University Hospitals of Leicester **NHS**
NHS Trust

Trust Board Paper W

To:	Trust Board
From:	Aaron Vogel – Emergency Planning Officer
Date:	**28 November 2013**
CQC regulation:	Regulation 9 (Regulated activities) Outcomes 4 Regulation 24 (Regulated activities) Outcome 6

Title:	**EPRR Core Standards Self-Assessment**

Author/Responsible Director: Aaron Vogel – Emergency Planning Officer, Richard Mitchell - COO

Purpose of the Report: To outline the current position of the trust against its requirements under NHS England EPRR Core Standards in support of the Trust's legal requirements under the Civil Contingencies Act 2004 and Health and Social Care Act 2012.

NHS England are currently reviewing the position of all Acute Trust's in relation to the core standard.

The Report is provided to the Board for:

Decision		Discussion	
Assurance		Endorsement	**X**

Summary / Key Points:
Of the 119 standards being assessed it has been identified that we are compliant with 63.9% of the standards, 22.7% exist in draft stage and 13.4% are noncompliant.
An action plan has been developed, and is included, to ensure that the outstanding issues are resolved.

The Trust Executive will monitor progress and review in January 2013.

Recommendations:
The Board are asked to accept this report and endorse the programme of work with support from relevant staff and service areas within the Trust.

Previously considered at another corporate UHL Committee?
Trust Executive

Board Assurance Framework:	**Performance KPIs year to date:**
11 – Loss of Business Continuity	Since March 2013 43.4% increase in compliant standards and a decrease of 35.7% and 46.7% in amber and red standards

Resource Implications (eg Financial, HR):
Training and Exercising
Process, plans and policy development requiring support from all CMGs and Corporate services

Assurance Implications:
Assurance to NHS England against core standards in Emergency Planning

Patient and Public Involvement (PPI) Implications:
None

Stakeholder Engagement Implications:

Will support our requirements to engage with external partners i.e. other emergency services. It will ensure that appropriate arrangements are in place
Equality Impact: None
Information exempt from Disclosure: None
Requirement for further review? Annually – will form part of the annual plan and reporting Executive Team will review progress in January 2013

Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment Assurance Report

Aaron Vogel

Emergency Planning Officer

November 2013

1   Introduction

1.1 In April 2013, NHS England produced details of new structures, procedures and core standards for the providers of NHS funded care in relation to Emergency Preparedness, Resilience and Response (EPRR). These support and elaborate on the Trust's requirements under the Civil Contingencies Act 2004 (CCA) and the Health and Social Care Act 2012.

1.2 In October 2013, NHS England began its first annual assurance process of the new EPRR arrangements. The Trust is required to submit a self-assessment with board sign off, to be reviewed and provide assurance to NHS England of the compliance of the Trust with the core standards (119 to be reviewed in 2013). This report provides a summary of the core standards, the position of the trust, a summary of the improvements made since March 2013 based on an internal self-assessment and action plans to resolve any outstanding issues.

1.3 The Trust Board is requested to note this report, its recommendations and sign it off for further ratification by NHS England.

2   Core Standards in Summary

2.1 The EPRR core standards are the minimum standards to which the Trust must meet and be able to evidence against compliance. It is the responsibility of the Accountable Emergency Officer (Chief Operating Officer) to ensure that the core standards are being met. There are 125 core standards that apply to the Trust covering both EPRR and service resilience (Business Continuity). In general these standards require the Trust to;

    a)   Nominate an accountable emergency officer who will be responsible for EPRR; and

    b)   Contribute to area planning for EPRR through local health resilience partnerships (LHRPs) and other relevant groups[1].

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[1] LHRPs provide a strategic forum for local NHS organisations to facilitate health sector preparedness and planning for emergencies at LRF level. It is co-chaired by NHS England LAT Directors responsible for EPRR and a lead Director for Public Health (DPH).

2.2 In relation to EPRR the Trust must have;

a) Suitable up to date plans which set out how they plan for, respond to and recover from major incidents and emergencies as identified in local and community risk registers;

b) Test these plans through
   - A communications exercise every six months;
   - A desktop exercise once a year;
   - A major live or simulated exercise every three years

c) Have suitably trained, competent staff and the right facilities available 24/7 365 days a year to effectively manage a major incident or emergency

d) Share their resources as required to respond to a major incident or emergency

2.3 In relation to service resilience the Trust must have suitable plans which set out how we will;

a) Maintain continuous service when faced with disruption from identified local risks

b) Resume key services which have been disrupted by, for example severe weather, IT failure, an infectious disease, a fuel shortage or industrial action

This planning should follow the principles of ISO 22301 and PAS 2015.

3 Summary of the Current UHL Position

Table 1 Current position summary and comparison against compliance of EPRR core standards

	October 2013		March 2013		
	Total	Percentage	Total	Percentage	Percentage Difference
GREEN - arrangements in place now, compliant with core standards	76	63.9%	53	42.4%	+43.4%
AMBER - draft or scheduled on action plan for completion by Dec 2013	27	22.7%	42	33.6%	-35.7%
RED - arrangements not in place or scheduled for completion after Jan 2014	16	13.4%	30	24.0%	-46.7%
Total	119	100	125	100	

3.1 As table 1 shows the current results show that 63.9% of the standards were assessed as green; which is a 43.4% increase in compliance compared to the March 2013 self-assessment. The number of standards assessed as amber and red are 22.7% and 13.4% respectively, with a reduction of 35.7% of standards assessed as amber and 46.7% assessed as red. So an overall improving situation compared to March 2013.

3.2 The core standards assessed as amber largely relate arrangements that are currently undergoing development, are in a draft format, require updating or exist as anecdotal/adhoc arrangement that require formalising and documenting in relative plans and policies. Such examples include development of business continuity plans, pandemic flu plan, response strategies and other specific response arrangements. However there are some considerable areas such as lock down plans and site evacuation plans that are not fully developed.

3.3 The majority of the core standards that are assessed as red relate to lack of specific details listed in policy documents, arrangements for resources and services required to support a response. For example; details on supplies, incurred expenditure control and support to/from wider partners through mutual aid and predetermined planning arrangements.

4 Action Plan

4.1 Each core standard assessed as amber or red has been given an action and deadline date to resolve. The full list is included in Annex 1. It is anticipated that many of the outstanding issues will be resolved by the development of the new Trust Major Incident Plan, scheduled for completion in March 2014 and other areas of work currently being undertaken. The Emergency Planning and Business Continuity Committee will monitor the progress of the action plan through to the Executive Team. The next update to the Executive will be 21st January 2014.

5 Conclusion

5.1 There are a number of areas that still require addressing however they should not impede the ability of the Trust to respond. Plans and procedures that are in place should provide for an appropriate response. The Board are asked to accept this report and endorse the programme of work with support from relevant staff and service areas within the Trust.

Annex 1 – Overview of the amber and red assessed standards

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Commentary/ References to Evidence Supplied	Self Assessment	Priority for resolution	Action	Deadline
2	**All NHS organisations and providers of NHS funded care must share their resources as necessary when they are required to respond to a significant incident or emergency.**	LLR Local Health Resilience Partnership - Memorandum of Understanding requires further development in IRPs	AMBER	LOW	Add reference to MOUs and process for activating into the revised major incident plan.	Mar-14
4 . 2	Organisations must maintain a risk register which links back to the National Risk Assessment (NRA) and Community Risk Register (CRR).	Nothing currently recorded but involvement developing the CRR. Many risks may be captured locally on DATIX. Discussions and process agreed with risk management team as to how to capture.	AMBER	MEDIUM	Document the top 10 risks from the CRR on to DATIX with suitable reference to CRR and NRA.	Nov-13
5 . 5	include plans to maintain the resilience of the organisation as a whole, so that the Estates Department and Facilities Department are not planning in isolation.	Interserve included in the Emergency Planning Committee, Action cards in Major Incident Plan and Draft Trust Business Continuity Action cards contain actions that Interserve require the Trust to undertake during a loss/disruption of a service	AMBER	HIGH	Interserve to complete their response plans	Dec-13
5 . 11	have been written in collaboration with all burns, trauma and critical care networks; and	Burn network draft plan developed, flu plan being developed with Trust critical care lead	AMBER	MEDIUM	Network arrangements to be included in reviewed plans	Mar-14
5 . 21	explain how predicted and unexpected spending will be covered and how a unique cost centre and budget code can be made available to track costs; and	Requirements agreed. Requires developing and implimenting. Agreed that a new cost code will be established with company credit cards linked to it.	RED	MEDIUM	Process needs to be developed with Finance and Procurement as part of the current major incident plan review.	Mar-14
5 . 22	demonstrate a systematic risk assessment process in identifying risks relating to any part of the plan or the identified emergency.		RED	MEDIUM	To address with risk manager	Dec-13

5 . 32	Set out the responsibilities of key staff and departments.	Action Cards within all plans More detailed responsibilities for each department being worked into revised plans	AMBER	MEDIUM	Being developed as part of the Major Incident Plan review. Some old plans currently contain details	Mar-14
5 . 34	Explain how mutual aid arrangements will be activated and maintained.		RED	MEDIUM	Some initial discussions with NHS England and other health partners. Details to be finalised and incorporated into the new Major Incident Plan	Mar-14
5 . 37	**Best Practice:** Use an electronic data-logging system to record the decisions made.	Options being considered. Loggist currently trained in using standard log book and best practice	RED	MEDIUM	Research options and submit proposals on an electronic logging system	Jan-14
5 . 38	**Best Practice:** Use the National Resilience Extranet.	Options being considered	RED	LOW	Dependant on how the NRE is being developed	
5 . 42	Explain how to communicate with partners, the public and internal staff based on a formal communications strategy. This must take into account the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public'. Social networking tools may be of use here.	Communications Lead action card, Section on Communications and Information sharing during a major incident. Will require updating and further development.	AMBER	MEDIUM	Communications plan to be updated and liaise with LRF coms leads and LRF coms plan	Apr-14
5 . 43	Have agreements in place with local 111 providers so they know how they can help with an incident		RED	LOW	Liaise with NHS England and CCGs as to what can be done and whose responsibility it would be.	Jun-14
5 . 44	Consider using helplines in an emergency. Set up procedures in advance which explain the arrangements. Make sure foreign language lines are part of these arrangements.	Hotline number and procedure available. Requires minor updating	AMBER	MEDIUM	Telecoms/NTT to confirm details with hotline provider and validate arrangements	Dec-13
5 . 45	Describe how stores and supplies will be maintained.		RED	MEDIUM	Liaise with finance and procurement to develop a process	Jun-14
5 . 46	Explain how specific casualties will be managed – for example, burns, paediatrics and those from certain faiths.	Some local SOPs not written into the Major Incident Plan	AMBER	MEDIUM	Incorporate into the revised Major Incident Plan	Mar-14
5 . 48	Explain the process of recovery and returning to normal processes.	Major Incident Plan states to implement a recovery plan no further details	RED	HIGH	Develop recovery arrangements and incorporate into the new major incident plan	Mar-14

5 . 50	Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services).	Currently detailed in the Relatives' Reception Centre Plan to be moved to MIP	AMBER	LOW	Incorporate into the revised Major Incident Plan	Mar-14
5 . 56	patients with burns requiring critical care; and	Burn network draft plan developed Nothing specifically available for critical care	AMBER	MEDIUM	Incorporate into the revised Major Incident Plan	Mar-14
6 . 2	There must be detailed operating procedures to help manage the ICC (for example, contact lists and reporting templates).	New SOPs to be developed with creation of new ICC	RED	HIGH	Incorporate into the revised Major Incident Plan	Dec-13
7	**All NHS organisations and providers of NHS funded care must develop, maintain and continually improve their business continuity management systems. This means having suitable plans which set out how each organisation will maintain continuity in its services during a disruption from identified local risks and how they will recover delivery of key services in line with ISO22301. Organisations must:**	Business Continuity Policy - currently based on BS25999 Draft templates of local plans - currently being redeveloped Trust Major Incident Plan includes reference to internal incidents - same structure would be applied. PwC Audit report	AMBER	MEDIUM	BCMS is due for review in January 2014. Will undertake a review and update based from the review	Jun-14
7 . 2	set out how finances and unexpected spending will be covered, and how unique cost centres and budget codes can be made available to track costs;	Requirements agreed. Requires developing and implimenting	RED	MEDIUM	Process needs to be developed with Finance and Procurement as part of the current major incident plan review.	Mar-14
7 . 3	develop business continuity strategies for continuing and recovering critical activities within agreed timescales, including the resources required such as people, premises, ICT, information, utilities, equipment, suppliers and stakeholders; and	Harder to quantify for an Acute setting, BIAs developed, IM&T plans identify priority order systems. IM&T working towards ISO 22000. Time frames and priorities would be determined by the hospital control team during an incident based on services impacted	RED	LOW	Set out principles/strategy for managing downtime of critical resources	Jun-14
7 . 4	develop, use and maintain business continuity plans to manage disruptions and significant incidents based on recovery time objectives and timescales identified in the business impact analysis	Draft templates of local plans - currently being redeveloped	AMBER	HIGH	Continue on programme of work to develop BCPs	Dec-13

7 . 13	Risk assessments must take into account community risk registers and at very least include 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; • fuel shortages; • surges in activity; • IT and communications; • supply chain failure; and • associated risks in the surrounding area (e.g. COMAH and iconic sites).	Emergency Planning Committee review CRR and identify any issues/risks to the organisation. No current process to formalise this although work is underway to address. Loss of Business Continuity is on the Corporate Risk Register (Board Assurance Framework).	AMBER	MEDIUM	Document the top 10 risks from the CRR on to DATIX with suitable reference to CRR and NRA.	Nov-13
7 . 16	Organisations must highlight which of their critical activities have been put on the corporate risk register and how these risks are being addressed.	Loss of Business Continuity is on the Corporate Risk Register (Board Assurance Framework). Individual risks need to be included on corporate risk register	AMBER	MEDIUM	incorporated into action 7.13	Nov-13
7 . 17	Organisations must develop, use, maintain and test procedures for receiving and cascading warnings and other communications before, during and after a disruption or significant incident. If appropriate, business continuity plans must be published on external websites and through other information-sharing media.	Included in training packages, draft service area action cards with appropriate levels of escalation to notify the Trust of an incident.	AMBER	HIGH	Continue on programme of work to develop BCPs	
7 . 19	the procedures for escalating emergencies to CCGs and the NHS England area, regional and national teams;	Issues are routinely escalated to NHS England and CCGs however requires further detail in major incident plan but details of key agencies to contact are contained in the Major Incident Plan	AMBER	MEDIUM	Liaise with NHS England and CCGs to ensure process is documented	Dec-13
7 . 21	the responsibilities of key staff and departments;	Action Cards within all plans More detailed responsibilities for each department being worked into revised plans	AMBER	MEDIUM	Being developed as part of the Major Incident Plan review. Some old plans currently contain details	Mar-14

7 . 23	how mutual aid arrangements will be called into use and maintained;		RED	LOW	Liaise with NHS England to ensure the process is developed and incorporate into new Major Incident Plan	Dec-13
7 . 25	how the independent healthcare sector may help if required; and		RED	LOW	Determine which services are outsourced and what the capabilities of the private providers can assist with.	Dec-14
7 . 26	the insurance arrangement that are in place and how they may apply.	Requirements agreed. Requires developing and implimenting	RED	LOW	Liaise with finance and procurement to clarify	Dec-14
7 . 27	contact details for all key stakeholders;	Major Incident plan details key agencies to contact. Further stakeholders to be included. Local plans contain some details	AMBER	LOW	Key stakeholders to be included in local plans when developed	Dec-13
7 . 28	alternative locations for the business;	Services are limited by availability of other resources and infrastructure. Would be determined within Hospital Control Team. Some local understanding and arrangements where services can be relocated	AMBER	MEDIUM	Further developed through the development of local plans.	Apr-14
7 . 30	recovery and restoration processes and how they will be set up following an incident;	Some detail on how services will be restored and what actions to undertake during the recovery included in the service area action cards	AMBER	HIGH	Develop recovery arrangements and incorporate into the new major incident plan	
7 . 32	how the organisation will respond to the media following a significant incident, in line with the formal communications strategy;	Communications Lead action card, Section on Communications and Information sharing during a major incident. Will require updating and further development.	AMBER	MEDIUM	Communications plan to be updated and liaise with LRF coms leads and LRF coms plan	Apr-14
7 . 33	how staff will be accommodated overnight if necessary;	Draft arrangements for use of hotel (Holiday Inn) and on call rooms. On call rooms are regularly used routinely and Holiday Inn accommodation was used during the cold weather in January 2013.	AMBER	LOW	Arrangements to be developed and formalised with HR.	Nov-13
7 . 34	how stores and supplies will be managed and maintained; and		RED	MEDIUM	Liaise with finance and procurement to develop a process	Jun-14

8 . 1	detailed lockdown procedures;	Available for the LRI	AMBER	MEDIUM	Requires updating and development across all three sites by Interserve	May-14
8 . 2	detailed evacuation procedures;	Fire Plans - more development required	AMBER	HIGH	Requires updating and development across all three sites	
8 . 3	details of how they will manage relatives for any length of time, how patients and relatives will be reunited and how patients will be transported home if necessary;	Draft relatives' reception centre plan	AMBER	MEDIUM	Plan due to be finalised and agreed with division of Nursing and signed off by Emergency Planning Committee. Police documentation team exercise is being developed to test elements of this plan.	Jan-14
8 . 4	details of how they will manage fatalities and the relatives of fatalities; and	Draft relatives' reception centre plan	AMBER	MEDIUM	Plan due to be finalised and agreed with division of Nursing and signed off by Emergency Planning Committee. Police documentation team exercise is being developed to test elements of this plan.	Jan-14
8 . 5	**Best Practice:** reference to the Clinical Guidelines for Major Incidents.		RED	MEDIUM	ED plan to be updated to reflect where appropriate	Mar-14
19 . 1	outline how they can support NHS organisations affected by service disruption, especially by treating minor injuries to reduce the pressure on emergency departments. They will need to develop procedures for this in partnership with local acute trusts and ambulance and patient care transport providers.	UCC manages the front door for ambulatory adults arriving at ED. SOPs in place to support the routine admission and treatment of patients.	AMBER	MEDIUM	New front door policy and procedures to be reflected in the new major incident plan	Mar-14

Please complete Cells E1-E5 with your organisational details

**Select dropdown menu for relevant organisation type**

Filters have been provided to select only those questions relevant to each organisation type.

For example, if you represent an Acute Trust, click the down arrow for Acute trusts and check the X, this will hide the questions that are not relevant to acute trusts

If your organisation provides two types of service (eg: acute and community services, or mental health and community services) then you will need to select the appropriate columns sequentially, ensuring you have deselected the intial colum first.

For example, if you represent an Acute Trust, click the down arrow for Acute trusts and check the X and complete the relevant questions. Once completed, re-click the down arrow for acute trusts, ensure all boxes are checked, select the Community Trust down arrow, and check the X box under that field and complete any unanswered fields.

Specialist Trusts should use Acute Trust dropdown, however some areas may not be applicable to them
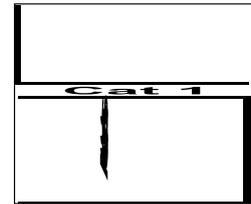
Suggested Minimum Level of Evidence to be submitted to review group

Submit a SINGLE COPY of the Incident Response Plan (MI Plan), appendices/ annexes and the Business Continuity Plan (Business Continuity Policy or Business Continuity Management System documents), appendices/ annexes and clearly reference where information can be found within the submitted documents in the *Assurance Commentary/ References to Evidence Supplied* column (Document Name, Section Number, Page Number).

There is no need to submit multiple copies of the same document.

DO NOT INCLUDE DOCUMENTS within the Assurance Spreadsheet or create an additional Word Document or PDF document with attached files.

Evidence can be submitted in .ZIP archives – preferably compressed in clearly identified folders; however ensure that FilePaths in .ZIP files are not excessively long. Use basic WinZip or the ZIP tool built into Windows, as NHS England does not have access to other .ZIP applications. Whilst it is appreciated that your submissions are very large, there are limitations to the NHS England IT system which makes it difficult for us to access Memory Sticks or CD ROMs.

There is a file size limit for NHS.net, please break your evidence into segments not exceeding 10mb

The Panel will review the checklist and evidence supplied, and assess whether the arrangements described and documented provide assurance. Feedback will be provided to organisations in the form of specific comments relating to each area, employing a Red/Amber/Green system to clearly communicate areas where further work is considered necessary.

The reason that an Amber or Red rating is applied should be explicit from the comments of the Review panel in the NHS England assessment column. Documents which are marked as DRAFT, or need to be ratified by a committee will automatically attract an Amber rating.

When the feedback from the Review meeting is prepared (usually within a day or two of the meeting) the Chair of the review panel will send an initial response (v1) to the Emergency Planning Officer, or a nominated contact.

The Emergency Planning Officer, who will have a 24hr period to address any Red or Amber rated questions highlighted by the Review Panel Chair where the evidence may not have been clearly referenced, or evidence was omitted in error, prior to formal feedback to CEOs and Accountable Executive Officers.

In the case of any RED or Amber rated questions where it is felt that a quick amendment will address the concern of the panel, or provide the missing information, the EPLO will have one working day from receipt of the initial feedback to clarify the item highlighted by a RED rating, by email or telephone conversation to the review meeting Chair (cc england.london-assurance@nhs.net).

If the information supplied provides sufficient assurance, the Review Panel Chair will amend the response, or will request one of the other reviewers to provide their input. A formal response will then be made to the organisation via the CEO, and Executive lead, cc the EPLO, within a week of the Review meeting.

If the EPLO/ submitter is not going to be in the office in the days immediately following the scheduled review meeting, please provide details of an alternative contact person with the submission (or personal contact details for the EPLO, if this is felt appropriate). The nominated individual should be able to amend the information, provide additional details or advise on where the information is located in the submitted documents.

After receiving feedback from the review meeting, each organisation should prepare their action plan in light of the comments received to address the gaps identified (where one has not been previously constructed). This is to be agreed with your EPRR Patch Manager and submitted to NHS England (London) within 4 weeks of receiving the return.

| | University Hospitals of Leicester NHS Trust

Acute Trust

Aaron Vogel - Emergency Planning Officer
Richard Mitchell - Chief Operating Officer
19th November 2013 | | GREEN - arrangements in place now, compliant with core standards
AMBER - draft or scheduled on action plan for completion by Dec 2013
RED - arrangements not in place or scheduled for completion after Jan 2014
N/A - Not applicable to organisation
N/R - Not rated by reviewing team | | | GREEN - Assured
AMBER - Partially assured, seeking clarification/ draft
RED - Not assured; insufficient evidence provided
N/A - Not applicable to organisation
N/R - Not rated by reviewing team |

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Acute trusts	Suggested Minimum Level of Evidence to be submitted to review group	Commentary/ References to Evidence Supplied	Self Assessment	Priority for resolution	Action	Deadline	Review Team Comment	Review Team Assessment
			Cat 1							
1	**All NHS organisations and providers of NHS funded care must nominate an accountable emergency officer who will be responsible for EPRR and business continuity management.**	X	● Accountable Emergency Officer (AEO) details (name, role) ● AEO job description ●Evidence that AEO completed relevant training (SLC, witness familiarisation etc. - dates completed) ● Competency assessed against National Occupational Standards	Chief Operating Officer Richard Mitchell with duties discharged by Head of Operations Phil Walmsley	GREEN	RESOLVED				
2	**All NHS organisations and providers of NHS funded care must share their resources as necessary when they are required to respond to a significant incident or emergency.**	X	● Articulated in Incident Response Plans (IRP) ● MoU/ mutual aid arrangements, evidence of participation in multiagency planning groups/ LHRP as appropriate	LLR Local Health Resilience Partnership - Memorandum of Understanding requires further development in IRPs	AMBER	LOW	Add reference to MOUs and process for activating into the revised major incident plan.	Mar-14		
3	**All NHS organisations and providers of NHS funded care must have plans setting out how they contribute to co-ordinated planning for emergency preparedness and resilience (for example surge, winter & service continuity) across the area through LHRPs and relevant sub-groups. These plans must include details of:**	X	● Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) where applicable ● Borough Resilience Forum (BRF)/ subgroup participation	LLR Local Health Resilience Partnership - Memorandum of Understanding Local Resilience Forum Constitution LHRP Operational Support Group Terms of Reference	GREEN	RESOLVED				
3 . 1	director-level representation at the LHRP; and	X	● LHRP Terms of Reference (ToR), membership list ● most recent LHRP minutes	LLR Local Health Resilience Partnership - Memorandum of Understanding	GREEN	RESOLVED				
3 . 2	representation at the LRF.	-	● LHRP ToR, membership list ● most recent LHRP minutes	Practioner and Director level representation at all agreed meetings.	GREEN	RESOLVED				
4	**All NHS organisations and providers of NHS funded care must contribute to an annual NHS England report on the health sector's EPRR capability and capacity in responding to national, regional and LRF incidents. Reports must include control and assurance processes, information-sharing, training and exercise programmes and national capabilities surveys. They must be made through the organisations' formal reporting structures.**	X	● Participation in annual NHS Safe System process ● EPRR Board report/ formal reporting structure outlined ● Training and exercise programmes ● Post exercise reports, showing lessons identified, with an action plan to address gaps	This self assessment is the first requirement to participate in an annual NHS England report	GREEN	RESOLVED				
4 . 1	Organisations must have an annual work programme to reduce risks and learn the lessons identified relating to EPRR (including details of training and exercises). This work programme must link back to the National Risk Assessment (NRA) and Community Risk Register (CRR).		● Work plan for EPRR ● Risk Register reflects community risk register ● EPRR Board report, issues/ lessons log	EPRR work plan overseen by the Trust Emergency Planning Committee. Executive oversight from AEO and NED for EP. Including incident/issue logs	GREEN	RESOLVED				
4 . 2	Organisations must maintain a risk register which links back to the National Risk Assessment (NRA) and Community Risk Register (CRR).	X	● Risk register ● Details on the process/ schedule of review	Nothing currently recorded but involvement developing the CRR. Many risks may be captured locally on DATIX. Discussions and process agreed with risk management team as to how to capture.	AMBER	MEDIUM	Document the top 10 risks from the CRR on to DATIX with suitable reference to CRR and NRA.	Nov-13		
5	**All NHS organisations and providers of NHS funded care must have plans which set out how they plan for, respond to and recover from disruptions, significant incidents and emergencies. Incident response plans must:**	X	● PLEASE SUPPLY ONE COPY OF YOUR MAJOR INCIDENT/ INCIDENT RESPONSE PLAN AND APPENDICES	Major Incident Plan Version 3.1 October 2013, signed off by the Trust Board in April 2013. Due to restructuring plan will need further development	GREEN	RESOLVED				
5 . 1	be based on risk-assessed worst-case scenarios;	X	● Page/ section reference in arrangements demonstrating how the organisation plans for incidents ● Demonstration of risk assessments ● ToR of MI/BC Planning Groups	Terms of Reference for the Emergency Planning and Business Continuity Committee contained within the Business Continuity - Delivering Resilient Health Care Policy Supporting plans such as Operation Consort and CBRN Plans, Flu Plans, Cold Weather Plan.	GREEN	RESOLVED				
5 . 2	make sure that all arrangements are trialled and validated through testing or exercises;	X	● Testing and Exercising programme / log that complies with national exercising standards ● Post exercise/ incident reports, showing lessons identified, with an action plan to address gaps	Training Needs Analysis and Training Programme developed and incorporated into EPRR work plan. Training based on the NOS. Post incident reports available	GREEN	RESOLVED				
5 . 3	make sure that the funding and resources are available to cover the EPRR arrangements;	X	● Details of agreed budget ● EPRR business cases/ papers for funding, ● EPLO job description showing WTE	Emergency Planning Officer to ensure compliance against EPRR Core Standards. Funding managed within Corporate Operations budget.	GREEN	RESOLVED				
5 . 4	plan for the potential effects of a significant incident or emergency or for providing healthcare services to prisons, the military and iconic sites; and	X	● Demonstrate representation on relevant planning groups, ToR/ minutes (e.g.: Security Liaison Groups for COMAH sites etc.) ● Associated risk reflected on local risk register ● IRPs recognise specific local challenges	Don't provide on site medical care. We have our Major Incident Plan. Clarification required as to who will update/be responsible for the EM Mass Casualties plan. Currently the Trust only has access to	GREEN	RESOLVED				
5 . 5	include plans to maintain the resilience of the organisation as a whole, so that the Estates Department and Facilities Department are not planning in isolation.	X	● Business Continuity planning arrangements demonstrate joint working between EP and estates/ facilities staff (ToR for related meetings, task and finish groups) ● Action card for E&F in IRP/ BCP	Interserve included in the Emergency Planning Committee, Action cards in Major Incident Plan and Draft Trust Business Continuity Action cards contain actions that Interserve require the Trust to undertake during a loss/disruption of a service	AMBER	HIGH	Interserve to complete their response plans	Dec-13		
	Incident response plans must be in line with published guidance, threat-specific plans and the plans of other responding partners. They must:	X								
5 . 6	refer to all relevant national guidance, other supporting and threat-specific plans (e.g. pandemic flu, CBRN, mass casualties, burns, fuel shortages, industrial action, evacuation, lockdown, severe weather etc.) and policies, and all other supporting documents that enhance the organisation's incident response plan;	X	● Page/ section references in IRP, annexes to plans or standalone plans	Major Incident Plan references included will be included in new versions of IRPs as they are developed	GREEN	RESOLVED				

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Acute trusts	Suggested Minimum Level of Evidence to be submitted to review group	Commentary/ References to Evidence Supplied	Self Assessment	Priority for resolution	Action	Deadline	Review Team Comment	Review Team Assessment
5 . 7	refer to all other associated plans identified by local, regional and national risk registers;	X	● Page/ section references in IRP, annexes to plans or standalone plans	Inside page of Major Incident Plan contains useful other organisational, LRF and regional plans. This will be incorporated into other plans as a standard template. Guidance documents not included	GREEN	RESOLVED				
5 . 8	have been written in collaboration with all relevant partner organisations;	X	● Page/ section references in IRP, annexes to plans or standalone plans	Where necessary action cards and agreed roles and a responsibilities for other organisations have been included Major Incident Plan, Operation Consort Plan. Attendance and cooperation in LRF and LHRP.	GREEN	RESOLVED				
5 . 9	refer to incident response plans used by partners, including LRF plans;	X	● Page/ section references in IRP, annexes to plans or standalone plans	Inside page of Major Incident Plan contains useful other organisational, LRF and regional plans. This will be incorporated into other plans as a standard template. Guidance documents not included	GREEN	RESOLVED				
5 . 10	have been written in collaboration with PHE;	X	● Page/ section references in IRP, annexes to plans or standalone plans	Major Incident Plan makes note to being written in conjunction with Public Health. Further collaboration through LRF and LHRP	GREEN	RESOLVED				
5 . 11	have been written in collaboration with all burns, trauma and critical care networks; and	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Information how to access capabilities	Burn network draft plan developed, flu plan being developed with Trust critical care lead	AMBER	MEDIUM	Network arrangements to be included in reviewed plans	Mar-14		
5 . 12	define how the organisation will meet the Prevent strategy's objectives for health (1. prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support 2. work with sectors and institutions where there are risks of radicalisation which we need to address, and the wider CONTEST strategy).	X	Not rated in 2013	Not rated in 2013	Not rated in 2013	Not rated in 2013	Not rated in 2013	Not rated in 2013	Not rated in 2013	Not rated in 2013
	Incident response plans must follow NHS governance arrangements. They must:	X								
5 . 13	be approved by the relevant board;	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Notes from relevant approving Board meeting	Major Incident Plan signed off by Trust Board April 2013 Operation Consort signed off by Trust Executive July 2013	GREEN	RESOLVED				
5 . 14	be signed off by the appropriate Senior Responsible Officer;	X	● Page/ section references in IRP, annexes to plans or standalone plans	As above CEO/Chairman	GREEN	RESOLVED				
5 . 15	set out how legal advice can be obtained in relation to the CCA;	X	● Page/ section references in IRP, annexes to plans or standalone plans	Included in the Major Incident Plan	GREEN	RESOLVED	To be included in relevant policy			
5 . 16	identify who is responsible for making sure the plan is updated, distributed and regularly tested;	X	● Page/ section references in IRP, annexes to plans or standalone plans	Front of plans identifies author and name of the responsible committee/individual for the plan	GREEN	RESOLVED				
5 . 17	explain how internal and external consultation will be carried out to validate the plan;	X	● Page/ section references in IRP, annexes to plans or standalone plans	Reference to BCM policy	GREEN	RESOLVED				
5 . 18	include version controls to be sure the user has the latest version;	X	● Page/ section references in IRP, annexes to plans or standalone plans		GREEN	RESOLVED				
5 . 19	set out how the plan will be published – for example, on a website;	X	● Page/ section references in IRP, annexes to plans or standalone plans	Statement on the front of the Major Incident Plan that it is held electronically on the Intranet	GREEN	RESOLVED				
5 . 20	include an audit trail to record changes and updates;	X	● Page/ section references in IRP, annexes to plans or standalone plans	page 2 of the Major Incident Plan	GREEN	RESOLVED				
5 . 21	explain how predicted and unexpected spending will be covered and how a unique cost centre and budget code can be made available to track costs; and	X	● Page/ section references in IRP, annexes to plans or standalone plans	Requirements agreed. Requires developing and implimenting. Agreed that a new cost code will be established with company credit cards linked to it.	RED	MEDIUM	Process needs to be developed with Finance and Procurement as part of the current major incident plan review.	Mar-14		
5 . 22	demonstrate a systematic risk assessment process in identifying risks relating to any part of the plan or the identified emergency.	X	● Page/ section references in IRP, annexes to plans or standalone plans		RED	MEDIUM	To address with risk manager	Dec-13		
	Staff must be aware of the Incident Response Plan, competent in their roles and suitably trained.	X								
5 . 23	Key staff must know where to find the plan on the intranet or shared drive.	X	● Training plan for staff with a specific role ● Training Needs Analysis for those staff ● Training materials ● Training records	Training includes location of the plan, including Insite, ICC and SharePoint with regular email updates.	GREEN	RESOLVED				
5 . 24	There must be an annual work programme setting out training and exercises relating to EPRR and how lessons will be learnt.	X	● Testing and Exercising schedule ● Details on process for reviewing plans in light of lessons learnt	Training Needs Analysis and Training Programme developed and incorporated into EPRR work plan. Training based on the NOS.	GREEN	RESOLVED				
5 . 25	Key knowledge and skills for staff must be based on the National Occupation Standards for Civil Contingencies. Directors on NHS on-call rotas must meet NHS published competencies.	X	● Training Needs Analysis ● Training schedule ● Training materials ● Training records	Training Needs Analysis and Training Programme developed and incorporated into EPRR work plan. Training based on the NOS.	GREEN	RESOLVED				
5 . 26	It must be clear how awareness of the plan will be maintained amongst all staff (for example, through ongoing education and information programmes or e-learning).	X	● Training Needs Analysis ● Training schedule ● Training materials ● Training records	Training Needs Analysis and Training Programme developed and incorporated into EPRR work plan. Training based on the NOS. e-learning and training materials provided so staff can top up their skills when required.	GREEN	RESOLVED				
5 . 27	It must be clear how key staff can achieve and maintain suitable knowledge and skills.	X	● Training Needs Analysis ● Training schedule ● Training materials ● Training records	Training Needs Analysis and Training Programme developed and incorporated into EPRR work plan. Training based on the NOS.	GREEN	RESOLVED				
	Set out responsibilities for carrying out the plan and how the plan works, including command and control arrangements and stand-down protocols.	X								
5 . 28	Describe the alerting arrangements for external and self-declared incidents (including trigger points, decision trees and escalation/de-escalation procedures)	X	● Page/ section references in IRP, annexes to plans or standalone plans	page 3 UHL Major Incident Plan LRF Major Incident Plan	GREEN	RESOLVED				
5 . 30	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	X	● Provide detail on how this is delivered ● Provide detail on contingency arrangements regarding call-out ● Function assigned to IRP/ ICC Action Card	Action cards within the Major Incident plan plus details on command and control.	GREEN	RESOLVED				

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Acute trusts	Suggested Minimum Level of Evidence to be submitted to review group	Commentary/ References to Evidence Supplied	Self Assessment	Priority for resolution	Action	Deadline	Review Team Comment	Review Team Assessment
5 . 31	Include 24-hour arrangements for alerting managers and other key staff, and explain how contact lists will be kept up to date.	X	● On-call arrangements/ processes, On-call pack, On-call staff lists ● Responsibility assigned to an Action Card ● Admin / support role assigned to maintain systems ● Reports from COMMEX/ regular cascades using contact lists	Communications Tests 9th November 2012, 6th June 2013 (SMS), 21st June 2013. Contact details kept up to date by switchboard through normal procedures. On call contacts are contacted through switchboard almost daily through normal operations.	GREEN	RESOLVED				
5 . 32	Set out the responsibilities of key staff and departments.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	Action Cards within all plans More detailed responsibilities for each department being worked into revised plans	AMBER	MEDIUM	Being developed as part of the Major Incident Plan review. Some old plans currently contain details	Mar-14		
5 . 33	Set out the responsibilities of the appropriate Senior Responsible Officer or nominated Executive Director.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	Action cards within the Major Incident plan plus details on command and control.	GREEN	RESOLVED				
5 . 34	Explain how mutual aid arrangements will be activated and maintained.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards		RED	MEDIUM	Some initial discussions with NHS England and other health partners. Details to be finalised and incorporated into the new Major Incident Plan	Mar-14		
5 . 35	Identify where the incident or emergency will be managed from (the ICC).	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	Page 11 of Major Incident Plan	GREEN	RESOLVED				
5 . 36	Define the role of the loggist to record decisions made and meetings held during and after the incident, and how an incident report will be produced.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	Action Card	GREEN	RESOLVED				
5 . 37	**Best Practice:** Use an electronic data-logging system to record the decisions made.	X	**Not rated in 2013, unless organisation provides evidence**	Options being considered. Loggist currently trained in using standard log book and best practice	RED	MEDIUM	Research options and submit proposals on an electronic logging system	Jan-14		
5 . 38	**Best Practice:** Use the National Resilience Extranet.	X	**Not rated in 2013, unless organisation provides evidence**	Options being considered	RED	LOW	Dependant on how the NRE is being developed			
5 . 39	Refer to specific action cards relating to using the incident response plan.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	16 Action cards in the Major Incident Plan. All plans have action cards in them for key staff	GREEN	RESOLVED				
5 . 40	Explain the process for completing, authorising and submitting NHS England standard threat-specific situation reports and how other relevant information will be shared with other organisations.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	included in Major Incident plan Annex F	GREEN	RESOLVED		Dec-13		
5 . 41	Explain how extended working hours will apply and how they can be sustained. Explain how handovers are completed.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	On call/shift arrangements ensure that for most roles duties are handed over to someone else after a period of time with hand over sheets. Information and guidance on European Working Time Directive now included in the plan for managers to make an informed decission	GREEN	RESOLVED		Mar-14		
5 . 42	Explain how to communicate with partners, the public and internal staff based on a formal communications strategy. This must take into account the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public'. Social networking tools may be of use here.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	Communications Lead action card, Section on Communications and Information sharing during a major incident. Will require updating and further development.	AMBER	MEDIUM	Communications plan to be updated and liaise with LRF coms leads and LRF coms plan	Apr-14		
5 . 43	Have agreements in place with local 111 providers so they know how they can help with an incident	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards		RED	LOW	Liaise with NHS England and CCGs as to what can be done and whose responsibility it would be.	Jun-14		
5 . 44	Consider using helplines in an emergency. Set up procedures in advance which explain the arrangements. Make sure foreign language lines are part of these arrangements.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	Hotline number and procedure available. Requires minor updating	AMBER	MEDIUM	Telecoms/NTT to confirm details with hotline provider and validate arrangements	Dec-13		
5 . 45	Describe how stores and supplies will be maintained.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards		RED	MEDIUM	Liaise with finance and procurement to develop a process	Jun-14		
5 . 46	Explain how specific casualties will be managed – for example, burns, paediatrics and those from certain faiths.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	Some local SOPs not written into the Major Incident Plan	AMBER	MEDIUM	Incorporate into the revised Major Incident Plan	Mar-14		
5 . 47	Explain how VIPs will be managed, whether they are casualties or visiting others who are casualties.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	Operation Consort Plan	GREEN	RESOLVED				
5 . 48	Explain the process of recovery and returning to normal processes.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	Major Incident Plan states to implement a recovery plan no further details	RED	HIGH	Develop recovery arrangements and incorporate into the new major incident plan	Mar-14		
5 . 49	Explain the de-briefing process (hot, local and multi-agency)at the end of an incident.	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	BCM Policy outlines the requirement for a debrief. Action cards in Major Incident Plan identify the need to undertake a debrief	GREEN	RESOLVED				
5 . 50	Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services).	X	● Page/ section references in IRP, annexes to plans or standalone plans ● Action Cards	Currently detailed in the Relatives' Reception Centre Plan to be moved to MIP	AMBER	LOW	Incorporate into the revised Major Incident Plan	Mar-14		
	Set out how surges in demand will be managed.	X								
5 . 51	Explain who will be responsible for managing escalation and surges.	X	● Page/ section references in IRP/ Surge Management arrangements, annexes to plans or standalone plans ● Action Cards	Trust Escalation Plan	GREEN	RESOLVED				
5 . 52	Describe local escalation arrangements and trigger points in line with regional escalation plans and working alongside acute, ambulance and community providers.	X	● Page/ section references in IRP/ Surge Management arrangements, annexes to plans or standalone plans ● Escalation framework including trigger points for ambulance, acute and community ● Action Cards	Trust Escalation Plan & LLR Escalation Plan	GREEN	RESOLVED				
	Link the Incident Response Plan to threat-specific incidents	X								
5 . 53	CBRN incidents;	X	● Page/ section references in IRP/ Surge Management arrangements, annexes to plans or standalone plans ● Specific CBRN plans	Trust CBRN Plan	GREEN	RESOLVED				

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Acute trusts	Suggested Minimum Level of Evidence to be submitted to review group	Commentary/ References to Evidence Supplied	Self Assessment	Priority for resolution	Action	Deadline	Review Team Comment	Review Team Assessment
5 . 54	mass casualty incidents;	X	● Page/ section references in IRP/ Surge Management arrangements, annexes to plans or standalone plans ● Specific Mass Casualties plans	Major Incident Plan, The old SHA Mass Casualty Framework April 2011 is the only version the Trust has access to.	GREEN	RESOLVED				
5 . 55	pandemic flu;	X	● Page/ section references in IRP/ Surge Management arrangements, annexes to plans or standalone plans ● Specific Pandemic Flu plans	UHL Pandemic Flu Plan (1.9.2009) - Current but being updated	GREEN	RESOLVED				
5 . 56	patients with burns requiring critical care; and	X	● Page/ section references in IRP/ Surge Management arrangements, annexes to plans or standalone plans ● Specific Burns plans	Burn network draft plan developed Nothing specifically available for critical care	AMBER	MEDIUM	Incorporate into the revised Major Incident Plan	Mar-14		
5 . 57	severe weather.	X	● Page/ section references in IRP/ Surge Management arrangements, annexes to plans or standalone plans ● Specific Severe Weather plans	Plan current (1.10.2010) with supplementary checklist	GREEN	RESOLVED				
6	**All NHS organisations must provide a suitable environment for managing a significant incident or emergency (an ICC). This must include a suitable space for making decisions and collecting and sharing information quickly and efficiently.**	X	● Page/ section references in IRP, annexes to plans or standalone ICC plans ● Action Cards							
6 . 1	There must be a plan setting out how the ICC will operate.	X	● Page/ section references in IRP, annexes to plans or standalone ICC plans ● Action Cards	Major Incident Plan section 3.1	GREEN	RESOLVED				
6 . 2	There must be detailed operating procedures to help manage the ICC (for example, contact lists and reporting templates).	X	● Page/ section references in IRP, annexes to plans or standalone ICC plans ● Action Cards	New SOPs to be developed with creation of new ICC	RED	HIGH	Incorporate into the revised Major Incident Plan	Dec-13		
6 . 3	There must be a plan setting out how the Incident Coordination Team will be called in and managed over any length of time	X	● Page/ section references in IRP, annexes to plans or standalone ICC plans ● Action Cards	On call arrangements	GREEN	RESOLVED				
6 . 4	Facilities and equipment must meet the requirements of the NHS England Corporate Incident Response Plan.	X	● Page/ section references in IRP, annexes to plans or standalone ICC plans ● Action Cards ● Provide detail on equipment available within ICC ● Provide detail on the programme for exercising ICC arrangements	Newly developed inline with the requirements where appropriate and feasible	GREEN	RESOLVED				
7	**All NHS organisations and providers of NHS funded care must develop, maintain and continually improve their business continuity management systems. This means having suitable plans which set out how each organisation will maintain continuity in its services during a disruption from identified local risks and how they will recover delivery of key services in line with ISO22301. Organisations must:**	X	● PLEASE SUPPLY ONE COPY OF YOUR BUSINESS CONTINUITY POLICY, BUSINESS CONTINUITY PLAN AND APPENDICES ● Arrangements dealing with site/organisation specific risks (e.g.: flooding) ● Action plan for transition to/ alignment with ISO22301	Business Continuity Policy - currently based on BS25999 Draft templates of local plans - currently being redeveloped Trust Major Incident Plan includes reference to internal incidents - same structure would be applied. PwC Audit report	AMBER	MEDIUM	BCMS is due for review in January 2014. Will undertake a review and update based from the review	Jun-14		
7 . 1	make sure that there are suitable financial resources for their BCMS and that those delivering the BCMS understand and are competent in their roles;	X	● Page/ section references in Business Continuity Management System arrangements/ Business Continuity Policy/ Business Continuity Plan, annexes to plans or standalone plans	Emergency Planning Officer to ensure compliance against EPRR Core Standards. Funding managed within Corporate Operations budget. Training for those undertaking BCMS included on training programme	GREEN	RESOLVED				
7 . 2	set out how finances and unexpected spending will be covered, and how unique cost centres and budget codes can be made available to track costs;	X	● Page/ section references in BC arrangements	Requirements agreed. Requires developing and implimenting	RED	MEDIUM	Process needs to be developed with Finance and Procurement as part of the current major incident plan review.	Mar-14		
7 . 3	develop business continuity strategies for continuing and recovering critical activities within agreed timescales, including the resources required such as people, premises, ICT, information, utilities, equipment, suppliers and stakeholders; and	X	● Page/ section references in BC arrangements	Harder to quantify for an Acute setting, BIAs developed, IM&T plans identify priority order systems. IM&T working towards ISO 22000. Time frames and priorities would be determined by the hospital control team during an incident based on services impacted	RED	LOW	Set out principles/strategy for managing downtime of critical resources	Jun-14		
7 . 4	develop, use and maintain business continuity plans to manage disruptions and significant incidents based on recovery time objectives and timescales identified in the business impact analysis	X	● Page/ section references in BC arrangements	Draft templates of local plans - currently being redeveloped	AMBER	HIGH	Continue on programme of work to develop BCPs	Dec-13		
	Business continuity plans must include governance and management arrangements linked to relevant risks and in line with international standards.	X								
7 . 5	Each organisation's BCMS must be based on its legal responsibilities, internal and external issues that could affect service delivery and the needs and expectations of interested parties.	X	● Page/ section references in BC arrangements	BCM Policy	GREEN	RESOLVED				
7 . 6	Organisations must establish a business continuity policy which is agreed by top management, built into business processes and shared with internal and external interested parties.	X	● Page/ section references in BC arrangements	Agreed by Policy and Guidelines Committee (on behalf of the exec) 18th January 2013	GREEN	RESOLVED				
7 . 7	Organisations must make clear how their plan will be published, for example on a website.	X	● Page/ section references in BC arrangements	Trust policy that all plans and policies are published on Intranet	GREEN	RESOLVED				
7 . 8	The BCMS policy and business continuity plan must be approved by the relevant board and signed off by the appropriate Senior Responsible Officer.	X	● Page/ section references in BC arrangements	Agreed by Policy and Guidelines Committee (on behalf of the exec) 18th January 2013. Emergency Planning Committee sign off prior on behalf of the AEO	GREEN	RESOLVED				
7 . 9	There must be an audit trail to record changes and updates such as changes to policy and staffing.	X	● Page/ section references in BC arrangements	Trust policy	GREEN	RESOLVED				
7 . 10	The planning process must take into account nationally available toolkits that are seen as good practice.	X	● Page/ section references in BC arrangements	References included on page 12 of the Policy	GREEN	RESOLVED				
	Business continuity plans must take into account the organisation's critical activities, the analysis of the effects of disruption and the actual risks of disruption.	X								
7 . 11	Organisations must identify and manage internal and external risks and opportunities relating to the continuity of their operations.	X	● Page/ section references in BC arrangements	BCM Policy para 6.3.1, risks will be managed through the normal trust risk reporting/management structure	GREEN	RESOLVED				
7 . 12	Plans must be maintained based on risk-assessed worst-case scenarios.	X	● Page/ section references in BC arrangements ● Risk assessments/ methodology	Plans developed based on the loss of critical services identified in the BIAs	GREEN	RESOLVED				

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Acute trusts	Suggested Minimum Level of Evidence to be submitted to review group	Commentary/ References to Evidence Supplied	Self Assessment	Priority for resolution	Action	Deadline	Review Team Comment	Review Team Assessment
7.13	Risk assessments must take into account community risk registers and at very least include 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; • fuel shortages; • surges in activity; • IT and communications; • supply chain failure; and • associated risks in the surrounding area (e.g. COMAH and iconic sites).	X	● Page/ section references in BC arrangements ● Risk registers and arrangements for review	Emergency Planning Committee review CRR and identify any issues/risks to the organisation. No current process to formalise this although work is underway to address. Loss of Business Continuity is on the Corporate Risk Register (Board Assurance Framework).	AMBER	MEDIUM	Document the top 10 risks from the CRR on to DATIX with suitable reference to CRR and NRA.	Nov-13		
7.14	Organisations must develop, use and maintain a formal and documented process for business impact analysis and risk assessment.	X	● Page/ section references in BC arrangements	Business Impact assessment outlined in BCM Policy. All CBUs/Services have completed a BIA	GREEN	RESOLVED				
7.15	They must identify all critical activities using a business impact analysis. This must set out the effect business disruption may have on the organisation and how this will be overcome, including the maximum period of tolerable disruption.	X	● Prioritised list of critical activities/ services ● Business Impact Analysis methodology	Training materials and training sessions provided	GREEN	RESOLVED				
7.16	Organisations must highlight which of their critical activities have been put on the corporate risk register and how these risks are being addressed.	X	● Appropriate risk register	Loss of Business Continuity is on the Corporate Risk Register (Board Assurance Framework). Individual risks need to be included on corporate risk register	AMBER	MEDIUM	incorporated into action 7.13	Nov-13		
	Business continuity plans must set out how the plans will be called into use, escalated and operated.	X								
7.17	Organisations must develop, use, maintain and test procedures for receiving and cascading warnings and other communications before, during and after a disruption or significant incident. If appropriate, business continuity plans must be published on external websites and through other information-sharing media.	X	● Page/ section references in BC plans, annexes to plans or standalone plans ● Action Cards	Included in training packages, draft service area action cards with appropriate levels of escalation to notify the Trust of an incident.	AMBER	HIGH	Continue on programme of work to develop BCPs			
7.18	Plans must set out: the alerting arrangements for external and self-declared incidents, including trigger points and escalation procedures;	X	● Page/ section references in BC plans, annexes to plans or standalone plans ● Action Cards	No triggers set but principles and points for consideration are detailed and will be declared by the Senior Manager On Call if necessary agencies to contact are contained in the Major Incident Plan.	GREEN	RESOLVED				
7.19	the procedures for escalating emergencies to CCGs and the NHS England area, regional and national teams;	X	● Page/ section references in BC plans, annexes to plans or standalone plans ● Responsibility assigned to Action Card	Issues are routinely escalated to NHS England and CCGs however requires further detail in major incident plan but details of key agencies to contact are contained in the Major Incident Plan	AMBER	MEDIUM	Liaise with NHS England and CCGs to ensure process is documented	Dec-13		
7.20	24-hour arrangements for alerting managers and other key staff, including how up-to-date contact lists will be maintained;	X	● On-call arrangements/ processes, On-call pack, On-call staff lists ● Responsibility assigned to an Action Card ● Admin / support role assigned to maintain systems ● Reports from COMMEX/ regular cascades using contact lists	Communications Tests 9th November 2012, 6th June 2013 (SMS), 21st June 2013. Contact details kept up to date by switchboard through normal procedures. On call contacts are contacted through switchboard almost daily through normal operations.	GREEN	RESOLVED				
7.21	the responsibilities of key staff and departments;	X	● Page/ section references in BC plans, annexes to plans or standalone plans ● Action Cards	Action Cards within all plans More detailed responsibilities for each department being worked into revised plans	AMBER	MEDIUM	Being developed as part of the Major Incident Plan review. Some old plans currently contain details	Mar-14		
7.22	the responsibilities of the appropriate Senior Responsible Officer or Executive Director;	X	● Page/ section references in BC plans, annexes to plans or standalone plans ● Action Cards	Action cards within the Major Incident plan plus details on command and control.	GREEN	RESOLVED				
7.23	how mutual aid arrangements will be called into use and maintained;	X	● Page/ section references in BC plans, annexes to plans or standalone plans ● Action Cards		RED	LOW	Liaise with NHS England to ensure the process is developed and incorporate into new Major Incident Plan	Dec-13		
7.24	where the incident or emergency will be managed from (the ICC);	X	● Page/ section references in BC plans, annexes to plans or standalone plans ● Action Cards	Page 11 of Major Incident Plan	GREEN	RESOLVED				
7.25	how the independent healthcare sector may help if required; and	X	● Page/ section references in BC plans, annexes to plans or standalone plans ● Action Cards		RED	LOW	Determine which services are outsourced and what the capabilities of the private providers can assist with.	Dec-14		
7.26	the insurance arrangement that are in place and how they may apply.	X	● Page/ section references in BC plans, annexes to plans or standalone plans ● Action Cards	Requirements agreed. Requires developing and implimenting	RED	LOW	Liaise with finance and procurement to clarify	Dec-14		
	Business continuity plans must describe the effects of any disruption and how they can be managed. **Plans must include:**	X								
7.27	contact details for all key stakeholders;	X	● Page/ section references in BC plans, annexes to plans or standalone plans	Major Incident plan details key agencies to contact. Further stakeholders to be included. Local plans contain some details	AMBER	LOW	Key stakeholders to be included in local plans when developed	Dec-13		
7.28	alternative locations for the business;	X	● Page/ section references in BC plans, annexes to plans or standalone plans	Services are limited by availability of other resources and infrastructure. Would be determined within Hospital Control Team. Some local understanding and arrangements where services can be relocated	AMBER	MEDIUM	Further developed through the development of local plans.	Apr-14		
7.29	a scalable plan setting out how incidents will be managed and by whom;	X	● Page/ section references in BC plans, annexes to plans or standalone plans ● Action Cards	Service area action cards detail level of escalation	GREEN	RESOLVED				
7.30	recovery and restoration processes and how they will be set up following an incident;	X	● Page/ section references in BC plan, annexes to plans or standalone plans ● Action Cards ● Link to IRP (Standard 5.48) if using these arrangements	Some detail on how services will be restored and what actions to undertake during the recovery included in the service area action cards	AMBER	HIGH	Develop recovery arrangements and incorporate into the new major incident plan			
7.31	how decisions and meetings will be recorded during and after an incident, and how the incident report will be compiled;	X	● Page/ section references in BC plan, annexes to plans or standalone plans ● Action Cards ● Sample incident log ● Post exercise/ incident reports, showing lessons identified, with an action plan to address gaps	3.5 of Major Incident Plan	GREEN	RESOLVED				

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Acute trusts	Suggested Minimum Level of Evidence to be submitted to review group	Commentary/ References to Evidence Supplied	Self Assessment	Priority for resolution	Action	Deadline	Review Team Comment	Review Team Assessment
7 . 32	how the organisation will respond to the media following a significant incident, in line with the formal communications strategy;	X	● Page/ section references in BC plan, annexes to plans or standalone plans ● Spokespersons identified and assigned to an Action Card	Communications Lead action card, Section on Communications and Information sharing during a major incident. Will require updating and further development.	AMBER	MEDIUM	Communications plan to be updated and liaise with LRF coms leads and LRF coms plan	Apr-14		
7 . 33	how staff will be accommodated overnight if necessary;	X	● Page/ section references in BC plan, annexes to plans or standalone plans	Draft arrangements for use of hotel (Holiday Inn) and on call rooms. On call rooms are regularly used routinely and Holiday Inn accommodation was used during the cold weather in January 2013.	AMBER	LOW	Arrangements to be developed and formalised with HR.	Nov-13		
7 . 34	how stores and supplies will be managed and maintained; and	X	● Page/ section references in BC plan, annexes to plans or standalone plans		RED	MEDIUM	Liaise with finance and procurement to develop a process	Jun-14		
7 . 35	details of a surge plan to maintain critical services.	X	● Page/ section references in BC plan, annexes to plans or standalone plans	Trust Escalation Plan	GREEN	RESOLVED				
	Business continuity plans must specify how they will be used, maintained and reviewed.	X								
7 . 36	Organisations must use, exercise and test their plans to show that they meet the needs of the organisation and of other interested parties. If possible, these exercises and tests should involve relevant interested parties. Lessons learnt must be acted on as part of continuous improvement.	X	● Testing and Exercising programme / log that complies with national exercising standards ● Post exercise/ incident reports, showing lessons identified, with an action plan to address gaps	Exercising and training program developed	GREEN	RESOLVED				
7 . 37	Plans must identify who is responsible for making sure the plan is updated, distributed and regularly tested.	X	● Page/ section references in BC plan, annexes to plans or standalone plans	Roles outlined in BCM Policy	GREEN	RESOLVED				
7 . 38	Organisations must monitor, measure, analyse and assess the effectiveness of their BCMS against their own requirements, those of relevant interested parties and any legal responsibilities.	X	● Page/ section references in BC plan, annexes to plans or standalone plans ● Reports to Board or Management Teams	Policies reviewed in line with normal trust Policy	GREEN	RESOLVED				
7 . 39	Organisations must identify and take action to correct any irregularities identified through the BCMS and must take steps to prevent them from happening again. They must continually improve the suitability and effectiveness of their BCMS.	X	● Page/ section references in BC plan, annexes to plans or standalone plans ● Business Continuity strategies developed in response to problems identified ● Reports to Board or Management Teams ● Post incident / exercise debrief reports ● Details of expenditure/ investment	Post incident reports developed and action plans implemented. Updated risk assessments where necessary and communicated to the Trust Exec.	GREEN	RESOLVED				
	Business continuity plans must specify how they will be communicated to and accessed by staff. Plans must include:	X								
7 . 40	details of the training provided to staff and how the training record is maintained;	X	● Training Needs Analysis ● Training schedule ● Training materials ● Training attendance records	Training Needs Analysis Training Programme Training Record Materials	GREEN	RESOLVED				
7 . 41	reference to the National Occupation standards for Civil Contingencies and NHS England competencies when identifying key knowledge and skills for staff; (directors of NHS England on-call rotas to meet NHS England published competencies);	X	● Training Needs Analysis ● Training schedule ● Training materials ● Training attendance records	Training Needs Analysis and Training Programme developed and incorporated into EPRR work plan. Training based on the NOS.	GREEN	RESOLVED				
7 . 42	details of the tools that will be used to make sure staff remain aware through ongoing education and information programmes (for example, e-learning and induction training); and	X	● Training Needs Analysis ● Training schedule ● Training materials ● Training attendance records	Training Needs Analysis and Training Programme developed and incorporated into EPRR work plan. Training based on the NOS. e-learning and training materials provided so staff can top up their skills when required.	GREEN	RESOLVED				
7 . 43	details of how suitable knowledge and skills will be achieved and maintained.	X	● Training Needs Analysis ● Training schedule ● Training materials ● Training attendance records	Training Needs Analysis and Training Programme developed and incorporated into EPRR work plan. Training based on the NOS.	GREEN	RESOLVED				
8	**NHS Acute Trusts must also include:**	X								
8 . 1	detailed lockdown procedures;	X	● Page/ section references in IRP, annexes or standalone plans	Available for the LRI	AMBER	MEDIUM	Requires updating and development across all three sites by Interserve	May-14		
8 . 2	detailed evacuation procedures;	X	● Page/ section references in IRP, annexes or standalone plans	Fire Plans - more development required	AMBER	HIGH	Requires updating and development across all three sites			
8 . 3	details of how they will manage relatives for any length of time, how patients and relatives will be reunited and how patients will be transported home if necessary;	X	● Page/ section references in IRP, annexes or standalone plans	Draft relatives' reception centre plan	AMBER	MEDIUM	Plan due to be finalised and agreed with division of Nursing and signed off by Emergency Planning Committee. Police documentation team exercise is being developed to test elements of this plan.	Jan-14		
8 . 4	details of how they will manage fatalities and the relatives of fatalities; and	X	● Page/ section references in IRP, annexes or standalone plans	Draft relatives' reception centre plan	AMBER	MEDIUM	Plan due to be finalised and agreed with division of Nursing and signed off by Emergency Planning Committee. Police documentation team exercise is being developed to test elements of this plan.	Jan-14		
8 . 5	**Best Practice:** reference to the Clinical Guidelines for Major Incidents.	X	● Page/ section references in IRP, annexes or standalone plans		RED	MEDIUM	ED plan to be updated to reflect where appropriate	Mar-14		
8 . 6	explain how the Mobile Privileged Access Scheme (MTPAS) and Fixed Telecommunications Privileged Access Scheme (FTPAS) will be provided across the organisation; and	X	● Detail arrangements for MTPAS enabled telecoms in the service/ invocation arrangements		GREEN	RESOLVED				
19	**Urgent care centres must also:**	X								
19 . 1	outline how they can support NHS organisations affected by service disruption, especially by treating minor injuries to reduce the pressure on emergency departments. They will need to develop procedures for this in partnership with local acute trusts and ambulance and patient care transport providers.	X	● Page/ section references in IRP, annexes or standalone plans ● Commissioning specifications should include provisions for appropriate support ● Acute organisations should be able to demonstrate joint planning, training and exercising with the UCC provider	UCC manages the front door for ambulatory adults arriving at ED. SOPs in place to support the routine admission and treatment of patients.	AMBER	MEDIUM	New front door policy and procedures to be reflected in the new major incident plan	Mar-14		

Total	119
GREEN	76
AMBER	27
RED	16
N/A	0

GREEN	LOW
AMBER	MEDIUM
RED	HIGH
N/A	RESOLVED