

Ref	Domain	Standard	Detail	Community Service Providers	Mental Health Providers	Evidence - examples listed below	Organisational Evidence	Self assessment RAG	Action to be taken	Lead	Timescale	Comments
<p><b>Domain 1 - Governance</b></p> <p>Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months.</p> <p>Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.</p> <p>Green (fully compliant) = Fully compliant with core standard.</p>												
1	Governance	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, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role.	Y	Y	• Name and role of appointed individual	AEO is Patrick Scott, Chief Operating Officer	Partially compliant	NED required to support AEO	AEO	ASAP	To be discussed and resolved at Board meeting 9 Sep 21
2	Governance	EPRR Policy Statement	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: <ul style="list-style-type: none"> <li>Business objectives and processes</li> <li>Key suppliers and contractual arrangements</li> <li>Risk assessment(s)</li> <li>Functions and / or organisation, structural and staff changes.</li> </ul> The policy should: <ul style="list-style-type: none"> <li>Have a review schedule and version control</li> <li>Use unambiguous terminology</li> <li>Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested</li> <li>Include references to other sources of information and supporting documentation.</li> </ul>	Y	Y	Evidence of an up to date EPRR policy statement that includes: <ul style="list-style-type: none"> <li>Resourcing commitment</li> <li>Access to funds</li> <li>Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.</li> </ul>	<ul style="list-style-type: none"> <li>The Resilience Policy outlines the scope and objectives of the Trust. It shows the prioritised critical activities for the Trust, and the function of the BCMS</li> <li>There is a budget for EPRR staff and an annual programme of work</li> <li>In the event of a critical or major incident, a specific budget code is allocated that would support the response needs during and after the event</li> </ul>	Fully compliant				
3	Governance	EPRR board reports	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: <ul style="list-style-type: none"> <li>Training and exercises undertaken by the organisation</li> <li>Summary of any business continuity, critical incidents and major incidents experienced by the organisation</li> <li>Lessons identified from incidents and exercises</li> <li>The organisation's compliance position in relation to the latest NHS England EPRR assurance process.</li> </ul>	Y	Y	• Public Board meeting minutes	Evidence of presenting the results of the annual EPRR assurance process to the Public Board	Fully compliant				
5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resources, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	Y	• EPRR Policy identifies resources required to fulfil EPRR function; policy has been signed off by the organisation's Board	<ul style="list-style-type: none"> <li>Assessment of role / resources</li> <li>Role description of EPRR Staff</li> <li>Organisation structure chart</li> <li>Internal Governance process chart including EPRR group</li> </ul>	<ul style="list-style-type: none"> <li>Between them, the Resilience and On-Call policies identify the roles and functions required to meet EPRR requirements.</li> <li>The resilience and on-call policies are supplemented by the Critical &amp; Major Incident Plan, which identifies roles and resources required for incident response.</li> <li>The internal Resilience Group are responsible for ensuring that the Trust is adequately prepared to discharge their EPRR duties. This group approve all contingency plans, make policy recommendations to the Board, and oversee any improvement actions arising from incidents/exercises to completion.</li> </ul>	Fully compliant			
6	Governance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	Y	Y	• Process explicitly described within the EPRR policy statement	<ul style="list-style-type: none"> <li>The internal Resilience Group are responsible for ensuring that the organisation is adequately prepared to discharge their EPRR duties. This group approve all contingency plans, make policy recommendations to the Board and oversee any improvement actions arising from incidents/exercises to completion</li> <li>A learning network is in place, which captures learning from incidents and exercises</li> </ul>	Fully compliant				
<b>Domain 2 - Duty to risk assess</b>												
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	Y	• Evidence that EPRR risks are regularly considered and recorded	Evidence that EPRR risks are represented and recorded on the organisations corporate risk register	Fully compliant				
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	Y	• EPRR risks are considered in the organisation's risk management policy	Reference to EPRR risk management in the organisation's EPRR policy document	Fully compliant				
<b>Domain 3 - Duty to maintain plans</b>												
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	Y	Y	Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	Critical & Major Incident Plan (version 7.32) issued April 2019, reviewed every 3 years. Planned work to review and include learning from Covid pandemic for next version.	Fully compliant	Plan due for review April 2022	EPRO	Apr-22	To include lessons identified and outcomes learned from Covid pandemic
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Y	Y	Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	Critical & Major Incident Plan (version 7.32) issued April 2019, reviewed every 3 years. Planned work to review and include learning from Covid pandemic for next version.	Fully compliant	Plan due for review April 2022	EPRO	Apr-22	To include lessons identified and outcomes learned from Covid pandemic
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Y	Y	Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	Latest version of Severe Weather Plan reviewed to include PHE plans and EPRR Core Criteria requirements (V2.3 dated Jun 19)	Fully compliant	Due for review June 2022	EPRO	Jun-22	In work programme for 2022
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	Y	Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	Latest version of Severe Weather Plan reviewed to include PHE plans and EPRR Core Criteria requirements (V2.3 dated Jun 19)	Fully compliant	Due for review June 2022	EPRO	Jun-22	In work programme for 2022
18	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours for those with level 3 ITU bed).	Y	Y	Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	Community and Mental Health organisations do not usually have a single agency plan for mass casualties. After consultation with NHS England EPRR specialists, they advise that as mass casualty plans are in place across the local health economy, and BOCPT is signed up to respond in support of those plans, then that is sufficient for compliance.	Fully compliant				
19	Duty to maintain plans	Mass Casualty - patient identification	The organisation has arrangements to ensure a safe identification system for unidentified patients in an emergency/mass casualty incident. This system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number and capture patient sex.			Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	Not applicable to this organisation		N/A	N/A	N/A	
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	Y	Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	Each service area maintains its own evacuation plans. Full site plans available for multi-use sites, (e.g. Lynfield Mount and Airedale hospitals).	Fully compliant				
21	Duty to maintain plans	Lockdown	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.	Y	Y	Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	Lockdown plan is included in Trust security policy	Fully compliant				
22	Duty to maintain plans	Protected individuals	In line with current guidance and legislation, the organisation has effective arrangements in place to respond and manage protected individuals; Very Important Persons (VIPs), high profile patients and visitors to the site.	Y	Y	Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	Specific arrangements for VIPs are included within the Critical and Major Incident Plan	Fully compliant	See #11 above			
<b>Domain 4 - Command and control</b>												
24	Command and control	On-call mechanism	A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond to or escalate notifications to an executive level.	Y	Y	• Process explicitly described within the EPRR policy statement	On call Standards and expectations are set out. Include 24 hour arrangements for alerting managers and other key staff	Fully compliant				
<b>Domain 5 - Training and exercising</b>												
<b>Domain 6 - Response</b>												
30	Response	Incident Co-ordination Centre (ICC)	The organisation has Incident Co-ordination Centre (ICC) arrangements	Y	Y		<ul style="list-style-type: none"> <li>Action cards and aide memoires contained within the Major Incident Plan for this purpose, and are trained and exercised for appropriate personnel. Copies of EPRR documents, plans and incident response equipment in both ICC locations (main &amp; alternate) maintained and regularly checked by EPRR.</li> <li>Trust ICC facilities and operational functionality were fully utilised during the Covid pandemic.</li> </ul>	Fully compliant				
32	Response	Management of business continuity incidents	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).	Y	Y	• Business Continuity Response plans	<ul style="list-style-type: none"> <li>The EPRR work programme is managed by the EPRO, who is fully DpHEP qualified and trained in business continuity processes.</li> <li>All BCPs are authored by the specialist services themselves, then overseen and reviewed by EPRO to ensure that NHS EPRR Framework requirements are met, with any changes agreed between Service Manager and EPRO. Final approval of BCPs given by Resilience Group (also see ref #51 below).</li> <li>There is a workplan in place to address any issues that arise.</li> <li>BCPs are routinely reviewed annually, or earlier if used during an untoward event, as part of the post-incident and recovery processes. This includes learning from the Covid pandemic, where appropriate.</li> </ul>	Fully compliant				
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	Y	• Documented processes for completing, signing off and submitting SitReps	<ul style="list-style-type: none"> <li>Sitrep template available in the Trust-wide BCP and on Connect.</li> <li>The use of SitReps is included in annual exercises.</li> <li>A wide variety of daily, weekly and ad-hoc SitReps completed successfully throughout the Covid pandemic response.</li> <li>Increased number of SDCS licenced acquired to enhance effectiveness and ability to complete SitReps via national reporting mechanisms.</li> </ul>	Fully compliant				
35	Response	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events' handbook	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	Not applicable to this organisation		N/A	N/A	N/A	
36	Response	Access to 'CBRN Incident: Clinical Management and health protection'	Clinical staff have access to the PHE 'CBRN Incident: Clinical Management and health protection' guidance.			• Guidance is available to appropriate staff either electronically or hard copies	Not applicable to this organisation		N/A	N/A	N/A	
<b>Domain 7 - Warning and Informing</b>												

