

		In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza.		Arrangements should be: <ul style="list-style-type: none">• current• in line with current national guidance• in line with risk assessment• tested regularly• signed off by the appropriate mechanism• shared appropriately with those required to use them• outline any equipment requirements• outline any staff training required	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 plans and required equipment.	Fully compliant		http://www.bradfordhospitals.nhs.uk/departments/patient-safety/our-services/2019/2019-2020-influenza-preparedness		
15	Duty to maintain plans	Pandemic influenza	Y							
16	Duty to maintain plans	Infectious disease	Y	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases such as Viral Haemorrhagic Fever. These arrangements should be in line with the NHS Incident Control teams, including support of adequate FFP3 and PPE trained individuals commensurate with the organisational risk.	Arrangements should be: <ul style="list-style-type: none">• current• in line with current national guidance• in line with risk assessment• tested regularly• signed off by the appropriate mechanism• shared appropriately with those required to use them• outline any equipment requirements• outline any staff training required	The Trust has in place an outbreak plan (November 2018) and Protocol for Management of Viral Haemorrhagic Fever (July 2018). The plan is in line with current guidance and risk assessment, signed off by the appropriate mechanism and available to all staff. It outlines the training and exercise plan and required equipment. Also to support are the Standard IPC regulations policy (July 2019) and Source Isolation Protocol, Infection Prevention & Control advice. The IPC meeting has representation for the local CCG, council and Public Health England to ensure community issues are shared and discussed.	Fully compliant		16 infectious diseases	
17	Duty to maintain plans	Mass countermeasures	Y	In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including arrangement for administration, reception and distribution of mass prophylaxis and mass vaccination. There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Social Care services to develop or support Mass Countermeasure distribution arrangements. Organisations should have plans to support patients in their care during activation of mass countermeasure arrangements. CCGs may be required to commission new services to support mass countermeasure distribution locally, this will be dependent on the incident.	Arrangements should be: <ul style="list-style-type: none">• current• in line with current national guidance• in line with risk assessment• tested regularly• signed off by the appropriate mechanism• shared appropriately with those required to use them• outline any equipment requirements• outline any staff training required	The Trust has in place a Chemical, Biological, Radiation & Nuclear Plan (August 2018). 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 plans and required equipment. To support this there is the Bradford PU plan and West Yorkshire resilience Forum pandemic influenza plan. NHS England Emergency Preparedness, Resilience and Response Guidance for the requesting and receipt of countermeasures April 2019	Fully compliant		17 Mass countermeasures	
18	Duty to maintain plans	Mass Casualty	Y	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to take up to 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 1 ITU capacity for 96 hours (for those with level 3 ITU bed).	Arrangements should be: <ul style="list-style-type: none">• current• in line with current national guidance• in line with risk assessment• tested regularly• signed off by the appropriate mechanism• shared appropriately with those required to use them• outline any equipment requirements• outline any staff training required	The Trust has in place a Operational Pressures Escalation Level (OPEL) Policy (September 2019) which sets out the framework to be applied to the management of surges and escalations in operational pressures affecting patient flow. The document also incorporates the new National Framework guidance information relating to the management of OPEL. 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		http://www.bradfordhospitals.nhs.uk/departments/patient-safety/our-services/2019/2019-2020-influenza-preparedness	
19	Duty to maintain plans	Mass Casualty - patient identification	Y	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 robust to ensure patient transfer, using a non-sequential unique patient identification number and capture patient sex.	Arrangements should be: <ul style="list-style-type: none">• current• in line with current national guidance• in line with risk assessment• tested regularly• signed off by the appropriate mechanism• shared appropriately with those required to use them• outline any equipment requirements• outline any staff training required	The Trust has in place a process which is used regularly for any unknown patient that is admitted or attends A&E. The random name generator currently has approx. 850 names available. The process for use is detailed through EPR. A&E reception teams are aware of the process and how to random name. The process and system comply with NHS/PSARE/2018/008 Safer temporary identification criteria for unknown or unidentified patients issued in December 2018.	Fully compliant		Patient ID system identification	
20	Duty to maintain plans	Shelter and evacuation	Y	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, while buildings or sites, working in conjunction with other site users where necessary.	Arrangements should be: <ul style="list-style-type: none">• current• in line with current national guidance• in line with risk assessment• tested regularly• signed off by the appropriate mechanism• shared appropriately with those required to use them• outline any equipment requirements• outline any staff training required	The Trust has in place a Friends & Relatives Centre Plan (May 2019) which outlines the response required to an incident whereby there would be a large number of people attending Bradford Royal Infirmary to search for their relatives and friends. It would be activated in conjunction with the Incident Response Plan (October 2019).	Fully compliant	http://www.bradfordhospitals.nhs.uk/departments/patient-safety/our-services/2019/2019-2020-influenza-preparedness	http://www.bradfordhospitals.nhs.uk/departments/patient-safety/our-services/2019/2019-2020-influenza-preparedness	
21	Duty to maintain plans	Lockdown	Y	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.	Arrangements should be: <ul style="list-style-type: none">• current• in line with current national guidance• in line with risk assessment• tested regularly• signed off by the appropriate mechanism• shared appropriately with those required to use them• outline any equipment requirements• outline any staff training required	The Trust has in place a Patient Safe Evacuation Plan (February 2019) which is to be used as the organisational evacuation plan, but does not replace the fire evacuation plans in place within the Trust, and it gives direction and further information for the safety of affected patients and staff to ensure that there is a documented process when patients have to be re-located at very short, or no notice. 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	http://www.bradfordhospitals.nhs.uk/departments/patient-safety/our-services/2019/2019-2020-influenza-preparedness	http://www.bradfordhospitals.nhs.uk/departments/patient-safety/our-services/2019/2019-2020-influenza-preparedness	
22	Duty to maintain plans	Protected individuals	Y	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.	Arrangements should be: <ul style="list-style-type: none">• current• in line with current national guidance• in line with risk assessment• tested regularly• signed off by the appropriate mechanism• shared appropriately with those required to use them• outline any equipment requirements• outline any staff training required	The Trust has in place a communication Policy (June 2016) which is for managers and staff working to understand and know when and how to contact the communications team, in relation to a high profile VIP about the need arise. The plan is in line with current guidance, signed off by the appropriate mechanism and available to all staff. It outlines that training will be undertaken as required. Process documented and previous risk assessments completed for high profile people. VAS contact nominated Trust staff - Emergency Planning manager/Head of Communications to inform of any vip visits in the area- several phone calls received in 2019. Official visitor access policy (July 19) in place. Trust communication policy details VIP visits.	Fully compliant		Patient ID Protected individuals	
23	Duty to maintain plans	Excess death planning	Y	The organisation has contributed to, and understands, its role in the multi-agency arrangements for excess deaths and mass fatalities, including mortuary arrangements. This includes arrangements for ring side and sudden onset events.	Arrangements should be: <ul style="list-style-type: none">• current• in line with current national guidance• in line with risk assessment• tested regularly• signed off by the appropriate mechanism• shared appropriately with those required to use them• outline any equipment requirements• outline any staff training required	The Trust has its own mortuary on site and a contract with a local undertaker to assist in deceased patient movement as required. The trust has a multi-agency service level agreement with Bradford council mortuary for excess deaths. For national guidance there is the Yorkshire and Humber plan and NRES Clinical guidelines for major incidents and mass casualty events documents in the on call folder. These plans are in line with current guidance and risk assessment, signed off by the appropriate mechanism and available to all staff.	Fully compliant	As part of a CBRN exercise in 2020, the mortuary capacity will be looked at and the speed of the SLA with Bradford council being enacted.		
Domain 4 - Command and control										
24	Command and control	On-call mechanism	Y	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.	<ul style="list-style-type: none">• Process explicitly described within the EPRR policy statement• On call Standards and expectations are set out• Include 24 hour arrangements for assisting managers and other key staff.	On Call Managers Resource Pack (November 19) covers the role of on call manager. Weakened on call plans produced with all relevant on call personnel. Process in EPRR policy for 24/7 cover and escalation. Switchboard have all relevant on call details for all areas and week 24/7.	Fully compliant		Patient ID 24 7 On call	
25	Command and control	Trained on-call staff	Y	On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer. The identified individual: <ul style="list-style-type: none">• Should be trained according to the NHS England EPRR competencies (National Occupational Standards)• Can determine whether a critical, major or business continuity incident has occurred• Has a specific process to adopt during the decision making• Is aware who should be consulted and informed during decision making• Should ensure appropriate records are maintained throughout.	<ul style="list-style-type: none">• Process explicitly described within the EPRR policy statement	EPRR policy discuss that on call staff should be appropriately trained and the decision making process. Critical, Major & business continuity incidents defined in EPRR policy. On Call Managers Resource Pack (November 2019) details escalation criteria. Majority of Silver and Gold Commanders have received BSLC, TUC (2019) and J&EP (Decision document 2017), Joint Decision Model training. Shadowing for 3 months done with view on call staff with pairing of new staff with experienced on call. JOM & J&EP staff use EPRR policy and information in ICO.	Partially compliant	S Amos	30.09.20	Patient ID 24 7 On call
Domain 5- Training and exercising										
26	Training and exercising	EPRR Training	Y	The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.	<ul style="list-style-type: none">• Process explicitly described within the EPRR policy statement• Evidence of a training needs analysis• Training records for all staff on all three performing a role within the ICC• Training materials• Evidence of personal training and exercising portfolios for key staff	EPRR policy discuss that on call staff should be appropriately trained. Training needs analysis in place to identify training requirements for all staff. Approved March 2019. ICC that is national standard for on call staff 2018. Further ICC sessions have now been delivered and 2 more are planned by end of March	Partially compliant	S Amos	31.03.20	Patient ID 26

		The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements. Organisations should meet the following exercising and testing requirements: • a six-monthly communications test • annual table top exercise • live exercises at least once every three years • command post exercise every three years. The exercising programme must: • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. Lessons identified must be captured, recorded and acted upon as part of continuous improvement.		• Exercising Schedule • Evidence of post exercise reports and embedding learning	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.	Fully compliant	Evidence 27: Exercise and training	
27	Training and exercising	EPRR exercising and testing programme						
28	Training and exercising	Strategic and tactical responder training		• Training records • Evidence of personal training and exercising portfolios for key staff	Training registers of Silver and Gold Commanders who have received SLIC, TLC (2016) and JEBIP (2017). Incident command room set up for July & August 2019. Incident simulator with 247 sets of on call managers and on call executive lead. Personal log books provided to on call staff.	Fully compliant	Evidence 28: Tactical responder	
Domain 6 - Response								
30	Response	Incident Co-ordination Centre (ICC)		• Documented processes for establishing an ICC • Maps and diagrams • A testing schedule • Pre identified roles and responsibilities, with action cards • Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards	Trust Incident response plan has details of ICC room locations, action cards to pin identify roles and responsibilities, photos of layout and telephone and log in details available for ICC staff including site maps. ICC's are on stand by generator system with resilient phone lines (analogue & VoIP). There is a programme for checking ICC's on a regular basis. ICC training sessions run in 2018. Main ICC in command centre in operation July & August for industrial action. JCR in use on a regular basis for computers and phones in operation.	Fully compliant	http://www.bradfordhospitals.uk/department/acc http://www.bradfordhospitals.uk/department/acc/acc http://www.bradfordhospitals.uk/department/acc/acc/acc http://www.bradfordhospitals.uk/department/acc/acc/acc/acc http://www.bradfordhospitals.uk/department/acc/acc/acc/acc/acc	
31	Response	Access to planning arrangements		Planning arrangements are easily accessible - both electronically and hard copies	ICC has key hard copy documents available in it, all contain version control. On call manager resource pack v6 contains details on ICC and other relevant documents. Emergency planning plan on intranet has key documents and action cards.	Fully compliant	30.31 Incident Co-ordination centre	
32	Response	Management of business continuity incidents		• Business Continuity Response plans	The Trust has in place an Incident Response Plan which incorporates Mass evelty 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. 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	http://www.bradfordhospitals.uk/department/acc http://www.bradfordhospitals.uk/department/acc/acc http://www.bradfordhospitals.uk/department/acc/acc/acc http://www.bradfordhospitals.uk/department/acc/acc/acc/acc http://www.bradfordhospitals.uk/department/acc/acc/acc/acc/acc	
33	Response	Loggist		• Documented processes for accessing and utilising loggists • Training records	The Trust has trained experienced Loggists in place and a tested call system in event of an incident. Where a Loggist test available, Commanders have ability to document their own notes in their personal log books. Additional Loggists are currently being identified to ensure that there are a sufficient number available should their use 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. The process is described in the Incident Response Plan. There is a WhatsApp group set up for loggists for ease of communication and a whiteboard staff or the emergency planning manager can send the WhatsApp message.	Fully compliant	33 Loggist	
34	Response	Situation Reports		• Documented processes for completing, signing off and submitting SitReps • Evidence of testing and exercising	The Trust process for completing, signing off and submitting the SitReps is outlined within incident response plan. As a standard there is a SitRep 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	Evidence 34: SitReps	
35	Response	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events'		Guidance is available to appropriate staff either electronically or hard copies	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 staff and is available within the On call Executive folder.	Fully compliant	35 Access to clinical guidelines	
36	Response	Access to 'CBRN Incident: Clinical Management and health protection'		Guidance is available to appropriate staff either electronically or hard copies	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 staff and is included within the On call Executive folder.	Fully compliant	36 Access to CBRN incident	
Domain 7 - Warning and Informing								
37	Warning and Informing	Communication with partners and stakeholders		• Have emergency communications response arrangements in place • Social Media Policy specifying advice to staff on appropriate use of personal social media accounts while the organisation is in an incident response • Using lessons identified from previous major incidents to inform the development of future incident response communications • 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 • Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work	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. SitReps in the Incident response plan contain a media section to collect the relevant information requests. Where necessary, the Police will lead on media communications for a consistent approach. The plan is in line with current guidance, signed off by the appropriate mechanism and available to all staff. It outlines that training will be undertaken as required. On call packs provide details of partner agencies to contact. The incident response plan details warning and informing arrangements for responders and public.	Fully compliant	37 Communication	
38	Warning and Informing	Warning and informing		• Have emergency communications response arrangements in place • be able to demonstrate consideration of target audience when publishing information requests and being able to deal with multiple requests for information as part of normal business processes • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which complements the response of responders • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing • Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespersons and talking heads	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 on media communications for a consistent approach. The plan is in line with current guidance, signed off by the appropriate mechanism and available to all staff. It outlines that training will be undertaken as required. On call packs provide details of partner agencies to contact. The incident response plan details warning and informing arrangements for responders and public. Trust website banner can be altered at any time of day by Comms team to provide public information or this can be circulated by use of Trust Twitter account. Use of 'warning matters' phase having immediate where required. A global staff email can be sent 24/7 to provide staff with relevant information	Fully compliant	38 Warning and informing	
39	Warning and Informing	Media strategy		• Have emergency communications response arrangements in place • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing • Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespersons and talking heads	The Trust has in place a communication Policy (June 2019) which details about a major incident and the communications role with 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 on media communications for a consistent approach. The plan is in line with current guidance, signed off by the appropriate mechanism and available to all staff. It outlines that training will be undertaken as required. The incident response plan details warning and informing arrangements for responders and public. Trust website banner can be altered at any time of day by Comms team to provide information or this can be circulated by use of Trust Twitter account. The warning matters theatre is the pre identified location for the media to attend for briefings. Pre identified staff with media training depending on issue would be available as a talking head with media communications provided by the communications team as necessary.	Fully compliant	39 Media strategy	
Domain 8 - Cooperation								
40	Cooperation	LRHP attendance		• Minutes of meetings	There have been 6 meetings since last submission. Of these attendance has been 100% by an appropriate Trust representative.	Fully compliant	40 LRHP attendance	
41	Cooperation	LRF / BRP attendance		• Minutes of meetings • Governance agreement of the organisation is represented	The Trust are represented by NHS England as per the agreement that covers NHE attending for all acute trusts in the region.	Fully compliant		
42	Cooperation	Mutual aid arrangements		• Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Signed mutual aid agreements where appropriate	Memoirandum of Understanding between the Trust and BECT and ANHEFT which acknowledges that in the event of an emergency situation e.g. fire, pandemic, 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 NHE process in EPRR policy. SLA with Bradford military for increased capacity.	Fully compliant	42 Mutual aid arrangements	
46	Cooperation	Information sharing		• Documented and signed information sharing protocol • Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'	The Trust has in place a signed inter agency information sharing protocol. This covers the sharing of personal identifiable confidential data. The agreement takes into account relevant national regulation and guidance.	Fully compliant	46 Information sharing	

47	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	Y	Demonstrate a statement of intent outlining that they will undertake BC - Policy Statement	The Trust Business Continuity framework sets out the Trusts duty to assess, plan and advise on any emergency situation that may affect the Trust. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	Fully compliant			67 BC policy statement
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	Y	BCMS should detail: • Scope e.g. key products and services within the scope and exclusions from the scope • Objectives of the system • The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties • Specific roles within the BCMS including responsibilities, competencies and authorities • The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process • Resource requirements • Communications strategy with all staff to ensure they are aware of their roles • Stakeholders	The Trust Business Continuity Management System (BCMS) forms the central spine of resilience throughout the Trust. The BCMS is to ensure safety and wellbeing of BTHFT staff and patients and other interested stakeholders. International Standards Organisation (ISO) 22301 follows the Plan, Do, Check, Act cycle and this document is to provide guidance throughout the cycle. The scope of the BCMS includes stakeholders and roles and responsibilities, communication. The risk management strategy details the process of how risks are documented and assessed. Risks are covered in BC framework and EPRR policy with the EPRR risks and risk assessments documented and on the trust risk register.	Fully compliant		68 BCMS scope	
49	Business Continuity	Business Impact Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Y	Documented process on how BIA will be conducted, including • the method to be used • the frequency of review • how the information will be used to inform planning • how BIA is used to support.	The Trust Business Continuity Framework details the BIA process which ensures uniformity and consistency across BTHFT. BIA is to be carried out across all operational departments and should identify dependencies and resources that help them deliver their critical activities effectively. This should be a broad review encompassing organisational risk, capability and capacity processes. This shall include suppliers, partner organisations and other relevant interested parties. Critical critical activities may be covered by Trust wide policies, but should be included here as having an effect on the department to deliver key services safely and effectively. All BIAs should be reviewed annually and risk assessments undergo key activities such as loss of buildings, power, water.	Fully compliant		69 BIA	
50	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance	The Trust are compliant with the Data Protection Act and Security Toolkit.	Fully compliant			70 Data Protection and Security Toolkit
51	Business Continuity	Business Continuity Plans	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises.	Y	• Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation	Incident response plan in place which details on responding to and recovering from incidents. Trigger for activation/standby with appropriate incident response levels with reference to the EPRR Framework. Activation procedures - Escalation procedures - Stand down procedures are covered in the incident response plan. A status based have plans, also risk assessments in place and shared with internal stakeholders. Individual BCPs for the actions for loss of staff. BTHFT partial site evaluation plan identifies other critical areas that can be used. Action cards available to support staff with a variety of issues.	Fully compliant	Further work is scheduled in the EPRR work plan to establish action cards/plans for loss of generic ward and nursing/HCA staff.	71 BCPs	
52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers	The Trust has in place an EPRR policy. The Board of Directors receives EPRR reports which details performance against KPIs and policy compliance. The Board received a mid year update in September 2018 and the Annual report in March 2019. The next report is scheduled for March 2020.	Fully compliant			72 BCMS monitoring
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Audit reports	The Board of Directors receives EPRR reports which details performance against KPIs and policy compliance. The Board received a mid year update in September 2018 and the Annual report in March 2019. The next report is scheduled for March 2020. An internal Audit was conducted for emergency planning in Oct 18. The next audit is due in Q4 19/20. The outcomes of these internal audit reports are included within the reports to the Board. An audit of the Business continuity in IT critical services was completed September 2019 and gave substantial compliance.	Fully compliant			73 BCMS assessment
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Action plans	Business continuity framework, EPRR policy, board reports submitted including action plans to ensure ongoing compliance	Fully compliant			74 BCMS improvement
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers, and are assured that these providers business continuity arrangements work with their own.	Y	• EPRR policy document or stand alone Business continuity policy • Provider/supplier assurance framework • Provider/supplier business continuity arrangements	In general we rely on the Business Continuity provisions in the 'NHS Terms & Conditions of Contract' (paragraph 15) for goods and services which cover the majority of our suppliers. In areas considered high risk we request further details of Business Continuity Plans from those suppliers, originally at tender stage, and hold their BCP on file. Process referenced in EPRR policy & Business continuity framework. Due to possibility of leaving EU with 'no deal' significant work done with key suppliers on their BCP arrangements.	Fully compliant			75 assurance
Domain 10: CBRN										
56	CBRN	Telephony advice for CBRN exposure	Key clinical staff have access to telephone advice for managing patients involved in CBRN incidents.	Y	Staff are aware of the number / process to gain access to advice through appropriate planning arrangements	Covered in training and posters in ED. ED has contact lists for relevant organisations. National Poisons Centre / NHS 24. Contact number on ED register page.	Fully compliant			76 telephony advice
57	CBRN	HAZMAT / CBRN planning arrangement	There are documented organisation specific HAZMAT/ CBRN response arrangements.	Y	• Evidence of: • command and control structures • procedures for activating staff and equipment • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and facilities in line with the latest guidance • interoperability with other relevant agencies • plans to maintain a control access control • arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to / from normal processes • contact details of key personnel and relevant partner agencies	CBRN plan which includes action cards to identify roles and responsibilities including security, incident response plan, contains command and control structure and stand down and standstill process, key contacts - internal and external. ED have a text system set up for rapid request for staff to offer their availability to. Training done which includes use of decontamination tent. Live exercise 2017 with partner agencies. Process for removal of waste listed in CBRN plan. Regular training including decont tent set up undertaken. Contact details in CBRN plan. ED reception staff trained on step 123, remove, remove, remove.	Fully compliant		http://this.internethosts.net/https://www.gov.uk/government/uploads/attachmentes/2015/04/epc-chemical-incidents.pdf	
58	CBRN	HAZMAT / CBRN risk assessments	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.	Y	• Impact assessment of CBRN decontamination on other key facilities	Assessment undertaken September 2018 & re-reviewed August 2019.	Fully compliant			78 HAZMAT/ CBRN risk assessment
59	CBRN	Decontamination capability availability 24 / 7	The organisation has adequate and appropriate decontamination capability to manage self-presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week.	Y	Rotas of appropriately trained staff availability 24 / 7	Regular training of tent set up undertaken for medical & nursing staff (80s trained in last 2 years). Bank list of staff for tent is operational- action cards in CBRN plan for site team on call manager to manage staff and for roles of ED staff to undertake.	Fully compliant			79 Decontamination
60	CBRN	Equipment and supplies	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients. • Acute providers - see Equipment checklist: https://www.england.nhs.uk/about/nhs-trusts/ • Community, Mental Health and Specialist service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': https://web.archive.org/web/201604231146https://www.england.nhs.uk/wp-content/uploads/2015/04/epc-chemical-incidents.pdf • Initial Operating Response (IOR) DVD and other material: http://www.jpssp.org.uk/what-will-jpssp-do/training/	Y	Completed equipment inventories, including completion date	Inventory and checking undertaken on regular basis	Fully compliant			80 EPC Equipment checks
61	CBRN	PPRS availability	The organisation has the expected number of PPRS (sealed and in date) available for immediate deployment. There is a plan and finance in place to revalidate (extend) or replace suits that are reaching their expiration date.	Y	Completed equipment inventories, including completion date	Suit inventory held, last servicing undertaken October 2019 and all suits in date.	Fully compliant			81 PPRS
62	CBRN	Equipment checks	There are routine checks carried out on the decontamination equipment including: • PPRS Suits • Decontamination structures • Disrobe and rerobe structures • Shower free pump • RAM GENE (radiation monitor) • Other decontamination equipment. There is a named individual responsible for completing these checks	Y	Record of equipment checks, including date completed and by whom.	Checking process completed by ED staff as this forms part of their routine equipment checklist. Checklist kept in MAJAX store room.	Fully compliant			82 EPC Equipment checks

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 (radason 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 by PPSGB Ltd. RAM Genes serviced in-house annually in September by A. Murray, Trust radiation specialist.	Fully compliant			63 Equipment PPMs
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			64 PPE disposal
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			65 67 CBRN training
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: http://www.jcop.org.uk/what-will-jcop-do-training/ • 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			66 68 Training
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			65 67 CBRN training
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: http://www.jcop.org.uk/what-will-jcop-do-training/ • Community, Mental Health and Specialist service providers - see Response Box in Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities/ (NHS London, 2011). Found at http://www.londonccr.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf • 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 - dykwet.	Fully compliant			66 68 Training
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	Fully compliant			69 FFP3