

Ref	Domain	Standard	Detail	Acute Providers	Evidence - examples listed below	Organisational Evidence	Self assessment RAG	Action to be taken	Lead	Timescale	Link to evidence
							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.  Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an intention to achieve full compliance within the next 12 months.  Green (fully compliant) = Fully compliant with core standard.				
1	Governance	Senior Leadership	The organisation has appointed an Accountable Emergency Officer (AOO) responsible for Emergency Preparedness, Resilience and Response (EPRR). The 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.  The organisation has an overarching EPRR policy statement.  This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and/ or organisation, structural and staff changes.	Y	• Name and role of appointed individual	Bonita Shannon COO is the Accountable Emergency Officer for the Trust. Tanya Christie deputises.  Joe Ptaszek, Non-Executive Director attends the Health, Safety and Resilience Committee which receives updates from the Trust Resilience group.	Fully compliant				
2	Governance	EPRR Policy Statement	The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation.	Y	• Evidence of an up to date EPRR policy statement that includes: • Resourcing commitment • Access to funds • Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.	The Trust has in place an Emergency Preparedness, Resilience and Response Policy. This sets out the Trust's commitment to Emergency Planning, Business Continuity, training and exercise etc. It also sets out our resource commitment and access to funds.	Fully compliant				<a href="http://hsts.inttrust.nhs.uk/Assets/Attachments/2018/09/20/2018%20EPRR%20Policy%20Statement%20v2.0%20Final.pdf">http://hsts.inttrust.nhs.uk/Assets/Attachments/2018/09/20/2018%20EPRR%20Policy%20Statement%20v2.0%20Final.pdf</a>
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.	Y	• Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board	The Board of Directors received a EPRR report in September 2018 and the Annual report in March 2019. Minutes and papers are available from the Trust website.	Fully compliant				<a href="#">Evidence 3 Board reports</a>
4	Governance	EPRR work programme	The organisation has an annual EPRR work programme, informed by: • Lessons identified from incidents and exercises • Identified risks • Outcomes of any assurance and audit processes.	Y	• Process explicitly described within the EPRR policy statement • Annual work plan	The Emergency Preparedness, Resilience and Response Policy identifies that the annual work plan which is based on the NHS England core standards, risks identified from local/national risk assessments and lessons identified from training or incidents.  The work plan is a standing agenda item at the Quarterly Resilience Group and a regular update is provided to the Health, Safety and Resilience Committee. Internal audit report from October 2018 had one action which was closed October 2018 relating to risk assessments.	Fully compliant				<a href="#">Work plan</a>
5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	• EPRR Policy identifies resources required to fulfil EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources • Role description of EPRR Staff • Organisation structure chart • Internal Governance process chart including EPRR group	The Emergency Preparedness, Resilience and Response Policy identifies resources required to fulfil the EPRR function. It defines roles and resources, description of roles and responsibilities and contains a flow chart of internal and external partners associated with EPRR.	Fully compliant				<a href="http://hsts.inttrust.nhs.uk/Assets/Attachments/2018/09/20/2018%20EPRR%20Policy%20Statement%20v2.0%20Final.pdf">http://hsts.inttrust.nhs.uk/Assets/Attachments/2018/09/20/2018%20EPRR%20Policy%20Statement%20v2.0%20Final.pdf</a>
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	• Process explicitly described within the EPRR policy statement	The Emergency Preparedness, Resilience and Response Policy identifies one of its key purposes is to capture learning from incidents and exercises to inform the development of future EPRR arrangements.  Learning from activation of Business Continuity Plans is shared at the Operational Resilience Group and also through the Emergency Planning Managers attendance at the Learning Hub and attendance at internal and external learning and sharing events.	Fully compliant				<a href="http://hsts.inttrust.nhs.uk/Assets/Attachments/2018/09/20/2018%20EPRR%20Policy%20Statement%20v2.0%20Final.pdf">http://hsts.inttrust.nhs.uk/Assets/Attachments/2018/09/20/2018%20EPRR%20Policy%20Statement%20v2.0%20Final.pdf</a>
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	• Evidence that EPRR risks are regularly considered and recorded • Evidence that EPRR risks are represented and recorded on the organisation's corporate risk register	The Health, Safety and Resilience Committee review the Corporate Risk Register which includes reference to the Community Risk Register and National Risk Registers as referred to in the NHS England Standards for EPRR. The process for the management of risks is detailed in the Trust's Risk Management Strategy. The risk register is a standing item on the EPRR work plan.	Fully compliant				<a href="#">Evidence 7 Risk assessment</a>
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	• EPRR risks are considered in the organisation's risk management policy • Reference to EPRR risk management in the organisation's EPRR policy document	The Emergency Preparedness, Resilience and Response Policy (September 2018) identifies the process for the management of risks as detailed in the Trust's Risk Management Strategy. These are stored on the risk module of Data.	Fully compliant				<a href="http://hsts.inttrust.nhs.uk/Assets/Attachments/2018/09/20/2018%20EPRR%20Policy%20Statement%20v2.0%20Final.pdf">http://hsts.inttrust.nhs.uk/Assets/Attachments/2018/09/20/2018%20EPRR%20Policy%20Statement%20v2.0%20Final.pdf</a> <a href="http://www.bradfordhospitals.nhs.uk/Assets/Attachments/2018/09/20/2018%20EPRR%20Policy%20Statement%20v2.0%20Final.pdf">http://www.bradfordhospitals.nhs.uk/Assets/Attachments/2018/09/20/2018%20EPRR%20Policy%20Statement%20v2.0%20Final.pdf</a>
Domain 3 - Duty to maintain plans											
9	Duty to maintain plans	Collaborative planning	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Y	Partners consulted with as part of the planning process are demonstrable in planning arrangements	Partners consulted with as part of the planning process are demonstrable in planning arrangements. Examples include: action card has gone through IPC meeting which is attended by CCG, PHF and Bradford Council, incident response plan, CBRN and floods and resilience plans shared with ANHPT, CHT and BODT and Bradford Council	Fully compliant				<a href="#">Evidence 9 Collaborative Planning</a>
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	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Trust has in place an Incident Response Plan (October 2019) which incorporates Mass Casualty Arrangements. The plan provides a framework for the management, coordination and control, in support of Trust employees in carrying out their duties, during a major critical or mass casualty incident and in relation to business continuity incidents.  The plan can be activated in isolation or in conjunction with other specific major incident or business continuity plans.  The plan is in line with current guidance and risk assessment, signed off by the appropriate mechanism and available to all staff. It outlines our training and exercise plan and required equipment.  Our incident response plan Call Cascade system was tested in September 2019.	Fully compliant				<a href="http://www.bradfordhospitals.nhs.uk/Assets/Attachments/2019/09/20/2019%20Incident%20Response%20Plan%20v1.0%20Final.pdf">http://www.bradfordhospitals.nhs.uk/Assets/Attachments/2019/09/20/2019%20Incident%20Response%20Plan%20v1.0%20Final.pdf</a>
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	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Trust has in place an Incident Response Plan which incorporates Mass Casualty Arrangements. The plan provides a framework for the management, coordination and control, in support of Trust employees in carrying out their duties, during a major incident, critical incident or, mass casualty incident and in relation to business continuity incidents.  The plan can be activated in isolation or in conjunction with other specific major incident or business continuity plans.  The plan is in line with current guidance and risk assessment, signed off by the appropriate mechanism and available to all staff. It outlines our training and exercise plan and required equipment.  Our incident response plan Call Cascade system was tested in September 2019.	Fully compliant				<a href="http://www.bradfordhospitals.nhs.uk/Assets/Attachments/2019/09/20/2019%20Incident%20Response%20Plan%20v1.0%20Final.pdf">http://www.bradfordhospitals.nhs.uk/Assets/Attachments/2019/09/20/2019%20Incident%20Response%20Plan%20v1.0%20Final.pdf</a>
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	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Trust has in place a Severe Weather Plan (September 2018) which ensures we are able to provide a robust and resilient response during severe weather and is aligned to the West Yorkshire Resilience Forum severe weather plan.  The plan outlines the various consequences of Heat, Cold, Storms and Flooding and details Trust roles and responsibilities and of other responding organisations.  The plan is in line with current guidance and risk assessment, signed off by the appropriate mechanism and available to all staff. It outlines our training and exercise plan and required equipment. The emergency planning internal page contains relevant information and heat health alerts are sent out to pre-identified people and via weekly internal latest news global emails.	Fully compliant				<a href="http://www.bradfordhospitals.nhs.uk/Assets/Attachments/2018/09/20/2018%20Severe%20Weather%20Plan%20v1.0%20Final.pdf">http://www.bradfordhospitals.nhs.uk/Assets/Attachments/2018/09/20/2018%20Severe%20Weather%20Plan%20v1.0%20Final.pdf</a>
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Trust has in place a Severe Weather Plan (September 2018) which ensures we are able to provide a robust and resilient response during severe weather and is aligned to the West Yorkshire Resilience Forum severe weather plan.  The plan outlines the various consequences of Heat, Cold, Storms and Flooding and details Trust roles and responsibilities and of other responding organisations. The emergency planning internal page contains relevant information and cold weather alerts are sent out to pre-identified people and via weekly internal latest news global emails.  The plan is in line with current guidance and risk assessment, signed off by the appropriate mechanism and available to all staff. It outlines our training and exercise plan and required equipment.	Fully compliant				<a href="http://www.bradfordhospitals.nhs.uk/Assets/Attachments/2018/09/20/2018%20Severe%20Weather%20Plan%20v1.0%20Final.pdf">http://www.bradfordhospitals.nhs.uk/Assets/Attachments/2018/09/20/2018%20Severe%20Weather%20Plan%20v1.0%20Final.pdf</a>

	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza.	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The plan is in line with current guidance and risk assessment, signed off by the appropriate mechanisms and available to all staff. It outlines our training and exercise plans and required equipment.			<a href="http://www.bradford-hospitals.nhs.uk/departments/patient-safety/emergency-preparedness-resilience/eprr-incident-response-plan/">http://www.bradford-hospitals.nhs.uk/departments/patient-safety/emergency-preparedness-resilience/eprr-incident-response-plan/</a>
15	Duty to maintain plans	Pandemic influenza	Y	Fully compliant		<a href="http://www.bradford-hospitals.nhs.uk/departments/patient-safety/emergency-preparedness-resilience/eprr-incident-response-plan/">http://www.bradford-hospitals.nhs.uk/departments/patient-safety/emergency-preparedness-resilience/eprr-incident-response-plan/</a>
16	Duty to maintain plans	Infectious disease	Y	Fully compliant		<a href="#">16 infectious diseases</a>
17	Duty to maintain plans	Mass countermeasures	Y	Fully compliant		<a href="#">17 Mass countermeasures</a>
18	Duty to maintain plans	Mass Casualty	Y	Fully compliant		<a href="http://www.bradford-hospitals.nhs.uk/departments/patient-safety/emergency-preparedness-resilience/eprr-incident-response-plan/">http://www.bradford-hospitals.nhs.uk/departments/patient-safety/emergency-preparedness-resilience/eprr-incident-response-plan/</a>
19	Duty to maintain plans	Mass Casualty – patient identification	Y	Fully compliant		<a href="#">Patient ID Patient Identification</a>
20	Duty to maintain plans	Shelter and evacuation	Y	Fully compliant		<a href="http://www.bradford-hospitals.nhs.uk/departments/patient-safety/emergency-preparedness-resilience/eprr-incident-response-plan/">http://www.bradford-hospitals.nhs.uk/departments/patient-safety/emergency-preparedness-resilience/eprr-incident-response-plan/</a>
21	Duty to maintain plans	Lockdown	Y	Fully compliant		<a href="http://www.bradford-hospitals.nhs.uk/departments/patient-safety/emergency-preparedness-resilience/eprr-incident-response-plan/">http://www.bradford-hospitals.nhs.uk/departments/patient-safety/emergency-preparedness-resilience/eprr-incident-response-plan/</a>
22	Duty to maintain plans	Protected individuals	Y	Fully compliant		<a href="#">Protected Individuals</a>
23	Duty to maintain plans	Excess death planning	Y	Fully compliant		As part of a CBRN exercise in 2020, the mortality capacity will be looked at and the speed of the SLA with Bradford Council being enacted.
<b>Domain 4 - Command and control</b>						
24	Command and control	On-call mechanism	Y	Fully compliant		<a href="#">Evidence 24.24 On call</a>
25	Command and control	Trained on-call staff	Y	Partially compliant	S Amos	<a href="#">Evidence 24.24 On call</a>
<b>Domain 5 - Training and exercising</b>						
26	Training and exercising	EPRR Training	Y	Partially compliant	S Amos	<a href="#">Evidence 26.26A</a>

		The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.	<ul style="list-style-type: none"><li>• Exercising Schedule</li><li>• Evidence of post exercise reports and embedding learning</li></ul>	EPRR work plan 19-20 details exercising schedule. Exercising undertaken - Communication - A&E staff call in test June 19, in hours call cascade for incident response plan August 19. Table top testing - EU Exit table top March 19, IT go dark table top exercise March 19. Last live exercise 2017.			
27	Training and exercising	<p>EPRR exercising and testing programme</p> <p>The exercising programme must:</p> <ul style="list-style-type: none"><li>• identify exercises relevant to local risks</li><li>• meet the needs of the organisation type and stakeholders</li><li>• ensure warning and informing arrangements are effective.</li></ul> <p>Lessons identified must be captured, recorded and acted upon as part of continuous improvement.</p>	<ul style="list-style-type: none"><li>• Training records</li><li>• Evidence of personal training and exercising portfolios for key staff</li></ul>	Training registers of Silver and Gold Commanders who have received SLIC, SLIC (2016) and E-EPH (2017). Incident command room test as per July & August 2019 industrial action with 24/7 rota of on call managers and on call executive lead. Personal log books provided on call staff.	Fully compliant		<a href="#">Evidence 27 Training and training</a>
28	Training and exercising	<p>Strategic and tactical responder training</p> <p>Strategic and tactical responders must maintain a continuous personal development portfolio, demonstrating training in accordance with the National Occupational Standards, and/or incident / exercise participation</p>	<ul style="list-style-type: none"><li>• Documented processes for establishing an ICC</li><li>• Maps and diagrams</li><li>• A testing schedule</li><li>• A testing schedule</li><li>• Pre identified roles and responsibilities, with action cards</li><li>• Demonstration ICC facilities is isolated to local risks, including telecommunications, and external hazards</li></ul>	Trust Incident response plan has details of ICC room locations, action cards (you identify roles and responsibilities, photos of layout and telephone and log in details available for ICC staff including site maps. ICCs are on stand in generator system with isolated phone lines (singleplex & VOPR). There is a programme for checking ICCs on a regular basis. ICC training sessions run in 2014. Most ICCs in command room in operation July & August for industrial action. JCR in use on a regular basis for computers and phones in operation.	Fully compliant		<a href="#">Evidence 28 Tactical responder</a>
Domain 6 - Response							
30	Response	<p>Incident Co-ordination Centre (ICC)</p> <p>Both locations should be pre-identified and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.</p>	<ul style="list-style-type: none"><li>• Documented processes for establishing an ICC</li><li>• Maps and diagrams</li><li>• A testing schedule</li><li>• A testing schedule</li><li>• Pre identified roles and responsibilities, with action cards</li><li>• Demonstration ICC facilities is isolated to local risks, including telecommunications, and external hazards</li></ul>	Trust Incident response plan has details of ICC room locations, action cards (you identify roles and responsibilities, photos of layout and telephone and log in details available for ICC staff including site maps. ICCs are on stand in generator system with isolated phone lines (singleplex & VOPR). There is a programme for checking ICCs on a regular basis. ICC training sessions run in 2014. Most ICCs in command room in operation July & August for industrial action. JCR in use on a regular basis for computers and phones in operation.	Fully compliant		<a href="http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/">http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/</a> <a href="http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/">http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/</a> <a href="http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/">http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/</a>
31	Response	<p>Access to planning arrangements</p> <p>Version controlled, hard copies of all response arrangements are available to relevant staff at all times. Staff must be aware of where they are stored and should be easily accessible.</p>	<ul style="list-style-type: none"><li>• Planning arrangements are easily accessible - both electronically and hard copies</li></ul>	ICC has hard copy documents available in it, all current version control. On call manager resource pack with contains details on ICC and other relevant documents. Emergency planning page on intranet has key documents and action cards.	Fully compliant		<a href="#">30 31 Incident Co-ordination Centre</a>
32	Response	<p>Management of business continuity incidents</p> <p>In line with current guidance and legislation, the organisation has arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).</p>	<ul style="list-style-type: none"><li>• Business Continuity Response plans</li></ul>	The Trust has in place an Incident Response Plan which incorporates Mass Casualty Arrangements. The plan provides a framework for the management, coordination and control, in support of Trust employees in carrying out their duties. During a major incident, critical incident or mass casualty incident in relation to business continuity incidents, Action cards for numerous types of incident are available to assist staff in following the correct procedures. This plan can be activated in isolation or in conjunction with other specific major incident or business continuity plans.	Fully compliant		<a href="http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/">http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/</a> <a href="http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/">http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/</a> <a href="http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/">http://www.brexit-horizons.org.uk/department/industrial-action/2019/02/20/industrial-action-2019-02-20/</a>
33	Response	<p>Loggist</p> <p>The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards.</p>	<ul style="list-style-type: none"><li>• Documented processes for accessing and utilising loggists</li><li>• Training records</li></ul>	The Trust has trained experienced Loggists in place and a tested call system in event of an incident. Where a Loggist isn't available, Commanders have ability to document their own notes in their personal logbooks. Additional Loggists are currently being identified to ensure there are a sufficient number available should that can be required and to be trained in 2020. Training is being delivered on 11/03/20 to 8 staff to ensure there are enough Trust Loggists.	Partially compliant		<a href="#">31 Loggist</a>
34	Response	<p>Situation Reports</p> <p>The organisation has processes in place for receiving, compiling, analysing and submitting situation reports (SIRs) and briefings during the response to business continuity incidents, critical incidents and major incidents.</p>	<ul style="list-style-type: none"><li>• Documented processes for compiling, signing off and submitting SIRs</li><li>• Evidence of testing and exercising</li></ul>	The Trust process for compiling, signing off and submitting the SIRs is included within incident response plan. As a standard there is a SIR completed 6 times a day which is circulated to key staff members and would include information on Trust incidents or business continuity incidents.	Fully compliant	Training to be delivered in house on 11th March to make this standard compliant.	<a href="#">Evidence 34 SIRs</a>
35	Response	<p>Access to 'Clinical Guidelines for Major Incidents and Mass Casualty Events'</p> <p>Key clinical staff (especially emergency department) have access to the 'Clinical Guidelines for Major Incidents and Mass Casualty Events' handbook.</p>	<ul style="list-style-type: none"><li>• Guidance is available to appropriate staff either electronically or hard copies</li></ul>	Staff are able to access the clinical guidelines for access to clinical guidelines for major incidents and mass casualty events on the emergency planning page of intranet. In addition copies have been sent to A&E clinical lead staff and is available within the On call Executive folder.	Fully compliant		<a href="#">35 Access to clinical guidelines</a>
36	Response	<p>Access to 'CBRN Incident: Clinical Management and Health Protection'</p> <p>Clinical staff have access to the PHE 'CBRN Incident: Clinical Management and Health Protection' guidance.</p>	<ul style="list-style-type: none"><li>• Guidance is available to appropriate staff either electronically or hard copies</li></ul>	Staff are able to access the clinical guidelines for CBRN incidents on the emergency planning page of intranet. In addition copies have been sent to A&E clinical lead staff and is included within the On call Executive folder.	Fully compliant		<a href="#">36 Access to CBRN incident</a>
Domain 7 - Warning and Informing							
37	Warning and Informing	<p>Communication with partners and stakeholders</p> <p>The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.</p>	<ul style="list-style-type: none"><li>• Have emergency communications response arrangements in place</li><li>• Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident responses</li><li>• Using lessons identified from previous major incidents to inform the development of future incident response communications</li><li>• Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes</li><li>• Being able to demonstrate that publication of plans and assessments is part of a pre-identified communications strategy and part of your organisation's warning and informing plan</li></ul>	The Trust has in place a communication Policy (June 2019) which details about a major incident and the communications role with staff, patients and stakeholders and the media. The social media policy details how staff should communicate information on personal accounts relating to the Trust. Steps in the incident response plan contain a media section to collate the relevant information requests. Where necessary, the Police will lead or media communications for a consistent approach.	Fully compliant		<a href="#">37 Communication</a>
38	Warning and Informing	<p>Warning and Informing</p> <p>The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.</p>	<ul style="list-style-type: none"><li>• Have emergency communications response arrangements in place</li><li>• Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies)</li><li>• Communicating with the public to encourage and empower the community help themselves in an emergency in a way which complements the response of responders</li><li>• Using lessons identified from previous major incidents to inform the development of future incident response communications</li><li>• Setting up protocols with the media for warning and informing</li></ul>	The Trust has in place a communication Policy (June 2019) which details about a major incident and the communications role with staff, patients and stakeholders and the media. The social media policy details how staff should communicate information on personal accounts relating to the Trust. Where necessary, the Police will lead or media communications for a consistent approach.	Fully compliant		<a href="#">38 Warning and Informing</a>
39	Warning and Informing	<p>Media strategy</p> <p>The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a trained media spokespersons able to represent the organisation to the media at all times.</p>	<ul style="list-style-type: none"><li>• Have emergency communications response arrangements in place</li><li>• Using lessons identified from previous major incidents to inform the development of future incident response communications</li><li>• Setting up protocols with the media for warning and informing</li><li>• Having an agreed media strategy which identifies and trains key staff in dealing with the media including outlining spokespersons and talking hearing</li></ul>	The Trust has in place a communication Policy (June 2019) which details about a major incident and the communications role with staff, patients and stakeholders and the media. The social media policy details how staff should communicate information on personal accounts relating to the Trust. Where necessary, the Police will lead or media communications for a consistent approach.	Fully compliant		<a href="#">39 Media strategy</a>
Domain 8 - Cooperation							
40	Cooperation	<p>LRHP attendance</p> <p>The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LRHP) meetings.</p>	<ul style="list-style-type: none"><li>• Minutes of meetings</li></ul>	There have been 4 meetings since last submission. Of these attendance has been 100% by an appropriate Trust representative.	Fully compliant		<a href="#">40 LRHP attendance</a>
41	Cooperation	<p>LRF / BRP attendance</p> <p>The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.</p>	<ul style="list-style-type: none"><li>• Minutes of meetings</li><li>• Governance agreement if the organisation is represented</li></ul>	The Trust attending for all NHS England as per the agreement that covers NSEE attending to represent trusts in the region.	Fully compliant		
42	Cooperation	<p>Mutual aid arrangements</p> <p>The organisation has agreed mutual aid arrangements in place outlining the process for coordinating, establishing and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.</p>	<ul style="list-style-type: none"><li>• Detailed documentation on the process for requesting, receiving and managing mutual aid requests</li><li>• Signed mutual aid agreements where appropriate</li></ul>	Memorandum of Understanding between the Trust and BDOCT and ANHSFT which acknowledges that in the event of an emergency situation e.g. flu, norovirus, winter pressures, employees may be relocated to other locations and working alongside other NHS Trust staff in the differing hospitals and medical facilities. Resilience briefings for winter period November-April in place with local health stakeholders. Request for military aid available via NSESE process in EPRR policy. SLs with thirdof military for increased capacity.	Fully compliant		<a href="#">42 Mutual aid arrangements</a>
43	Cooperation	<p>Information sharing</p> <p>The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.</p>	<ul style="list-style-type: none"><li>• Documented and signed information sharing protocol</li><li>• Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2014 'day to communicate with the public'</li></ul>	The Trust has in place a signed inter-agency information sharing protocol. This covers the sharing of person-identifiable confidential data. The agreement takes into account relevant national regulation and guidance.	Fully compliant		<a href="#">43 Information sharing</a>



63	CBRN	Equipment Preventative Programme of Maintenance	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for: • PRPS Suits • Decontamination structures • Disrobe and robe structures • Shower tray pump • RAM GENE (radiation monitor) • Other equipment	Y	Completed PPM, including date completed, and by whom	PPMs in place - suits serviced by Respirex, Tent structure, pump, disrobe, robe and ancillary equipment serviced at PPSGB Ltd. RAM GENE serviced inhouse annually in September by A. Murray, Trust radiation specialist.	Fully compliant			<a href="#">63 Equipment PPMs</a>
64	CBRN	PPE disposal arrangements	There are effective disposal arrangements in place for PPE no longer required, as indicated by manufacturer / supplier guidance.	Y	Organisational policy	Any expired suits used for training and to show staff their composition by providing cutting a person out of suit. The destroyed suits are documented on the PRPS inventory.	Fully compliant			<a href="#">64 PPE disposal</a>
65	CBRN	HAZMAT / CBRN training lead	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training	Y	Maintenance of CPD records	Dr Susan King is the lead, supported by sisters Ruth Brockson and Kayleigh Lawton, last YAS training attended by Ruth & Kayleigh 26.03.18.	Fully compliant			<a href="#">65 67 CBRN training</a>
66	CBRN	Training programme	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programmes should include training for PPE and decontamination.	Y	Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: <a href="http://www.jcop.org.uk/what-will-jcop-do-training/">http://www.jcop.org.uk/what-will-jcop-do-training/</a> • A range of staff roles are transferred decontamination techniques • Lead identified for training • Established system for refresher training	As above, staff trained on regular basis in ED and reception. Guidance and information taken from NICE documents for staff presenters with a link to CBR for reception staff in their training pack. Good mix of staff attend training. Trained staff recorded on ESR with a refresher due in 3 years.	Fully compliant			<a href="#">66 68 Training</a>
67	CBRN	HAZMAT / CBRN trained trainers	The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.	Y	Maintenance of CPD records	4 staff trained by YAS to deliver CBRN programme	Fully compliant			<a href="#">65 67 CBRN training</a>
68	CBRN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Y	Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: <a href="http://www.jcop.org.uk/what-will-jcop-do-training/">http://www.jcop.org.uk/what-will-jcop-do-training/</a> • Community, Mental Health and Specialist service providers - see Response Box in Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities/ (NHS London, 2011). Found at <a href="http://www.londonccr.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf">http://www.londonccr.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf</a> • A range of staff roles are trained in decontamination technique	Training presentations utilise advice from recommended documents, presentations available and in date. Different forms of decontamination covered in CBRN plan - dytwet.	Fully compliant			<a href="#">66 68 Training</a>
69	CBRN	FFP3 access	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to, and are trained to use, FFP3 mask protection (or equivalent) 24/7.	Y		Majority of areas have own FFP3 trainers, details on internet on how to access masks. IPC support available 24/7 on mask selection and how staff can fit test themselves. ED staff have now been trained as testers and numbers are steadily increasing in the department and throughout the Trust	Partially compliant		This has significantly been progressed in A&E and other key receiving areas so by the 31.03.20 the numbers of staff trained will be to an acceptable level and action completed. A new data base has been established centrally to allow the Trust to monitor training figures moving forward. Additional A&E staff have now been trained to fit test staff and a computerised testing system is due in the Trust to allow fit testing to be undertaken in a shorter time.	<a href="#">69 FFP3</a>