

ICB Board

Title	Emergency Preparedness, Resilience and Response (EPRR) Core Standards Self-Assessment		
Author of the Report	ICS EPRR Operational Delivery Manager/Associate Director of Transformation, System Resilience and EPRR		
Name of the person presenting at the meeting			
Date of the report	November 2022		
Purpose of Paper	The purpose of this paper is to provide the ICB Board with an update with regards to the outcome of the annual NHS England EPRR Core Standards Annual Self-Assessment for 2022-23 and process undertaken with provider organisations.		
Is this report confidential?	No		
Summary	<ul style="list-style-type: none"> • All NHS organisations are required to undertake a self-assessment against the 2022 updated core standards relevant to their organisation which should then be taken to a public board or, for organisations that do not hold public boards, be published in their annual report. • The ICB has worked with organisations and LHRP partners to agree a process to gain confidence with organisational ratings and provide an environment that promotes the sharing of learning and good practice. This process has been agreed with the NHS England Regional Head of EPRR. • The areas which are currently assessed as partially compliant will be monitored and maintained as part of an action plan and continuously assessed by the Local Health Resilience Partnership (LHRP) as well as during the monthly meetings with EPRR Leads chaired by the ICB. An action plan will be developed by the ICB to oversee progress which will be shared and discussed by the LHRP to ensure system oversight 		
Recommendation(s)	ICB Board members are asked to note the outcome of the provider organisations annual NHS England EPRR core standards self-assessment for 2022-23.		
Consultation / Discussion Route <i>Please detail any consultation and other approval routes</i>	Meeting	Date	Outcome
Risks	Evacuation & Shelter. Focus will be placed upon this area of work for 2023-24.		

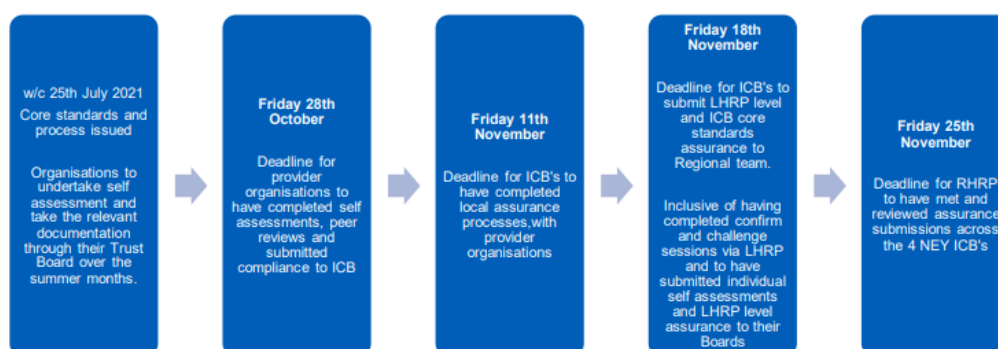
**North East and North Cumbria Integrated Care Board
ICB Board
Provider Organisations Emergency Preparedness, Resilience and
Response (EPRR) Annual Assurance 2022-23**

1. Introduction

- 1.1. The purpose of this report is to provide the North East and North Cumbria Integrated Care Board with the outcome of the annual NHS England EPRR Core Standards Annual Self-Assessment for 2022-23.
- 1.2. This paper describes the process undertaken with Provider Trusts.

2. Executive Summary

- 2.1. As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS-funded services must show they can effectively respond to major, critical and business continuity incidents while maintaining services to patients. To do this, NHS England asks commissioners and providers of NHS-funded care to complete an EPRR annual assurance process, self-assessing their compliance against core standards. The outcome of this process is used to inform the organisation’s overall EPRR annual assurance rating.
- 2.2. With the introduction of the Health and Care Act in 2022 and Integrated Care Boards taking on the role of Category 1 responders and taking over responsibility from NHSE for local EPRR leadership, the 2022/2023 assurance process was co-ordinated by NENC ICB.
- 2.3. The timeline for submission of this year’s standards within the North East & Yorkshire region was as follows:



- 2.4. Local organisations were required to complete their self-assessment, undertake a peer review with a similarly sized/type of organisation prior to submitting their completed self-assessment to the NENC ICB. The ICB then held a 'check and challenge' session with all providers which took place in October 2022 to discuss each Trusts declaration of

compliance and to identify any areas for further support/development either at a Trust level, local system or ICB.

2.5 North East and North Cumbria Integrated Care Board will now confirm with NHSE that they have successfully completed the annual assurance process with their system partners and will include Trust declarations in their submission.

3. Areas for Development

3.1. The following core standards have been identified by NENC ICB as requiring further development/enhancement during 2022/2023 with actions put in place to move organisations and the region to its desired position. NENC ICB will therefore work with stakeholders, through the Local Health Resilience Partnership to ensure progression.

- **Evacuation and Shelter** – A system wide evacuation process is required. All Trusts have plans in place to evacuate wards however there are no plans in place for a full evacuation which will include system partners such as social care. For the forthcoming year, the ICB will ensure that there is a regional approach to develop a policy with local standard operating procedures as well as considering patient triage systems and patient tracking systems.
- **Training and Exercising** – Due to national roll out of the Principles of Health Command training, all providers confirmed that they still required individuals to attend/complete this course and are awaiting the receipt of the commander portfolio's to enable them to undertake training needs analysis and monitor compliance against the minimum occupational standards for commanders.
- **Business Continuity** – A rigorous and robust process is needed to gain assurance from key suppliers on their business continuity arrangements.

4. Assurance Declaration

4.1. As per the NHS England EPRR Core Standards guidance, an overall assurance rating has been assigned based on the percentage of NHS Core Standards met by each organisation. The table below details the levels of compliance declared by each organisation. The collated submissions can be found in Appendix A.

Provider Organisation	Compliance Declaration
County Durham & Darlington NHS Foundation Trust	Substantially Compliant 91%
Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	Substantially Compliant 89%
Gateshead Health NHS Foundation Trust	Partially Compliant 83%
North Cumbria Integrated Care NHS Foundation Trust	Substantially Compliant 92%
North East Ambulance Service NHS Foundation Trust	Partially Compliant 86%
Northumbria Healthcare NHS Foundation Trust	Substantially Compliant 98%
North Tees & Hartlepool NHS Foundation Trust	Substantially Compliant 91%

Newcastle Upon Tyne Hospitals NHS Foundation Trust	Partially Compliant 84%
South Tees Hospital NHS Foundation Trust	Partially Compliant 81%
South Tyneside & Sunderland NHS Foundation Trust	Partially Compliant 86%
Tees, Esk and Wear Valleys NHS Foundation Trust	Substantially Compliant 89%

4.2. The areas which are currently assessed as partially compliant will be monitored and maintained as part of an action plan and continuously assessed by the Local Health Resilience Partnership (LHRP) as well as during the monthly meetings with EPRR Leads chaired by the ICB. An action plan will be developed by each Trust and the ICB to oversee progress which will be shared and discussed by the LHRP to ensure system oversight.

5. Recommendations

5.1. Members of the ICB Board are asked to review and note the North East and North Cumbria Integrated Care Board assurance process and provider organisations compliance ratings.

5.2. The ICB Board are asked to endorse the submission to NHS England as part of the NHSE EPRR annual assurance process for 2022-23.

Item 7.1

Provider Organisation Submissions Collated

Domain	Standard name	Standard Detail	Supporting Information - including examples of evidence	CDD FT	CNT W	GH FT	NCI C	NE AS	NHC T	NTE ES	NU TH	ST HFT	ST SFT	TEW V
				Substantially Compliant 91%	Substantially Compliant 89%	Partially Compliant 83%	Substantially Compliant 92%	Partially Compliant 86%	Substantially Compliant 98%	Substantially Compliant 91%	Partially Compliant 84%	Partially Compliant 81%	Partially Compliant 86%	Substantially Compliant 89%
Gov ernance	Senior Leadership	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 within their individual organisation, and have the appropriate authority, resources and budget to direct the EPRR portfolio.	<p><u>Evidence</u></p> <ul style="list-style-type: none"> Name and role of appointed individual AEO responsibilities included in role/job description 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Gov ernance	EPRR Policy Statement	<p>The organisation has an overarching EPRR policy or statement of intent.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> Business objectives and processes Key suppliers and contractual arrangements Risk assessment(s) Functions and / or organisation, structural and staff changes. 	<p>The policy should:</p> <ul style="list-style-type: none"> Have a review schedule and version control Use unambiguous terminology Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested and exercised Include references to other sources of information and supporting documentation. <p><u>Evidence</u></p> <p>Up to date EPRR policy or statement of intent that includes:</p> <ul style="list-style-type: none"> Resourcing commitment Access to funds Commitment to Emergency Planning, Business Continuity, Training, Exercising etc. 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant

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<p>Gov erna nce</p>	<p>EPRR board reports</p>	<p>The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually.</p> <p>The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements</p>	<p>These reports should be taken to a public board, and as a minimum, include an overview on:</p> <ul style="list-style-type: none"> • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified and learning undertaken from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process. <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board • For those organisations that do not have a public board, a public statement of readiness and preparedness activities. 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
<p>Gov erna nce</p>	<p>EPRR work progra mme</p>	<p>The organisation has an annual EPRR work programme, informed by:</p> <ul style="list-style-type: none"> • current guidance and good practice • lessons identified from incidents and exercises • identified risks • outcomes of any assurance and audit processes <p>The work programme should be regularly reported upon and shared with partners where appropriate.</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • Reporting process explicitly described within the EPRR policy statement • Annual work plan 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
<p>Gov erna nce</p>	<p>EPRR Resour ce</p>	<p>.</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • EPRR Policy identifies resources required to fulfil EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources • Role description of EPRR Staff/ staff who undertake the EPRR responsibilities • Organisation structure chart • Internal Governance process chart including EPRR group 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant

<p>Governance</p>	<p>Continuous improvement</p>	<p>The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements.</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement • Reporting those lessons to the Board/ governing body and where the improvements to plans were made • participation within a regional process for sharing lessons with partner organisations 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Duty to risk assess</p>	<p>Risk assessment</p>	<p>The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider all relevant risk registers including community and national risk registers.</p>	<ul style="list-style-type: none"> • Evidence that EPRR risks are regularly considered and recorded • Evidence that EPRR risks are represented and recorded on the organisations corporate risk register • Risk assessments to consider community risk registers and as a core component, include reasonable worst-case scenarios and extreme events for adverse weather 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Duty to risk assess</p>	<p>Risk Management</p>	<p>The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • EPRR risks are considered in the organisation's risk management policy • Reference to EPRR risk management in the organisation's EPRR policy document 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Duty to maintain plans</p>	<p>Collaborative planning</p>	<p>Plans and arrangements have been developed in collaboration with relevant stakeholders to ensure the whole patient pathway is considered.</p>	<p>Partner organisations collaborated with as part of the planning process are in planning arrangements</p> <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Consultation process in place for plans and arrangements • Changes to arrangements as a result of consultation are recorded 	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Duty to maintain plans</p>	<p>Incident Response</p>	<p>In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current (reviewed in the last 12 months) • 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 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>

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<p>Duty to maintain plans</p>	<p>Adverse Weather</p>	<p>In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current • in line with current national UK Health Security Agency (UKHSA) & NHS guidance and Met Office or Environment Agency alerts • 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 • reflective of climate change risk assessments • cognisant of extreme events e.g. drought, storms (including dust storms), wildfire. 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Duty to maintain plans</p>	<p>Infectious disease</p>	<p>In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • 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 <p>Acute providers should ensure their arrangements reflect the guidance issued by DHSC in relation to FFP3 Resilience in Acute setting incorporating the FFP3 resilience principles.</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Duty to maintain plans</p>	<p>New and emerging pandemics</p>	<p>In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • 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 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>

<p>Duty to maintain plans</p>	<p>Countermeasures</p>	<p>In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • 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 <p>Mass Countermeasure arrangements should include arrangements for administration, reception and distribution of mass prophylaxis and mass vaccination.</p> <p>There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop or support Mass Countermeasure distribution arrangements. Organisations should have plans to support patients in their care during activation of mass countermeasure arrangements.</p> <p>Commissioners may be required to commission new services to support mass countermeasure distribution locally, this will be dependant on the incident.</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Duty to maintain plans</p>	<p>Mass Casualty</p>	<p>In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • 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 <p>Receiving organisations should also include a safe identification system for unidentified patients in an emergency/mass</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>

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			casualty incident where necessary.										
Duty to maintain plans	Evacuation and shelter	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • 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 	Fully Compliant	Partially Compliant	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Partially Compliant	Partially Compliant	Fully Compliant
Duty to maintain plans	Lockdown	In line with current guidance, regulation and legislation, the organisation has arrangements in place to control access and egress for patients, staff and visitors to and from the organisation's premises and key assets in an incident.	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • 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 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant
Duty to maintain plans	Protect individuals	In line with current guidance and legislation, the organisation has arrangements in place to respond and manage 'protected individuals' including Very Important Persons (VIPs), high profile patients and visitors to the site.	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • 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 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant

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<p>Duty to maintain plans</p>	<p>Excess fatalities</p>	<p>The organisation has contributed to, and understands, its role in the multiagency arrangements for excess deaths and mass fatalities, including mortuary arrangements. This includes arrangements for rising tide and sudden onset events.</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current • in line with current national guidance in line with DVI processes • 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 	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Command and control</p>	<p>On-call mechanism</p>	<p>The organisation has resilient and dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications, internal or external. This should provide the facility to respond to or escalate notifications to an executive level.</p>	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement • On call Standards and expectations are set out • Add on call processes/handbook available to staff on call • Include 24 hour arrangements for alerting managers and other key staff. • CSUs where they are delivering OOHs business critical services for providers and commissioners 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Command and control</p>	<p>Trained on-call staff</p>	<p>Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions</p>	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy or statement of intent <p>The identified individual:</p> <ul style="list-style-type: none"> • Should be trained according to the NHS England EPRR competencies (National Minimum Occupational Standards) • 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. • Trained in accordance with the TNA identified frequency. 	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>

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<p>Training and exercising</p>	<p>EPRR Training</p>	<p>The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • Process explicitly described within the EPRR policy or statement of intent • 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 	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>
<p>Training and exercising</p>	<p>EPRR exercising and testing programme</p>	<p>In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)</p>	<p>Organisations should meet the following exercising and testing requirements:</p> <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. <p>The exercising programme must:</p> <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. <p>Lessons identified must be captured, recorded and acted upon as part of continuous improvement.</p> <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Exercising Schedule which includes as a minimum one Business Continuity exercise • Post exercise reports and embedding learning 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Training and exercising</p>	<p>Responder training</p>	<p>The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards.</p> <p>Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • Training records • Evidence of personal training and exercising portfolios for key staff 	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>
<p>Training and exercising</p>	<p>Staff Awareness & Training</p>	<p>There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.</p>	<p>As part of mandatory training Exercise and Training attendance records reported to Board</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>

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<p>Response</p>	<p>Incident Co-ordination Centre (ICC)</p>	<p>The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required.</p> <p>An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards.</p> <p>ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness.</p> <p>Arrangements should be supported with access to documentation for its activation and operation.</p>	<ul style="list-style-type: none"> • Documented processes for identifying the location and 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 • Arrangements might include virtual arrangements in addition to physical facilities but must be resilient with alternative contingency solutions. 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	
<p>Response</p>	<p>Access to planning arrangements</p>	<p>Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.</p>	<p>Planning arrangements are easily accessible - both electronically and local copies</p>	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
<p>Response</p>	<p>Management of business continuity incidents</p>	<p>In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).</p>	<ul style="list-style-type: none"> • Business Continuity Response plans • Arrangements in place that mitigate escalation to business continuity incident • Escalation processes 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
<p>Response</p>	<p>Decision Logging</p>	<p>To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure:</p> <ol style="list-style-type: none"> 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24 hour access to a trained loggist(s) to ensure support to the decision maker 	<ul style="list-style-type: none"> • Documented processes for accessing and utilising loggists • Training records 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	
<p>Response</p>	<p>Situation Reports</p>	<p>The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.</p>	<ul style="list-style-type: none"> • Documented processes for completing, quality assuring, signing off and submitting SitReps • Evidence of testing and exercising • The organisation has access to the standard SitRep Template 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	

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Response	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events'	Key clinical staff (especially emergency department) have access to the 'Clinical Guidelines for Major Incidents and Mass Casualty events' handbook.	Guidance is available to appropriate staff either electronically or hard copies	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
Response	Access to 'CBRN incident: Clinical Management and health protection'	Clinical staff have access to the 'CBRN incident: Clinical Management and health protection' guidance. (Formerly published by PHE)	Guidance is available to appropriate staff either electronically or hard copies	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
Warning and informing	Warning and informing	The organisation aligns communications planning and activity with the organisation's EPRR planning and activity.	<ul style="list-style-type: none"> Awareness within communications team of the organisation's EPRR plan, and how to report potential incidents. Measures are in place to ensure incidents are appropriately described and declared in line with the NHS EPRR Framework. Out of hours communication system (24/7, year-round) is in place to allow access to trained comms support for senior leaders during an incident. This should include on call arrangements. Having a process for being able to log incoming requests, track responses to these requests and to ensure that information related to incidents is stored effectively. This will allow organisations to provide evidence should it be required for an inquiry. 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	
Warning and informing	Incident Communication Plan	The organisation has a plan in place for communicating during an incident which can be enacted.	<ul style="list-style-type: none"> An incident communications plan has been developed and is available to on call communications staff The incident communications plan has been tested both in and out of hours Action cards have been developed for communications roles A requirement for briefing NHS England regional communications team has been established The plan has been tested, both in and out of hours as part of an exercise. Clarity on sign off 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant	

			<p>for communications is included in the plan, noting the need to ensure communications are signed off by incident leads, as well as NHSE (if appropriate).</p>										
<p>Warning and informing</p>	<p>Communication with partners and stakeholders</p>	<p>The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.</p>	<ul style="list-style-type: none"> Established means of communicating with staff, at both short notice and for the duration of the incident, including out of hours communications A developed list of contacts in partner organisations who are key to service delivery (local Council, LRF partners, neighbouring NHS organisations etc) and a means of warning and informing these organisations about an incident as well as sharing communications information with partner organisations to create consistent messages at a local, regional and national level. A developed list of key local stakeholders (such as local elected officials, unions etc) and an established a process by which to brief local stakeholders during an incident Appropriate channels for communicating with members of the public that can be used 24/7 if required Identified sites within the organisation for displaying of important public information (such as main points of access) Have in place a means of communicating with patients who have appointments booked or are receiving treatment. Have in place a plan to communicate with inpatients and their families or care givers. The organisation publicly states its readiness and preparedness 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>

			activities in annual reports within the organisations own regulatory reporting requirements									
Warning and informing	Media strategy	The organisation has arrangements in place to enable rapid and structured communication via the media and social media	<ul style="list-style-type: none"> • Having an agreed media strategy and a plan for how this will be enacted during an incident. This will allow for timely distribution of information to warn and inform the media • Develop a pool of media spokespeople able to represent the organisation to the media at all times. • Social Media policy and monitoring in place to identify and track information on social media relating to incidents. • Setting up protocols for using social media to warn and inform • Specifying advice to senior staff to effectively use social media accounts whilst the organisation is in incident response 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant
Cooperation	LHRP Engagement	The Accountable Emergency Officer, or a director level representative with delegated authority (to authorise plans and commit resources on behalf of their organisation) attends Local Health Resilience Partnership (LHRP) meetings.	<ul style="list-style-type: none"> • Minutes of meetings • Individual members of the LHRP must be authorised by their employing organisation to act in accordance with their organisational governance arrangements and their statutory status and responsibilities. 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Cooperation	LRF / BRF Engagement	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 partner responders.	<ul style="list-style-type: none"> • Minutes of meetings • A governance agreement is in place if the organisation is represented and feeds back across the system 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant

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<p>Cooperation</p>	<p>Mutual aid arrangements</p>	<p>The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.</p> <p>In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.</p>	<ul style="list-style-type: none"> • Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Templates and other required documentation is available in ICC or as appendices to IRP • Signed mutual aid agreements where appropriate 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant
<p>Cooperation</p>	<p>Arrangements for multi area response</p>	<p>The organisation has arrangements in place to prepare for and respond to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.</p>	<ul style="list-style-type: none"> • Detailed documentation on the process for coordinating the response to incidents affecting two or more LHRPs • Where an organisation sits across boundaries the reporting route should be clearly identified and known to all 		Fully Compliant	Fully Compliant		Fully Compliant						
<p>Cooperation</p>	<p>Health tripartite working</p>	<p>Arrangements are in place defining how NHS England, the Department of Health and Social Care and UK Health Security Agency (UKHSA) will communicate and work together, including how information relating to national emergencies will be cascaded.</p>	<ul style="list-style-type: none"> • Detailed documentation on the process for managing the national health aspects of an emergency 		Fully Compliant	Fully Compliant								
<p>Cooperation</p>	<p>LHRP Secretariat</p>	<p>The organisation has arrangements in place to ensure that the Local Health Resilience Partnership (LHRP) meets at least once every 6 months.</p>	<ul style="list-style-type: none"> • LHRP terms of reference • Meeting minutes • Meeting agendas 		Fully Compliant	Fully Compliant								
<p>Cooperation</p>	<p>Information sharing</p>	<p>The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.</p>	<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 2016, Caldicott Principles, Safeguarding requirements and the Civil Contingencies Act 2004 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant
<p>Business Continuity</p>	<p>BC policy statement</p>	<p>The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the <u>ISO standard 22301</u>.</p>	<p>The organisation has in place a policy which includes intentions and direction as formally expressed by its top management. The BC Policy should:</p> <ul style="list-style-type: none"> • Provide the strategic direction from which the business continuity programme is delivered. • Define the way in which the organisation will approach business continuity. • Show evidence of being supported, approved and owned by top management. • Be reflective of the organisation in terms of size, complexity and type of organisation. 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant

			<ul style="list-style-type: none"> • Document any standards or guidelines that are used as a benchmark for the BC programme. • Consider short term and long term impacts on the organisation including climate change adaption planning 										
<p>Business Continuity</p>	<p>Business Continuity Management Systems (BCMS) scope and objectives</p>	<p>The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.</p> <p>A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.</p>	<p>BCMS should detail:</p> <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 • alignment to the organisations strategy, objectives, operating environment and approach to risk. • the outsourced activities and suppliers of products and suppliers. • how the understanding of BC will be increased in the organisation 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant

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Business Continuity	Business Impact Analysis/Assessment (BIA)	<p>The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).</p>	<p>The organisation has identified prioritised activities by undertaking a strategic Business Impact Analysis/Assessment. Business Impact Analysis/Assessment is the key first stage in the development of a BCMS and is therefore critical to a business continuity programme.</p> <p>Documented process on how BIA will be conducted, including:</p> <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. <p>The organisation should undertake a review of its critical function using a Business Impact Analysis/assessment. Without a Business Impact Analysis organisations are not able to assess/assure compliance without it. The following points should be considered when undertaking a BIA:</p> <ul style="list-style-type: none"> • Determining impacts over time should demonstrate to top management how quickly the organisation needs to respond to a disruption. • A consistent approach to performing the BIA should be used throughout the organisation. • BIA method used should be robust enough to ensure the information is collected consistently and impartially. 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant
													Partially Compliant	Partially Compliant

<p>Business Continuity</p>	<p>Business Continuity Plans (BCP)</p>	<p>The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:</p> <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure 	<p>Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation.</p> <p>Ensure BCPS are Developed using the ISO 22301 and the NHS Toolkit. BC Planning is undertaken by an adequately trained person and contain the following:</p> <ul style="list-style-type: none"> • Purpose and Scope • Objectives and assumptions • Escalation & Response Structure which is specific to your organisation. • Plan activation criteria, procedures and authorisation. • Response teams roles and responsibilities. • Individual responsibilities and authorities of team members. • Prompts for immediate action and any specific decisions the team may need to make. • Communication requirements and procedures with relevant interested parties. • Internal and external interdependencies. • Summary Information of the organisations prioritised activities. • Decision support checklists • Details of meeting locations • Appendix/Appendices 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Business Continuity</p>	<p>Testing and Exercising</p>	<p>The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.</p>	<p>Confirm the type of exercise the organisation has undertaken to meet this sub standard:</p> <ul style="list-style-type: none"> • Discussion based exercise • Scenario Exercises • Simulation Exercises • Live exercise • Test • Undertake a debrief <p><u>Evidence</u> Post exercise/ testing reports and action plans</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Business Continuity</p>	<p>Data Protection and Security Toolkit</p>	<p>Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • Statement of compliance • Action plan to obtain compliance if not achieved 	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>

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Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	<ul style="list-style-type: none"> • Business continuity policy • BCMS • performance reporting • Board papers 	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant
Business Continuity	BC audit	<p>The organisation has a process for internal audit, and outcomes are included in the report to the board.</p> <p>The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.</p>	<ul style="list-style-type: none"> • process documented in EPRR policy/Business continuity policy or BCMS aligned to the audit programme for the organisation • Board papers • Audit reports • Remedial action plan that is agreed by top management. • An independent business continuity management audit report. • Internal audits should be undertaken as agreed by the organisation's audit planning schedule on a rolling cycle. • External audits should be undertaken in alignment with the organisations audit programme 	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Business Continuity	BCMS continuous improvement processes	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	<ul style="list-style-type: none"> • process documented in the EPRR policy/Business continuity policy or BCMS • Board papers showing evidence of improvement • Action plans following exercising, training and incidents • Improvement plans following internal or external auditing • Changes to suppliers or contracts following assessment of suitability <p>Continuous Improvement can be identified via the following routes:</p> <ul style="list-style-type: none"> • Lessons learned through exercising. • Changes to the organisations structure, products and services, infrastructure, processes or activities. • Changes to the environment in which the organisation operates. • A review or audit. • Changes or updates to the business continuity management lifecycle, such as the BIA or continuity solutions. • Self assessment • Quality assurance • Performance appraisal • Supplier performance • Management review • Debriefs • After action reviews 	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant

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			<ul style="list-style-type: none"> Lessons learned through exercising or live incidents 																		
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 business continuity arrangements align and are interoperable with their own.	<ul style="list-style-type: none"> EPRR policy/Business continuity policy or BCMS outlines the process to be used and how suppliers will be identified for assurance Provider/supplier assurance framework Provider/supplier business continuity arrangements <p>This may be supported by the organisations procurement or commercial teams (where trained in BC) at tender phase and at set intervals for critical and/or high value suppliers</p>	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Not Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Partially Compliant							
Business Continuity	Computer Aided Dispatch	Manual distribution processes for Emergency Operations Centre / Computer Aided Dispatch systems are in place and have been fully tested annually, with learning identified, recorded and acted upon	<ul style="list-style-type: none"> Exercising Schedule Evidence of post exercise reports and embedding learning 		Fully Compliant	Fully Compliant		Fully Compliant													
CBRN	Telephony advice for CBRN exposure	Key clinical staff have access to telephone advice for managing patients involved in CBRN incidents.	Staff are aware of the number / process to gain access to advice through appropriate planning arrangements	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant							

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<p>CBRN</p>	<p>HAZMAT / CBRN planning arrangement</p>	<p>There are documented organisation specific HAZMAT/ CBRN response arrangements.</p>	<p>Evidence of:</p> <ul style="list-style-type: none"> • command and control structures • procedures for activating staff and equipment • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • interoperability with other relevant agencies • plan to maintain a cordon / access control • 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 	<p>Fully Compliant</p>		<p>Fully Compliant</p>	<p>Fully Compliant</p>		<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>CBRN</p>	<p>HAZMAT / CBRN risk assessments</p>	<p>HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste. 	<ul style="list-style-type: none"> • Impact assessment of CBRN decontamination on other key facilities 	<p>Fully Compliant</p>		<p>Fully Compliant</p>		<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	
<p>CBRN</p>	<p>Decontamination capability availability 24 /7</p>	<p>The organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week.</p>	<p>Rotas of appropriately trained staff availability 24 /7</p>	<p>Fully Compliant</p>		<p>Partially Compliant</p>	<p>Fully Compliant</p>		<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	

CB RN	Equipment and supplies	<p>The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients.</p> <ul style="list-style-type: none"> Acute providers - see Equipment checklist: https://www.england.nhs.uk/ourwork/epr/hm/ Community, Mental Health and Specialist service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/epr-chemical-incidents.pdf Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ 	Completed equipment inventories; including completion date	Fully Compliant		Fully Compliant	Fully Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
CB RN	PRPS availability	<p>The organisation has the expected number of PRPS (sealed and in date) available for immediate deployment.</p> <p>There is a plan and finance in place to revalidate (extend) or replace suits that are reaching their expiration date.</p>	Completed equipment inventories; including completion date	Fully Compliant		Fully Compliant	Fully Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
CB RN	Equipment checks	<p>There are routine checks carried out on the decontamination equipment including:</p> <ul style="list-style-type: none"> PRPS Suits Decontamination structures Disrobe and robe structures Shower tray pump RAM GENE (radiation monitor) Other decontamination equipment. <p>There is a named individual responsible for completing these checks</p>	Record of equipment checks, including date completed and by whom.	Fully Compliant		Fully Compliant	Partially Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
CB RN	Equipment Preventative Programme of Maintenance	<p>There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for:</p> <ul style="list-style-type: none"> PRPS Suits Decontamination structures Disrobe and robe structures Shower tray pump RAM GENE (radiation monitor) Other equipment 	Completed PPM, including date completed, and by whom	Fully Compliant		Fully Compliant	Fully Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
CB RN	PPE disposal arrangements	There are effective disposal arrangements in place for PPE no longer required, as indicated by manufacturer / supplier guidance.	Organisational policy	Fully Compliant		Fully Compliant	Fully Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
CB RN	HAZMAT / CBRN training lead	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training	Maintenance of CPD records	Fully Compliant		Fully Compliant	Partially Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	

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CB RN	Training programme	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programmes should include training for PPE and decontamination.	Evidence training utilises advice within: <ul style="list-style-type: none"> • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • A range of staff roles are trained in decontamination techniques • Lead identified for training • Established system for refresher training 	Fully Compliant		Partially Compliant	Fully Compliant		Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
CB RN	HAZMAT/ CBRN trained trainers	The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.	Maintenance of CPD records	Fully Compliant		Fully Compliant	Fully Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
CB RN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Evidence training utilises advice within: <ul style="list-style-type: none"> • Primary Care HAZMAT/ CBRN guidance • 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 • A range of staff roles are trained in decontamination technique 	Fully Compliant		Partially Compliant	Fully Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	
CB RN	FFP3 access	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to, and are trained to use, FFP3 mask protection (or equivalent) 24/7.		Fully Compliant		Fully Compliant	Fully Compliant		Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	

Domain	Standard	Deep Dive question	CDDFT	CNTW	GHFT	NCIC	NEAS	NHCT	NTEES	NUTH	STHFT	STSFT	TEWV
Evacuation and Shelter	Up to date plans	The organisation has updated its evacuation and shelter arrangements since October 2021, to reflect the latest guidance.	Fully Compliant	Fully Compliant	Partially Compliant	Partially Compliant	Fully Compliant	Not Compliant	Partially Compliant	Partially Compliant	Partially Compliant	Partially Compliant	Partially Compliant
Evacuation and Shelter	Activation	The organisation has defined evacuation activation arrangements, including the decision to evacuate and/or shelter by a nominated individual with the authority of the organisation's chief executive officer.	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Not Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Partially Compliant	Fully Compliant
Evacuation and Shelter	Incremental planning	The organisation's evacuation and shelter plan clearly defines the incremental stages of an evacuation, including in situ sheltering, horizontal, vertical, full building, full site and off-site evacuation.	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	N/A	Not Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant
Evacuation and Shelter	Evacuation patient triage	The organisation has a process in place to triage patients	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Not Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Partially Compliant	Fully Compliant

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		in the event of an incident requiring evacuation and/or shelter of patients.											
Evacuation and Shelter	Patient movement	The organisation's arrangements, equipment and training includes the onsite movement of patients required to evacuate and/or shelter.	Partially Compliant	Fully Compliant	Partially Compliant	Fully Compliant	N/A	Not Compliant	Fully Compliant	Partially Compliant	Partially Compliant	Fully Compliant	Fully Compliant
Evacuation and Shelter	Patient transportation	The organisation's arrangements, equipment and training includes offsite transportation of patients required to be transferred to another hospital or site.	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	N/A	Not Compliant	Fully Compliant	Partially Compliant	Not Compliant	Partially Compliant	Fully Compliant
Evacuation and Shelter	Patient dispersal and tracking	The organisation has an interoperable patient tracking process in place to safely account for all patients as part of patient dispersal arrangements.	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	N/A	Not Compliant	Fully Compliant	Partially Compliant	Not Compliant	Partially Compliant	Fully Compliant
Evacuation and Shelter	Patient receiving	The organisation has arrangements in place to safely receive patients and staff from the evacuation of another organisations inpatient facility. This could with little advanced notice.	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant	N/A	Not Compliant	Fully Compliant	Partially Compliant	Partially Compliant	Fully Compliant	Fully Compliant
Evacuation and Shelter	Community Evacuation	The organisation has effective arrangements in place to support partners in a community evacuation, where the population of a large area may need to be displaced.	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Not Compliant	Fully Compliant	Fully Compliant	Partially Compliant	N/A	Fully Compliant
Evacuation and Shelter	Partnership working	The organisation's arrangements include effective plans to support partner organisations during incidents requiring their evacuation.	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Not Compliant	Fully Compliant	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant

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<p>Evacuation and Shelter</p>	<p>Communications-Warning and informing</p>	<p>The organisation's evacuation and shelter arrangements include resilient mechanisms to communicate with staff, patients, their families and the public, pre, peri and post evacuation.</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Not Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>
<p>Evacuation and Shelter</p>	<p>Equality and Health Inequalities</p>	<p>The organisation has undertaken an Equality and Health Inequalities Impact Assessment of plans to identify the potential impact evacuation and shelter arrangements may have on protected characteristic groups and groups who face health inequalities.</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Not Compliant</p>	<p>Partially Compliant</p>	<p>Not Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>
<p>Evacuation and Shelter</p>	<p>Exercising</p>	<p>The evacuation and shelter arrangements have been exercised in the last 3 year. Where this isn't the case this will be included as part of the organisations EPRR exercise programme for the coming year. Please specify.</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Fully Compliant</p>	<p>Not Compliant</p>	<p>Partially Compliant</p>	<p>Partially Compliant</p>	<p>Fully Compliant</p>	<p>Not Compliant</p>	<p>Fully Compliant</p>

Item 7.1