

Please select type of organisation:

**Community Service Providers**

**Publishing Approval Reference: 000719**

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	13	13	0	0
Command and control	2	2	0	0
Training and exercising	3	3	0	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	8	1	0
CBRN	7	7	0	0
<b>Total</b>	<b>54</b>	<b>53</b>	<b>1</b>	<b>0</b>

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<b>Overall assessment:</b>	<b>Substantially compliant</b>
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**Instructions:**

- Step 1: Select the type of organisation from the drop-down at the top of this page
- Step 2: Complete the Self-Assessment RAG in the 'EPRR Core Standards' tab
- Step 3: Complete the Self-Assessment RAG in the 'Deep dive' tab
- Step 4: Ambulance providers only: Complete the Self-Assessment in the 'Interoperable capabilities' tab
- Step 5: Click the 'Produce Action Plan' button below

Ref	Domain	Standard	Detail	Community Service Providers	Evidence - examples listed below	Self assessment RAG		Action to be taken	Lead	Timescale	Comments
						Organisational Evidence					
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	• Name and role of appointed individual	Rachel Hawkins is both the Director of Governance and the AEO for the Trust. A Non Executive Director Anne McConville is supporting the EPRR agenda. Evidence: • Job Descriptions upon request • Intranet pages • Communications cascade informing staff of AEO position and communications cascade	Fully compliant	BAU	AEO	2020/21	
2	Governance	EPRR Policy Statement	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.  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.	Critical & Major Incident Plan v.12.0 Part 1 highlights: • S.6 Trusts financial commitment to EPRR and access to funds • s.7 highlights commitment to training & exercising Also, the Business Continuity Policy & Plan version 9.0. Governance for both plans: • EPRR Operational Committee: 18/08/2020 • Quality, Improvement & Safety Committee: 03/09/2020 • Trust Board: 09/2020	Fully compliant	BAU	EPRR Lead	2019/2020	
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: • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process.	Y	• Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board	2019/2020 EPRR Core Standards Governance process. • EPRR Operational Group: 10/08/2019 • Quality & Improvement Safety Committee: 29/08/2019 • Assurance statement to Trust Board: Oct 2019 • Two peer reviews were undertaken on the 4th September and 11th October 2019 with the Cambridgeshire & Peterborough & Bedfordshire & Luton local resilience partnerships respectively with the Trust's self assessment. An internal BC Audit was undertaken in 2019 also. These reports form a basis for this years Core Standards. • A Signed declaration by the AEO of Trust's self assessment will be submitted in September/October 2020 Evidence : All committee Board and signed papers as mentioned above	Fully compliant	BAU	EPRR Lead	2019/2020	
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	Critical & Major Incident Plan v.12.0 (to be ratified at Trust Board on 09/2020) Business Continuity Policy & Plan version 9.0 (to be ratified at Trust Board on 09/2020) EPRR Annual Work programme 2020-2021 Covid 19 incident, the alternative methods of Service delivery including essential Services and lessons learnt. LHRP quarterly reporting work programme briefs for 2020-2021 which defines the Trust's risk management programme on a quarterly basis.	Fully compliant	BAU	EPRR Lead	2020/21	
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	Critical & Major Incident Policy v.12.0 (2020) part 1, s.3-4 states: • the roles and responsibilities of all staff • the EPRR and Incident structure chart The Internal governance process is in written form • Policy statement and Business Continuity Policy v.9.0 (2020) supports the above document.	Fully compliant	BAU	EPRR Lead/AEO & Finance Director	2020/21	
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	Critical & Major Incident Policy v.12.0 (2020) Part 2, s.11 Business Continuity Policy v.9.0 (2020), s.5 and Part 1, s.2.6. Trust wide lessons learnt document from Covid19	Fully compliant	BAU	Service Managers & EPRR Lead	2020/21	
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 organisations corporate risk register	EPRR risks are on the Trust corporate risk register which are reviewed monthly by the EPRR Lead. EU Exit risk was reviewed by the Trust AEO as required. From 01/01/2020, this risk was closed. The Trust has Covid 19 risks which sit under central Strategic Covid19 risks. These are reviewed weekly at the Covid19 IMT and work programmes and Trust actions are regularly reviewed to mitigate the risks identified. Work programme and LHRP quarterly report also identifies risk management work programme. This is supported by internal CRIPs and debriefs. The Trust has also completed risk assessments for all it staff, particularly those at high risk and of BAME backgrounds.	Fully compliant	BAU	Service Managers, EPRR Lead, Risk Management Team & AEO	2020/21	
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	Critical & Major Incident Policy v.12.0, s.5.2 : Policy statement Business Continuity Policy v.9.0, s.3 Trust Risk Management Policy 1.3	Fully compliant	BAU	Service Managers & EPRR Lead	2020/21	
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	The Trust work closely and shares work collaboratively with LHRPs and their respective operational sub groups with attendance in both Cambridgeshire & Peterborough and Bedfordshire & Luton and now Norfolk. The Trust has been involved in both Cambridgeshire & Peterborough and Bedfordshire & Luton LHRPs Covid 19 Command & Control Structure. Strategic leaders including the AEO, CEO and deputy CEO are attending the Health Gold calls across the two systems. The Trust has also led on the Health & Social Care Cell in the BLMK system.  Prior to Covid19, the Trust has engaged with its health partners in planning scenarios - see EPRR Core Standards from 2019-2020	Fully compliant	BAU	EPRR Team	2020/21	

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	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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>	<p>Critical &amp; Major Incident Plan v.12.0 incl. annexes incorporate the direction of the Civil contingencies Act 2004 and NHS EPRR Core Standards Framework 2017.</p> <p>Critical &amp; Major Incident Plan v.12.0 also aligns to the Trust Risk Management Policy 1.2 and the National Risk Register.</p> <p>Governance for this plan:</p> <ul style="list-style-type: none"> <li>EPRR Operational Grp: 18/08/2020</li> <li>Quality, Improvement &amp; safety Committee: 03/08/20</li> <li>Trust Board:09/2020</li> </ul>	Fully compliant	BAU	EPRR Lead	2020/21		
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	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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>	<p>Critical &amp; Major Incident Plan v.12.0 (2020) incl. annexes incorporate the direction of the Civil contingencies Act 2004 and NHS EPRR Core Standards Framework 2017.</p> <p>Critical &amp; Major Incident Plan v.11.0 also aligns to the Trust Risk Management Policy 1.3 and the National Risk Register.</p> <p>Governance for this plan as above cell.</p> <p>*Equipment provision for the management of a critical or major incident is outlined in Annexes I and J</p> <p>Staff training requirements outlined in section 1: Policy</p> <p>In light of Covid19, the Critical &amp; Major Incident Policy v12.0 is being reviewed. It has been tested by the pandemic of Covid19 and lessons learnt are being embedded in operational plans. The Critical &amp; Major Incident Plan v.12.0 is to be signed off by Trust Board in September 2020.</p>	Fully compliant	BAU	EPRR Lead & EPRR Operational Group	2020/21		
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	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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>	<p>The Trust has adopted PHE Heatwave Plan 2019 (to be ratified as an annex to the Critical &amp; Major Incident Policy &amp; Plan 2020 - 09/2020).</p> <p>The PHE Heatwave Plan &amp; its supporting guidance is published on the staff intranet annually for the summer period. This is also followed up with communication cascades in the event of severe weather alerts under the NSWWS.</p> <p>The Trust works collaboratively with Cambridgeshire &amp; Peterborough LHRP on heatwave planning assurances.</p> <p>The Trust Staff Uniform Policy states adaptability around hot weather</p> <ul style="list-style-type: none"> <li>Uniform Policy v.4.0, s.5.2</li> </ul> <p>The alert system by the Met Office which indicates anticipated heatwaves is tested annually with the NSWWS system across the Trust. Recent NSWWS live testing of Trust Services (06/2020 - 01/10/2020)</p>	Fully compliant	BAU	EPRR Lead & EPRR Operational Group	2020/21		
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	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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>	<p>Adopted PHE Cold Weather Plan (to be ratified as Critical &amp; Major Incident Policy &amp; Plan 2019 Annex R in 09/2020).</p> <p>The Trust publishes the Cold Weather Plan &amp; its supporting guidance on the staff intranet annually for the cold weather season (1/10/2020) and is followed up with communication cascades in the event of severe weather alerts under the NSWWS.</p> <p>The Trust works collaboratively with Cambridgeshire &amp; Peterborough LHRP on cold weather planning assurances.</p> <p>Staff Uniform Policy states adaptability around cold weather :Uniform Policy v.4.0, s.5.2</p> <p>The cold weather alerts systems which indicates anticipated periods of cold weather is tested annually with the NSWWS system across the Trust. Recent NSWWS live testing of Trust Services (2019 and due to be tested for the 2020 winter period)</p>	Fully compliant	BAU	EPRR Lead	2020/21		
15	Duty to maintain plans	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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>	<p>The Trust Influenza Pandemic Plan (2020) follows WHO and PHE guidance and is currently in draft following the lessons of Covid19.</p> <ul style="list-style-type: none"> <li>This plan is to be read in conjunction with the Trust Pandemic Influenza (and any other pandemic outbreak) Policy 3.0 and Pandemic Influenza Infection CG 1.1</li> <li>To be reviewed by the newly formed IPAC huddle (in response to Covid19) and to be ratified at the Infection Prevention &amp; Control Committee before the winter planning period.</li> <li>The Plan will be tested as live with the potential of a second surge of Covid19 and winter pressures. The Trust has continuously worked with LHRP partners throughout the Covid19 incident.</li> <li>The Plan will be published permanently on the staff intranet and accessible by all staff.</li> </ul>	Fully compliant	BAU	EPRR Lead & EPRR Operational Group	2020/21		
16	Duty to maintain plans	Infectious disease	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 made in conjunction with Infection Control teams; including supply of adequate FFP3 and PPE trained individuals commensurate with the organisational risk	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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>	<p>Please see IPAC documents in the EPRR folder 2020/2021 (x: drive)</p> <p>The Trust is a signatory to localised LHRP Planning: NSC Joint CD Incident Outbreak Management Plan and Beds and Luton MOU for Health Protection Incidents and Outbreaks 2018 and is reviewing Norfolk plans.</p> <p>On the back of Covid19, the Trust's Chief Nurse is liaising with the Outbreak Cells across C&amp;P and B&amp;L and has developed an internal Outbreak SOP for any staff related outbreaks.</p>	Fully compliant	BAU	EPRR Lead & EPRR Operational Group	2020/21		
17	Duty to maintain plans	Mass countermeasures	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.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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>	<p>* Trust Mass Vaccination Policy v.1.0 currently in date but will be reviewed in November 2020 in light of Covid19. The Policy was tested in July 2018 but Services will be asked to review their actions cards once the review is complete in preparation for a Covid19 vaccine</p>	Fully compliant	BAU	EPRR Lead	2020/21		
18	Duty to maintain plans	Mass Casualty	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 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	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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>	<p>Mass Casualty Incidents would be covered under the Trust Critical &amp; Major Incident Policy &amp; Plan v.12.0 (2020)</p> <p>Governance:</p> <ul style="list-style-type: none"> <li>EPRR Operational Committee: 18/08/2020</li> <li>Quality, Improvement &amp; Safety Committee: 03/09/2020</li> <li>Trust Board: 09/2020</li> </ul>	Fully compliant	BAU	EPRR Lead & EPRR Operational Group	2020/21		
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	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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>	<p>* Evacuation Framework 2019 ratified 26/04/2019 by the Trust Health &amp; Safety Committee.</p> <p>The Plan is in accordance with the Trust's Fire Evacuation procedures and risk assessments</p> <ul style="list-style-type: none"> <li>Testing schedule in place, which also supports the Framework annexes will address the processes at each of the four community hospital sites.</li> <li>Testing has been completed for Doodlington Hospital, with debrief and lessons learnt on 11/09/2019 with partner organisations. North Cambs Hospital on 15/08/2019. The Poynt, Luton was tested on 08/01/2019</li> </ul> <p>This work including the completion of the training schedule has been put on hold due to Covid19</p>	Fully compliant	BAU	EPRR Lead & EPRR Operational Group	2020/21		

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	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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> </li> </ul>	Trust Lockdown Policy v.2.5 in place, respects national guidance and the Trust Risk Management Policy. Governance: Ratified by the Quality, Improvement & Safety Committee 06/2019 Testing schedule in place and to be rolled out across Trust. Live incidents have supported the Lockdown processes within the Trust. This work is on hold due to Covid19.	Fully compliant	BAU	EPRR Lead & EPRR Operational Group & Estates Lead	2020/21		
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	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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> </li> </ul>	Critical & Major Incident Plan v.12.0 Section 2, s.7, this also aligns to the Trust Risk Management Policy 1.2 and the National Risk Register. Governance arrangements for this plan: EPRR Operational Committee: 18/08/2020 Quality, Improvement & Safety Committee: 03/09/2020 Trust Board: 09/2020	Fully compliant	BAU	EPRR Lead & EPRR Operational Group & Estates Lead	2020/21		
23	Duty to maintain plans	Excess death planning	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 rising tide and sudden onset events.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</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> </li> </ul>	This area of EPRR would be covered by plans held by the acute providers within each LHRP. The Trust's Critical & Major Incident Plan v.12.0 incl. annexes provides guidance on supporting the Trust's health partners in an excess deaths incident, as stated in the Civil Contingencies Act 2004.	Fully compliant	BAU	EPRR Lead & EPRR Operational Group & Estates Lead	2020/21		
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	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> <li>On call Standards and expectations are set out</li> <li>Include 24 hour arrangements for alerting managers and other key staff.</li> </ul>	<ul style="list-style-type: none"> <li>Stated in the Critical and Major Incident Plan v.12.0 2020 and the Business Continuity Policy &amp; Plan v.9.0</li> <li>The On Call process is now managed by an external provider TAS (The Answering Service). The Trust receives reports on Call activity and has processes to investigate any issues.</li> <li>The On Call system is tested 6 monthly with NHSE, C&amp;P CCG and now B&amp;L CCG,EX Starlight with a consequent debrief and implementation of lessons learnt.</li> </ul>	Fully compliant	BAU	EPRR Lead & ON Call Directors	2020/21		
25	Command and control	Trained on-call staff	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"> <li>Should be trained according to the NHS England EPRR competencies (National Occupational Standards)</li> <li>Can determine whether a critical, major or business continuity incident has occurred</li> <li>Has a specific process to adopt during the decision making</li> <li>Is aware who should be consulted and informed during decision making</li> <li>Should ensure appropriate records are maintained throughout.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> </ul>	Critical and Major Incident Plan v.12. Section 2: Operational response, s.4 and Annex B On call staff trained upon undertaking the On Call process, stipulated in Training Needs doc. Trust staff are also informed of any training sessions held by the wider system, including Strategic training. This is also outlined in the training needs doc.	Fully compliant	BAU	EPRR Lead & ON Call Directors	2020/21		
26	Training and exercising	EPRR Training	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.	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> <li>Evidence of a training needs analysis</li> <li>Training records for all staff on call and those performing a role within the ICC</li> <li>Training materials</li> <li>Evidence of personal training and exercising portfolios for key staff</li> </ul>	Critical & Major Incident Plan v.12.0 s. 4 & 7 (2020) Training Needs document of three tiers of Command & Control (Strategic, Tactical & Bronze & Loggists). This outlines training offered and completion dates. Training materials are filed for reference TNA for key staff is held in the EPRR folders	Fully compliant	BAU	EPRR Lead & ON Call Directors	2020/21		
27	Training and exercising	EPRR exercising and testing programme	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: <ul style="list-style-type: none"> <li>a six-monthly communications test</li> <li>annual table top exercise</li> <li>live exercise at least once every three years</li> <li>command post exercise every three years.</li> </ul> The exercising programme must: <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> Lessons identified must be captured, recorded and acted upon as part of continuous improvement 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	Y	<ul style="list-style-type: none"> <li>Exercising Schedule</li> <li>Evidence of post exercise reports and embedding learning</li> </ul>	The Trust exercise schedule was completed in Jan 2020 with the intention of the new financial year rollout to begin in April 2020-March 2021. However in light of Covid19, this has been suspended. The Trust has delivered a Trust wide Covid19 BCP table top exercise to ALL teams [completed in March 2020] with a bespoke Covid Exercise for the Wider Executive Team - members of which sit on the IMT and are also Trust ON -Call staff. The Trust has adopted live incidents as an integral part of testing its resilience. Each live incident (which has had a significant impact) will follow the process of debriefing and produce a lessons learnt including an action plan. The Trust has also completed a Trust wide debrief and lessons learnt from Covid19. In addition, the Trust will be rolling out a BCP Table top Exercise in September 2020 which will test planning for winter pressures and a second surge of Covid19.	Fully compliant	Training & Exercising Plan currently being drafted and meeting times arranged	EPRR Project officer	2020/21		
28	Training and exercising	Strategic and tactical responder training	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	Y	<ul style="list-style-type: none"> <li>Training records</li> <li>Evidence of personal training and exercising portfolios for key staff</li> </ul>	Training Needs doc outlines training offered and completed of Strategic, Tactical & Bronze & Loggists within the Trust.	Fully compliant	BAU	Strategic, Tactical Commanders; NHSE England training. Tactical & Bronze training; EPRR Lead	2020/21		
30	Response	Incident Co-ordination Centre (ICC)	The organisation has a preidentified Incident Co-ordination Centre (ICC) and alternative fall-back location(s).  Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.	Y	<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 training schedule</li> <li>Pre identified roles and responsibilities, with action cards</li> <li>Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards</li> </ul>	Annex I and Ia of the Trust's Critical and Major Incident Plan v.12.0 2020 has the following documentation for: <ul style="list-style-type: none"> <li>The Meadows, Cambridgeshire ICC</li> <li>The Poynt, Luton ICC</li> </ul> The plans also include action cards at Annex B for the roles and responsibilities of the Incident Management Team Training (walkthrough) of ICC has been tested live between March 2020 to current because of Covid19. Most importantly, virtual attendance and running of the ICC has been successful.	Fully compliant	BAU	EPRR Team	2020/21		
31	Response	Access to planning arrangements	Version controlled, hard copies of all response arrangements are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Y	<ul style="list-style-type: none"> <li>Planning arrangements are easily accessible - both electronically and hard copies</li> </ul>	Documents are posted on the staff intranet. Documents that are required by Services during a BCP are printed out and held in red folders. Examples of docs in red folders include: Critical & Major Incident Plan 2019, both overarching Business Continuity Plan 8.0 and Service level BCP's, most commonly used Standard Operating Procedures Hard copies of major incident plans (both Trust and LHRP) are held in the Red Major Incident folders behind Reception. Luton documents at the Poynt are held by the Service Director for Luton.	Fully compliant	BAU	EPRR Team	2020/21		
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	<ul style="list-style-type: none"> <li>Business Continuity Response plans</li> </ul>	Business Continuity Policy & Plan v.8.0 Service level BCP's incl Service level red folders On call folders (hard copy) for 24/7 support	Fully compliant	BAU	EPRR Lead & Service Managers	2020/21		
33	Response	Loggist	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.	Y	<ul style="list-style-type: none"> <li>Documented processes for accessing and utilising loggists</li> <li>Training records</li> </ul>	The Trust has 10 loggists for a) the Meadows ICC and b) The Poynt, Luton. Training incl refresher training is recorded in the Training needs document for ICC staff	Fully compliant	BAU	EPRR Lead & Loggists	2020/21		
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	<ul style="list-style-type: none"> <li>Documented processes for completing, signing off and submitting SitReps</li> <li>Evidence of testing and exercising</li> </ul>	Critical & Major Incident Plan v.12.0, s.6 (2019) Live incidents have tested the sitrep process E.g. Waste management 2018, EU Exit 2019	Fully compliant	BAU	EPRR Team	2020/21		

37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	<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 response</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 joined-up communications strategy and part of your organisation's warning and informing work</li> </ul>	Critical and Major Incident Plan v.12.0, Annex J : Communications Plan Debrief from major incident provides lessons learnt	Fully compliant	BAU	EPRR and Comms Lead	2020/21	
38	Warning and informing	Warning and informing	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.	Y	<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 to help themselves in an emergency in a way which compliments 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>	Critical and Major Incident Plan v.12.0, Annex J : Communications Plan updated. Also see Appendices D- E The Critical & Major Incident Plan v.12.0 clearly states the need for debrief and continuous improvement. The communications team are also linked in with the PHE and NHSE/I	Fully compliant	BAU	EPRR and Comms Lead	2020/21	
39	Warning and informing	Media strategy	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 spokesperson able to represent the organisation to the media at all times.	Y	<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 nominating spokespersons and 'talking heads'</li> </ul>	Critical and Major Incident Plan v.12.0, Annex J : Communications Plan & IMT action card for communications officer. As above.	Fully compliant	BAU		2020/21	
40	Cooperation	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> </ul>	Attendance at LHRP's Bedfordshire & Luton, Cambridgeshire & Peterborough and Norfolk LRF: Trust represented by CCG LHRP: AEO/ or deputy attendance	Fully compliant	BAU	EPRR Team	2020/21	
41	Cooperation	LRF / BRP attendance	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.	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>Governance agreement if the organisation is represented</li> </ul>	The Trust is represented at LRF by the CCG, however attendance at LRF when requested.	Fully compliant	BAU	EPRR Team	2020/21	
42	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.  These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Y	<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>	Signed MOU for both Cambridgeshire & Peterborough and Bedfordshire & Luton health economies currently. With the engagement with Norfolk, this will require review.	Fully compliant	BAU	CEO & Chief Nurse	2020/21	
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Y	<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 2004 'duty to communicate with the public'.</li> </ul>	FOI Policy & SOP Embedded in all Trust work, referenced to the ICO Data Protection Act 2018 and FOI 2000 Civil Contingencies Act '04 and supporting guidance is embedded in all EPRR work	Fully compliant	BAU	Information Governance Lead	2020/21	
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	<ul style="list-style-type: none"> <li>Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement</li> </ul>	Business Continuity Policy & Plan v.9.0 (2020) outlines the business continuity statement with BCMS. Governance: • EPRR Operational Committee: 18/08/2020 • Quality, Improvement & Safety Committee: 03/09/2020 • Trust Board: 09/2020	Fully compliant	BAU	EPRR Lead	2020/21	
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	<ul style="list-style-type: none"> <li>BCMS should detail: <ul style="list-style-type: none"> <li>Scope e.g. key products and services within the scope and exclusions from the scope</li> <li>Objectives of the system</li> <li>The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties</li> <li>Specific roles within the BCMS including responsibilities, competencies and authorities.</li> <li>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</li> <li>Resource requirements</li> <li>Communications strategy with all staff to ensure they are aware of their roles</li> <li>Stakeholders</li> </ul> </li> </ul>	Business Continuity Policy & Plan v.9.0 Policy: Scope s2.0 Objectives s2.2 Statutory, Regulatory & Contractual duties s1.0 and 5.0 Risk Management s3.0 Communications s1.3 (Plan section)	Fully compliant	BAU	EPRR Lead	2020/21	
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	<ul style="list-style-type: none"> <li>Documented process on how BIA will be conducted, including: <ul style="list-style-type: none"> <li>the method to be used</li> <li>the frequency of review</li> <li>how the information will be used to inform planning</li> <li>how RA is used to support.</li> </ul> </li> </ul>	Business Impact Analysis outlined in the Business Continuity 9.0 Process (second part of the plan) (2020) s2.1 A Business Impact Analysis SOP is also published on the intranet and cascaded to managers to assist with completing localised Business Continuity Plans.	Fully compliant	BAU	EPRR Lead	2020/21	
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	<ul style="list-style-type: none"> <li>Statement of compliance</li> </ul>	The Trust has submitted its DPS Toolkit on the 9 July 2020 and is compliant ( as stated by the Trust IG Lead)	Fully compliant	BAU	Information Governance Lead	2020/21	
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. 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	<ul style="list-style-type: none"> <li>Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation</li> </ul>	Service level operational business continuity plans support the overarching Business Policy & Plan v.9.0 The Business Continuity Audit 2019 identified that the plans required supplier/provider detail which have now been added. The BC Plans were undergoing a review pre Covid19 and this work has been suspended due to Covid19. Also, the plans will need amending in light of the alternative methods of service delivery which took place during Covid19, i.e. video consults, more telephone triage etc. However with recovery planning, the EPRR Team and Services will ensure that all BCP reviews will be compliant by the end of September 2020 The Business Continuity Policy & Plan v9.0 will be presented to the EPRR Ops Committee, QISComm and Board [see below bullet points for the timeline]. In light of Covid19, papers for review have been reduced to a minimum. Winter planning has been amalgamated with the Trust's recovery plans for this year which will be presented to the Trust Board in October 2020. The Covid19 debriefs and learning has been shared via the leadership forum . • EPRR Operational Committee: 18/08/2020 • Quality, Improvement & Safety Committee: 03/09/2020 • Trust Board: 09/2020	Partially compliant	To enhance operational business continuity plan with Covid19 lessons and alternate methods of delivery by the end of September 2020.	EPRR Team	Sep-20	
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	<ul style="list-style-type: none"> <li>EPRR policy document or stand alone Business continuity policy</li> <li>Board papers</li> </ul>	Business Continuity Policy & Plan v9.0 will be presented to the EPRR Ops Committee, QISComm and Board [see below bullet points for the timeline]. In light of Covid19, papers for review have been reduced to a minimum. Winter planning has been amalgamated with the Trust's recovery plans for this year which will be presented to the Trust Board in October 2020. The Covid19 debriefs and learning has been shared via the leadership forum . • EPRR Operational Committee: 18/08/2020 • Quality, Improvement & Safety Committee: 03/09/2020 • Trust Board: 09/2020	Fully compliant	BAU	EPRR Team	2019/2020	
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	<ul style="list-style-type: none"> <li>EPRR policy document or stand alone Business continuity policy</li> <li>Board papers</li> <li>Audit reports</li> </ul>	The Business Continuity Audit conducted with debrief on 30th April 2019 still stands. The Audit assessment was 'reasonable assurance'. An action plan to address the identified recommendations are being put in place and are monitored by the Trust Audit Committee. This work has however been stalled by Covid19 and will be part of the EPRR Team's recovery planning work.	Fully compliant	BAU	EPRR Team & Service Managers		
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	<ul style="list-style-type: none"> <li>EPRR policy document or stand alone Business continuity policy</li> <li>Board papers</li> <li>Action plans</li> </ul>	Business Policy & Plan v.9.0; Process; s.2 refers to continuous improvement. Debriefs from significant incidents/exercises are shared with staff via the intranet and the Trust's Communications cascade. Each debrief has an action plan for continuous improvement.	Fully compliant	BAU	EPRR Team & Service Managers	2019/2020	



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	<ul style="list-style-type: none"> <li>EPRR policy document or stand alone Business continuity policy</li> <li>Provider/supplier assurance framework</li> <li>Provider/supplier business continuity arrangements</li> </ul>	<ul style="list-style-type: none"> <li>In the Trust's preparations, for a no deal EU Exit work, the Trust sought a risk assurance from their suppliers/providers around their business continuity planning.</li> <li>Services will also be adding their local contractors and suppliers on their operational business continuity plans as advised by the Business Continuity Audit action plan.</li> </ul>	Fully compliant	BAU	EPRR Lead/Contracts Lead	2020/21	
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	<ul style="list-style-type: none"> <li>Staff informed via:</li> <li>CBRN box allocated to specific Services (undergone a risk assessment), supporting guidance and assurance paperwork allocation</li> <li>CBRN posters on staff intranet</li> <li>CBRN Communications Cascade to all staff plus additional emails to Service Managers</li> <li>CBRN discussions &amp; NARU video link on agenda at EPRR Ops Group meetings and minutes, which were cascaded to all Service Managers.</li> </ul>	Fully compliant	BAU	EPRR Team & Service Managers	2020/21	
57	CBRN	HAZMAT / CBRN planning arrangement	There are documented organisation specific HAZMAT/ CBRN response arrangements.	Y	<ul style="list-style-type: none"> <li>Evidence of:</li> <li>command and control structures</li> <li>procedures for activating staff and equipment</li> <li>pre-determined decontamination locations and access to facilities</li> <li>management and decontamination processes for contaminated patients and fatalities in line with the latest guidance</li> <li>interoperability with other relevant agencies</li> <li>plan to maintain a cordon / access control</li> <li>arrangements for staff contamination</li> <li>plans for the management of hazardous waste</li> <li>stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes</li> <li>contact details of key personnel and relevant partner agencies</li> </ul>	<ul style="list-style-type: none"> <li>Critical and Major Incident Policy v.12.0</li> <li>Trust CBRN programme which involved:</li> <li>Risk assessment of all Trust properties re: HAZMAT /CBRN</li> <li>Ordering of equipment suitable to address the mitigation of risk (as advised by the Property Risk assessment undertaken by the EPRR Lead and Estates Lead)</li> <li>Distributing the CBRN boxes to sites</li> <li>Cascading CBRN information via EPRR Ops Group, the Trust Communications Cascade &amp; staff intranet.</li> <li>Governance around staff training</li> </ul>	Fully compliant	BAU	EPRR Team & Service Managers	2020/21	
58	CBRN	HAZMAT / CBRN risk assessments	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.  This includes: <ul style="list-style-type: none"> <li>Documented systems of work</li> <li>List of required competencies</li> <li>Arrangements for the management of hazardous waste.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Impact assessment of CBRN decontamination on other key facilities</li> </ul>	<ul style="list-style-type: none"> <li>Risk assessment of properties undertaken by EPRR, Contracts and IPAC lead, as an initial element of the Trust CBRN programme.</li> <li>The waste management incident of 2018/2019 has also assured the Trust of its competency in dealing with hazardous &amp; non hazardous waste.</li> </ul>	Fully compliant	BAU	EPRR Team & Service Managers	2020/21	
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.  <ul style="list-style-type: none"> <li>Acute providers - see Equipment checklist: <a href="https://www.england.nhs.uk/ourwork/epr/hm/">https://www.england.nhs.uk/ourwork/epr/hm/</a></li> <li>Community, Mental Health and Specialist service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': <a href="https://web.archive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/epr-chemical-incident.pdf">https://web.archive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/epr-chemical-incident.pdf</a></li> <li>Initial Operating Response (IOR) DVD and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a></li> </ul>	Y	Completed equipment inventories; including completion date	<ul style="list-style-type: none"> <li>The Trust's CBRN programme involved:</li> <li>A risk assessment of all Trust properties (licence, leasehold &amp; freehold)</li> <li>Assessment and ordering of required equipment and systematic compilation and distribution of CBRN boxes (with security tagging), action cards, inventory with expiration dates and assurance paperwork.</li> <li>Given to managers of properties assessed as at high risk of self presenters.</li> <li>Communications cascade to other sites, viewed as low risk, of IOR approach.</li> <li>Also, advice to clinicians to order stock and compile additional CBRN boxes re: clinics</li> </ul>	Fully compliant	BAU	EPRR Team & Service Managers	2020/21	
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	<ul style="list-style-type: none"> <li>Evidence training utilises advice within:</li> <li>Primary Care HAZMAT/ CBRN guidance</li> <li>Initial Operating Response (IOR) and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a></li> <li>A range of staff roles are trained in decontamination techniques</li> <li>Lead identified for training</li> <li>Established system for refresher training</li> </ul>	<ul style="list-style-type: none"> <li>CBRN assurance paperwork provides NARU/IOE link, action cards, inventory and advice.</li> <li>Lessons learnt from a Trust incident (both a CBRN and suspicious package) was communicated in the Trust Communications Cascade and referred to in exercises.</li> </ul>	Fully compliant	BAU	EPRR Team & Service Managers	2020/21	
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	<ul style="list-style-type: none"> <li>Evidence training utilises advice within:</li> <li>Primary Care HAZMAT/ CBRN guidance</li> <li>Initial Operating Response (IOR) and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a></li> <li>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.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf">http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf</a></li> <li>A range of staff roles are trained in decontamination technique</li> </ul>	<ul style="list-style-type: none"> <li>The Trust's CBRN programme involved:</li> <li>A risk assessment of all Trust properties (licence, leasehold &amp; freehold)</li> <li>Assessment and ordering of required equipment and systematic compilation and distribution of CBRN boxes (with security tagging), action cards, inventory with expiration dates and assurance paperwork.</li> <li>CBRN boxes given to managers of properties assessed as at high risk of self presenters.</li> <li>Communications cascade to other sites, viewed as low risk, of IOR approach.</li> <li>Also, advice to clinicians to order stock and compile additional CBRN boxes re: clinics</li> </ul>	Fully compliant	BAU	EPRR Team & Service Managers	2020/21	
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		<ul style="list-style-type: none"> <li>IPAC Matron has identified key areas of risk and FFP3 masks and training has been ascribed to TB Team Luton Adults.</li> </ul>	Fully compliant	BAU	EPRR Team & Service Managers	2020/21	

Overall assessment:										
Ref	Domain	Standard	Detail	Evidence - examples listed below	Organisation Evidence	Self assessment RAG	Action to be taken	Lead	Timescale	Comments
51	Business Continuity	Business Continuity Plans	<p>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:</p> <ul style="list-style-type: none"> <li>• people</li> <li>• information and data</li> <li>• premises</li> <li>• suppliers and contractors</li> <li>• IT and infrastructure</li> </ul> <p>These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises.</p>	<ul style="list-style-type: none"> <li>• Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation</li> </ul>	<p>Service level operational business continuity plans support the overarching Business Policy &amp; Plan v.9.0</p> <p>The Business Continuity Audit 2019 identified that the plans required supplier/provider detail which have now been added.</p> <p>The BC Plans were undergoing a review pre Covid19 and this work has been suspended due to Covid19.</p> <p>Also, the plans will need amending in light of the alternative methods of Service delivery which took place during Covid19. i.e. video consults, more telephone triage etc. However with recovery planning, the EPRR Team and Services will ensure that all BCP reviews will be compliant by the end of September 2020</p>	<p><b>Red (not compliant)</b> = 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><b>Amber (partially compliant)</b> = 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><b>Green (fully compliant)</b> = Fully compliant with core standard.</p>	To enhance operational business continuity plan with Covid19 lessons and alternate methods of delivery by the end of September 2020.	EPRR Team	Sep-20	

Partially compliant