staff changes • Take account of change in key suppliers and contractual arrangements • Take account of any updates to risk assessment(s) • Have a review schedule • Use consistent unambiguous terminology. • Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested; • Key staff must know where to find policies and plans on the intranet or shared drive. • Have an expectation that a lessons identified report should be produced following exercises.	Y	• 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.	Operational Major Incident Plan available for both sites which has been signed off at Corporate level (Version 3, January 2017). Incidents would be addressed at appropriate level and under direction of AEO. Plan to carry forward any identified gaps through this CS submission along with newly appointed EPRO gap-analysis. This is going at September Board Meeting & will discuss what priorities are required via Operational Risk Group as necessary.			
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.	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group) . Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	Y		Report being submitted to Board of current EP position (inc. Core Standard status) September 27th 2017			
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.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: • severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment (including denial of access); • fuel shortages; • surges and escalation of activity; • IT and communications; • utilities failure; • response a major incident / mass casualty event • supply chain failure; and • associated risks in the surrounding area (e.g. COMAH and iconic sites)	Y		EPRO attend Operational Risk Group core membership. By October 2016 BCP forms part of the Operational Risk Group agenda. All identified risks should make reference to having ensured BCP in place for recovery and service delivery.			
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.	There is a process to consider if there are any internal risks that could threaten the performance of the organisation. Other relevant parties could include COMAH site partners, PHE etc.	Y		LHRP and TCG representation by SaTH DCOO or delegated authority to EPRO.			
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		Trust Risk Register controlled by Governance			
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.	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))	Y	Relevant plans: • demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses	MIP for each site (Version 3, January 2017) NOTE: will be updated to include the new BCP template			
9		corporate and service level Business Continuity (aligned to current nationally recognised BC)	Y	• identify locations which patients can be transferred to if there is an incident that requires an evacuation;	Overarching BCP document and working service template live.	Care Groups to maintain current	SM	Mar-18
10		HAZMAT/ CBRN - see separate checklist on tab overleaf	Y	• outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation;	Arrangements in place but no specific CBRN Plan		SM	Mar-18
11		Severe Weather (heatwave, flooding, snow and cold weather)	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;				
12		Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)	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;				
13	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):	Mass Countermeasures (eg mass prophylaxis, or mass vaccination)	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				
14		Mass Casualties	Y	• ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or radiation incident are met. • for each of the types of emergency listed evidence can be either within existing response plans or as stand alone arrangements, as appropriate.	Current MIP refers to ability to respond to incident surge admissions. Trust also has Capacity Escalation/ Surge (Winter) plans which can be consulted. As a Trauma Unit (RSH) & Local Emergency Hospital (PRH) we fit in with Regional IRP patient regulation measures. Above and beyond this there are no specific plans but would be addressed via Command & Control (to be included in local commander training throughout 2018 by EPRO)			
15		Fuel Disruption	Y		BCPs have been requested to identify critical functions. In reduction of fuel supply C&C would need to review critical functions in accordance with demand Vs supply abilities. Car share scheme has published figures of success - this would be overseen by C&C in event of crisis to make even better use.			
16		Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma)	Y					
17		Infectious Disease Outbreak	Y		IPC Policies and Procedures			
18		Evacuation	Y		Fire Evac plans at local level and Trust arrangements for horizontal movement but no specific Evac & Shelter plans		Fire Officer (SL)	Ongoing
19		Lockdown	Y		Lockdown Policy V1.7 (Sept 2017) in circulation			
20		Utilities, IT and Telecommunications Failure	Y		BCP's in progress - all templates must be completed to include evidence of recovery for these key service systems should they fail with impact assessment	BCP plans in progress. Each service to describe response to these issues at local level	SM	March 2018 (6/12)
21		Excess Deaths/ Mass Fatalities	Y		Pg 16 of RSH & PRH MIP			
22		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		N/A			
23		firearms incidents in line with National Joint Operating Procedures; - see MTTFA core standard tab	Y		N/A			

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24	Ensure that plans are prepared in line with current guidance and good practice which includes:	<ul style="list-style-type: none"> 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- 	Y	<ul style="list-style-type: none"> 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 	PRH & RSH Major Incident Plans V.3, Jan 2017. Former EPRO sought consultation via (minuted) EP/BCP Group meetings. Current EPRO will continue to incorporate appropriate findings.			
25	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.	<p>Enable an identified person to determine whether an emergency has occurred</p> <ul style="list-style-type: none"> Specify the procedure that person should adopt in making the decision Specify who should be consulted before making the decision Specify who should be informed once the decision has been made (including clinical staff) 	Y	<ul style="list-style-type: none"> On-call Standards and expectations are set out Include 24-hour arrangements for alerting managers and other key staff. 	On-Call guidelines clearly in place BUT on-call competencies (NOS compliant) not maintained and on-call IR training not maintained. RSH & PRH MIP's describe activation and alerting (pg's 12, 13, 14)	On-Call competency based training to be designed, scheduled and implemented.	SM	Initial instigation Dec :
26	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.	<p>Decide:</p> <ul style="list-style-type: none"> Which activities and functions are critical What is an acceptable level of service in the event of different types of emergency for all your services Identifying in your risk assessments in what way emergencies and business continuity 	Y		There is currently a role-out program in place for ALL services and departments to submit BCP's which in turn identify a balanced delivery of service in the event of service interruption of Critical Functions.	BCP Matrix is an agenda item on the September 2017 Organisational Risk Group meeting which is the identified assurance authority for BCP	EPRO	Ongoing with bi-monthly
27	Arrangements explain how VIP and/or high profile patients will be managed.	This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management	Y		Procedure For VIP Visits & Tours' - June 2015			
28	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	<ul style="list-style-type: none"> Specify who has been consulted on the relevant documents/ plans etc. 	Internal consultation with care Group Directors, Security Lead, Estates officers, Emergency Department officers. External consultation with provider services and incorporation national and Pg 20, RSH & PRH MIP, V.3, Jan 2017 debrief process required post incident			
29	Arrangements include a debrief process so as to identify learning and inform future arrangements	Explain the de-briefing process (hot, local and multi-agency, cold) at the end of an incident.	Y					
Command and Control (C2)								
30	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	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Y	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	24/7, 365 rotas for on-site Site Co-Ordinator. They escalate to on-call Operational Manager, who will escalate to Exec Director on-call			
31	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards .	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	Review and schedule of Commander Training required	Schedule of internal Commander training and sign-off required	SM	Dec-17
32	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 loggist .	This should be proportionate to the size and scope of the organisation.	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	Current ICR on each site small and understocked. Commanders not signed off as able to set up.	Revised ICR location currently being scoped. Kit to be raised as risk and capital to be sourced	SM	Dec-17
33	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.		Y		Loggist details maintained - training schedule needs attention and new recruits required	SM to undertake Loggist PHE Train the Trainer course AND then offer refresher courses	SM	Awaiting PHE dates
34	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		BCP templates have SBAR for completion and sharing of information to relevant parties			
35	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.	Both acute and ambulance providers are expected to have in place arrangements for accessing specialist advice in the event of incidents chemical, biological, radiological, nuclear, explosive or hazardous materials	Y		ToxBASE, PHE, HART, SFRS			
36	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements;	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incident	Y		STAC cell advice via PHE			
Duty to communicate with the public								
37	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	<p>Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about:</p> <ul style="list-style-type: none"> Any immediate actions to be taken by responders Actions the public can take How further information can be obtained The end of an emergency and the return to normal arrangements <p>Communications arrangements/ protocols:</p> <ul style="list-style-type: none"> have regard to managing the media (including both on and off site implications) include the process of communication with internal staff consider what should be published on intranet/internet sites have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations. 	Y	<ul style="list-style-type: none"> 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 	Plans all seem verbally sound. Written Communications Response Strategy needs developing and publishing	Comms Team to develop Communication Plan and publish	JK/RJ	Jan-18

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38	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		Y	• Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk.	Comms via Intranet and email. EPRO aims to strengthen this and is working with Comms Lead.			
Information Sharing – mandatory requirements								
39	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and include DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supercedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	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.	general information sharing via active participation in HEPOG and LHRP events. Necessary info shared via NHS mail. During an incident, email and web processes utilised as described in Major Incident Plan			
Co-operation								
40	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		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.	Minuted attendance of EPRO at TCG/Resilience Forum			
41	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		Y	• Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups	Minuted attendance of EPRO at TCG/Resilience Forum, email communication with other EPROs including HART & WMAS			
42	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies	Y	• Taking lessons learned from all resilience activities	Cross regional IRP. Requests made via CCG and NHS England			
43	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.			• Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives • Establish mutual aid agreements	N/A			
44	Arrangements outline the procedure for responding to incidents which affect two or more regions.			• 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	N/A			
45	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	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	Core Standards submission per say			
46	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				N/A			
47	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				N/A			
48	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Y		Or Delegated Authority			
Training And Exercising								
49	Arrangements include a current training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	• Staff are clear about their roles in a plan • A training needs analysis undertaken within the last 12 months • Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. • Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate • Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective	Y	• Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice • Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles • Through direct and bilateral collaboration, requesting that other Cat 1 and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs.	ED Nurse and Support Worker training identified and commenced on both sites (6hrs EP & CBRN Awareness & Response). Acknowledged that training across all Care Groups at nurse level is required will be identified in EPRO report to Board, September 2017. On-Call management and Exec training schedule required - also to be declared in EPRO Board Report and training package developed	Care Group Director sign up required (to be on Sept EP & BCP Meeting agenda. Exey buy-in required to be documented in report. To be added to Trust & departmental risk register. Training package to be created to match training needs and	SM (EPRO)	Mar-18
50	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	• Exercises consider the need to validate plans and capabilities • Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. • Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years. • If possible, these exercises should involve relevant interested parties. • Lessons identified must be acted on as part of continuous improvement. • Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective	Y	• Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	Appropriate evidence of exercising programme or Trustwide engagement to exercising schedules is below adequate to meet national recommendations and to maintain good practice. Poor representation at regional exercises. Last live exercise not recordable therefore requires raising and actioning.	Exercising schedule to be designed around current risk register/departmental and Care Group/national requirements/team needs. To be identified in EPRO Board Report. To be added as standard item to EP & BCP Agenda. To be item within on-going EP work plan. To be	SM (EPRO)	Mar-18
51	Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises		Y		SaTH participated in Exercise Vital Sign, albeit low attendance, early 2017			
52	Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise		Y		Scoping has identified that some managers/execs have previously undergone EP response training (internally)	EP awareness and C&C training to be undertaken by ALL SaTH	SM/SB/DK	Mar-18

SaTH EPRR Core Standards Action Plan 2017/2018

	Core Standard	Ref	RAG	Actions Required	Responsible Officer	Timescale	Action Updates	Notes
Core Standards for Governance, Risks, Plans, Command & Control, Information Sharing, Cooperation, Training & Exercising	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)	Duty to maintain emergency and business continuity plans (section 9)		<ul style="list-style-type: none"> All Trust Care Groups, Services and Departments to develop BCP's utilising Trust template with advice and support from EPRO 	SM	March 2018	Overarching BCP document and working service template live. Breakdown of services Matrix under completion and implementation process launching at all corporate levels from Care Groups to Exec Board throughout September 2017	
				<ul style="list-style-type: none"> Utilities, IT & Telecommunications failure to be considered by every Care Group, service and department in their BIA and the recovery processes clearly identified 	SM	March 2018	BCP's in progress - all templates must be completed to include evidence of recovery for these key service systems should they fail with associated impact assessment	

	<p>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.</p>	<p>Duty to maintain emergency and business continuity plans (section 26)</p>		<ul style="list-style-type: none"> • Each Care Group, service or department to analyse critical functions • BCP's to include appropriate recovery for these critical functions, risk assess them and incorporate what is the acceptable level of service to maintain specialist service delivery in the event of an incident or disruption 	<p>SM</p>	<p>March 2018</p>	<p>Roll-out program in place for ALL services and departments to submit BCP's which in turn identify a balanced delivery of service in the event of service interruption of Critical Functions.</p> <p>BCP Matrix is an agenda item on the September 2017 Organisational Risk Group meeting which is the identified assurance authority for BCP compliance across the Trust</p>	
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	Those on-call must meet identified competencies and key knowledge and skills for staff	Command & Control (section 31)		<ul style="list-style-type: none"> • All Site Co-ordinators must receive bespoke Incident Awareness and Command & Control training • All Operational Managers must receive SaTH bespoke Incident Commander Training • All Executive Directors must receive SaTH bespoke Incident Commander Training • Incident Commander on-call competencies must be completed by all on-call officers in line with National Occupational Standards as well as localised principles • Training schedule and bookings need implementing 	SM (supported by SB)	March 2018	Agenda item for September EP& BCP Meeting	
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	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Duty to communicate with the public (section		<ul style="list-style-type: none"> • Bespoke Comms Incident Response Plan required • Media RVP requires identifying • Exec Directors require bespoke incident media delivery training 	Comms Team	Dec 2017	Meeting identified between EPRO & Comms late September 2017	
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	<p>Arrangements include a current training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents</p>	<p>Training and Exercising (section 49)</p>		<ul style="list-style-type: none"> • Care Group Directors to acknowledge and actively support study time to include EP Awareness & Response • All Site Coordinators/Operational Managers/Executive Directors on-call must undertake SaTH bespoke EP Awareness and Command & Control Training • Training records to be maintained on ESR or portfolio 	<p>SM</p>	<p>Ongoing</p>	<p>ED Nurse and Support Worker training identified and commenced on both sites (6hrs EP & CBRN Awareness & Response)</p> <p>Acknowledged that training across all Care Groups at nurse, medic and support staff level is required within most specialities & will be identified in EPRO report to Board, September 2017</p> <p>On-Call management and Exec training schedule required - also to be declared in EPRO Board Report and training package developed</p>	
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	<p>Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.</p>	<p>Training and Exercising (section 50)</p>		<ul style="list-style-type: none"> • Executives and Care Group Directors to commit support to staff, train and contribute to an exercise programme to reduce risk and gain staff confidence. • Exercising schedule to be designed around current risk register/departme ntal and Care Group/national requirements/tea m needs • To be identified in EPRO Board Report • To be added as standard item to EP & BCP agenda within on-going EP work plan. 	<p>SM (supported by CGD's)</p>	<p>March 2018</p>	<p>Agenda item on EP & BCP meeting – Sept 2017</p>	
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	<p>Preparedness ensures all incident commanders (on-call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.</p>	<p>Training and Exercising (section 52)</p>		<ul style="list-style-type: none"> • EP awareness and C&C training to be undertaken by ALL SaTH on-call officers • Competency framework should be developed with annual sign-off to recognise SaTH developments and national recommendations • Record of Commanders exercise participation to be maintained and encouraged as part of PDR 	<p>SM</p>	<p>March 2018</p>	<p>A couple of managers received training over past couple of years</p>	
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