	Core standard	Clarifying information	Acute healthcar Specialist	Droviders NHS Ambulanc e service	Patient Transport 111	community ty Mentals	healthcar B NHS	England NHS England Central	CSUS (business Primary	Care Care Omer NHS	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRF work plan within the next 12 months.	Action to be taken Lead	Timescale
Gove	Prnance Organisations have a director level accountable emergency officer who is responsible for EPRR (including	The Trust has a nominated Accountable Emergency Officer (The Chief Operating Officer)		, ,	v v	v	v .	, , ,			The Trust has a nominated Accountable Emergency Officer who is the Chief Operation Officer (COO).	Green	The basis of an annual training and exercise programme has been agreed but requires	
-	business continuity management)  Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Lessons identified from your organisation and other partner organisations.  NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and	+++		+	T	+ + +			ī	The Job description for the COO includes the responsibility to be the Trust Accountable Emergency Officer. All Plans and Procedures are put through a validation process which includes key stake holders having the opportunity to comment on plans. These Plans are tested via exercises, including an annual exercise and six monthly communications cascade exercise and departmental scrutiny or tests. Any tessons learnt are		programme has been agreed but requires development by the new Resilience  Advisor, this should also include the  requirement to undertake the three yearly  Public Health England live exercise (#  possible in conjunction with NLHh.	Nov-16
2		have procedures and processes in place for updating and maintaining plans to ensure that they reflect the undertaking of risk assessments and any changes in that risk assessment(s) lessons identified from exercises, emergencies and business continuity incidents restructuring and changes in the organisations changes in key personnel	YY	Y	Y	Y	YY	YYY		Y	actioned immediately or included in post Exercise work plans or the annual work plan. The Trust maintains its annual work programme by inclusion of targets in the EP Work Plan. NUH SLA report sent to Deputy Chief Operating Officer for submission to Trust Management Board. July 2016, the Trust appointed a new full time Resilience Advisor. This role has been enhanced to include Business Conflinity aswell as a Goser working alliance with NUH Resilience Team pre and post takeover	Green	possible in conjunction with NUPs).	
	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	- changes in guidance and policy  Arrangements are put in place for emergency preparedness, resilience and response which:  - Have a change control process and version control  - Take account of changing business objectives and processes  - Take account of any changes in the organisations functions and/ or organisational and structural and staff changes  - Take account of change in key suppliers and contractual arrangements									(expected Autumn 2016).		Confirm existiance or develop a Trust EPRR Risk. Register	Oct-16
3		Take account of any updates to risk assessment(s) Have a review schedule Use consistent unambiguous terminology, Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested; Key staff must know where to find policies and plans on the intranet or shared drive. Have an expectation that a lessons identified report should be produced following exercises, emergencies and for business continuity incidents and share for each exercise or incident and a corrective action plan put in place. Include references to other sources of information and supporting documentation	YY	Y	Y	Y	Y	YYY		Y		Green		
4	no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group).  Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	Y Y	Y	YY	Y	Y Y	Y Y Y		Y		Green		
Duty	to assess risk  Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver it's functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for:  * severe weather (including snow, heatwave, prolonged periods of cold weather and flooding);									The Trust has a Incident Response Plan which is called the Major Incident Plan(MIP) which includes the Major Incident Action Cards. There are also some incident specific response plans such as the CBRN,			
5		staff absence (including industrial action);     the working environment, buildings and equipment (including denial of access);     tuel shortages;     surges and escalation of activity;     IT and communications:	YY	Y	Y	Y	YY	Y Y Y	Y	Y	Heatwave, Influenza Pandemic plans.	Green		
	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	a • utilities failure;									The Trust does liaise with the local authorities and other Emergency Services on responses and site specific plans or local event plans. NUH represents SFH at LHRP, HEPOG, CBRN and other groups as required.			
6		There is a process to consider if there are any internal risks that could threaten the performance of the organisation's functions in an emergency as well as external risks eg. Flooding, COMAH sites etc.	′	Y	Y	Y	YY	Y	Y	Y		Green		
	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.	Other relevant parties could include COMAH site partners, PHE etc.									Through the work of the NUH Resilience Team, the Trust has established the Resilience Assurance Committee (RAC) to act as the EPRR focal point to discuss recent incidents, national guidance, polices and procedures, training and exercises and risks. The RAC is currently meeting on a monthly basis (to be reviewed March 2017).			
7			YY	Y	YY	Y	YY	Y Y	Y	Y		Green		
Duty	to maintain plans – emergency plans and business continuity plans  Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role,	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan	in)) v v	, v	v v	v	v v	/ V V		Y Y	Relevant plans:	Green		
	size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.	corporate and service level Business Continuity (aligned to current nationally recognised BC standards			11.		-   -	111	11	· ·	demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses	Green	Business Continuity Plans to be transferred to new format of Assurance	7 Months (Commencing July
	Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):		YY	Y	Y	Y	YY	Y Y Y	Y	Y	<ul> <li>-lidentify locations which patients can be transferred to if there is an incident that requires an evacuation;</li> <li>-outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation;</li> <li>-take into account how vulnerable adults and children can be managed to avoid admissions, and include appropriate focus on providing healthcare to displaced populations in rest centres;</li> </ul>	Green		2016)
		HAZMAT/ CBRN - see separate checklist on tab overles  Severe Weather (heatweer, Boding, snow and cold weather  Pandemic Influenza See pandemic influenza tab for deep due 2015-16 questions	eaf Y Y ner) Y Y	Y	YY	Y	Y Y Y	YYY	Y	Y Y Y	include arrangements to co-ordinate and provide mental health support to patients and relatives, in	Green Green		
		Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 question: Mass Countermeasures (eg mass prophylaxis, or mass vaccination: Mass Countermeasures (eg mass prophylaxis, or mass vaccination: Mass Casualiti	on)  Y   Y	1 Y		Y	Y	Y Y Y Y Y	Y	Y Y	ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or	Green Green Green		
		Fuel Disruptio		, Y	YY	Y	Y Y	Y Y Y	Y	Y Y	radiation incident are met.  • for each of the types of emergency listed evidence can be either within existing response plans or as stand- alone arrangements, as appropriate.	Green	Draft Plan in place. Awaiting ratification by Trust Management	Oct-16
8		Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care				Y	Y Y	Y Y Y	1	YY	and a managementa, as appropriate.	Green	Board.	
		Infectious Disease Outbrea Evacuation	eak Y Y	Y		Y	Y Y	YYY	Y	Y Y Y Y	-	Green Green Green		
		Utilities, IT and Telecommunications Fallur	ure Y Y	Y	Y	Y	YY	Y Y	Y	YY		Green		7 Months (Commencing July 2016)
		Excess Deaths/ Mass Fatalitie	ties Y Y	Y			Y	Y		Y		Green	Nottinghamshire Mass Fatalities Plan in place.Ensure alignment when NUH takeover has been completed.	
		having a Hazardous Area Response Team (HART) (in line with the current national service specification, including a vehicles and equipment replacement programme) - see HART core standard ta	tab	Y								N/A	N/A N/A	N/A
	Ensure that plans are prepared in line with current guidance and good practice which includes:	firearms incidents in line with National Joint Operating Procedures; - see MTFA core standard ta  - Aim of the plan, including links with plans of other responders  - Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions	tab	Y		$\vdash$			++	+	Gold & Silver managers receive training and participate in exercises, Nurses & HCP receive MI training on Mandatory training. Major Incident Response Video available on Trust Intranet. Key response Staff have	N/A	N/A N/A	N/A
		- Trigger for activation of the plan, including alert and standby procedures - Activation procedures - Identification, roles and actions (including action cards) of incident response team - Identification, roles and actions (including action cards) of support staff including communications - Icoation of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed - Ceneric roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents									been trained in MI response including where to find the MIP and other relevant supporting documents on the trainest, all staff receiving Mandatory training are made aware of the location of MI documents. Draft ThA for EPRR (to be agreed September 2016). Exces receive Gold training and PHE SLC when training is available. Staff are kety up to date via information bulletins when new or revised EPRR plans are published and place on the Intranet. The Trust has an on call command structure with Sliver & Gold on call who manage surge through the capacity and flow Team & meetings. LIMP lessons fearmed will be monitored by the Resilience			
9		Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes Contact details of key personnel and relevant partner agencies Plan maintenance procedures (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))	YY	, Y	Y	Y	Y	YY	Y	Y	Assurance Committee. The Trust has a Risk Assessment based on the National and Local LRF Risk assessment, plus local risks.	Green		
	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Enable an identified person to determine whether an emergency has occurred  - Specify the procedure that person should adopt in making the decision  - Specify who should be consulted before making the decision  - Specify who should be informed once the decision has been made (including clinical staff)									Gold & Silver managers who would respond to an incident receive incident response training. Nurses & HCP receive Mil training on Mandatory training, Major Incident Response Video available on Trust Intranet. Key response Staff have been trained in Mil response including where to find the MIP and other relevant supporting documents on the intranet, all staff receiving Mandatory training are made aware of the location of Mil documents. Refer to Core Standard 10.			
10			YY	Y	YY	Y	YY	YYY	Y	YY		Green		

			St st	S n e	: ž	Ē	a 'a	_	_	8 2			Self assessment RAG			
	Core standard	Clarifying information	Acute healthca Speciali	provide NHS Ambula e servic	Patient Transpo	ty ty	Rental healthc	NHS England	Englan Central CCGs	(busine	Primary care (GP Uther NHS	Evidence of assurance	Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.	Action to be taken	Lead	Timescale
1	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Decide:  - Which activities and functions are critical  - Which activities and functions are critical  - Which activities and functions are critical  - What is an acceptable level of service in the event of different types of emergency for all your services  - Identifying joy our risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities	Y	YY	Y	YY	Y	Y	YY	Y	YY	Revised Business Continuity Policy was agreed May 2016, providing detail on how to develop and maintain plans across the trust.	Amber	Business Impact Analysis, Risk Assessments and Business Continuity Plans to be completed inline with Trust Business Continuity Policy.	Assurance	BIA's completed by October 2016. Risk Assessments to be completed by December 2016. Business Continuity Plans to be completed January 2017.
1	Arrangements explain how VIP and/or high profile patients will be managed.  2	This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management	Y	YY		Y	Y					No evidence of policy to be used in the event of a VIP admission. However there is an awareness of a process to follow.	Amber	To develop a VIP Plan	Resilience Advisor	Dec-16
1	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content 3		Y	Y	Y	Y Y	Y	Υ	Y	Υ		January 2016, SFH agreed a EPRR service level agreement with NUH to provde a level of stability whist a new Resilience Advisor was appointed. The Resilience Advisor was appointed July 2016 and will develop a close working alliance with NUH Resilience Team, prior to and post take over expected Autume 2016.	Green			
1	Arrangements include a debrief process so as to identify learning and inform future arrangements	Explain the de-briefing process (hot, local and multi-agency, cold)at the end of an incident.	Y	YY	Υ	Y	Υ	Υ	Y	Υ		On review of the MIP, NUH Resilience Team provided good practice debriefing guidance for suggeste inclusion in the Trust Serious Incident Policy.	d Green			
Cor	mmand and Control (C2) Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	П									There is a Gold and Silver on Call Rota, copies held with Switchboard. 24/7 Duty Nurse Manager available. monthly MI Cascade Call Out Tests conducted.	6			
1	5		Y	YY	Y	Y	Y	Y	YY		Y		Green			
1	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England publised competencies are based upon National Occupation Standards .	Y	YY		Y Y	Υ	Υ	Y Y		Y	Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold).	Green			
1	Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the logist.	This should be proportionate to the size and scope of the organisation.	Y	YY		Y	Y	Y	Y	Υ		Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc.), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one controllo-ordination centre and manage any events required.	Green			
1	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.		Υ	YY	Υ	Y	Υ	Υ	Y	Υ	YY	No evidence to demonstrate that there is a cadre of trainned loggists availble.	Amber	Identify, develop and training a cadre of loggist	Resilience Advisor	Dec-16
1	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.		Y	Y		Y	Υ	Υ	Y	Υ		The Trust has extensive experience in producing authorising and submitting Sitrep reports for the NHS CE Example copies held in ICC.	Green	- Mad -		
2	O Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.	Both acute and ambulance providers are expected to have in place arrangements for accessing specialist advice in the event of incidents chemical, biological, radiological, nuclear, explosive or hazardous materials	Y	Y								The Trust has a stand alone CBRN Plan revised 2016 to incorporate IOR which details all the available sources of specialist information plus contact numbers, the security team have close links with the Polic including joint liaison meetings.	Green			
2	1 Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements;	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incider	Y	Υ								The Trusts CBRN plan contains information on dealing with Patients contaminated with Radiation, the Hospitals on sile staff have experience with working with radiation and would be able to give or seek furth advice. Training of ED Staff on Radiation Detection is currently on going.				
Du	ty to communicate with the public															

Core standard	Clarifying information	Acute healthcar Specialist	providers NHS Ambulanc	e service Patient Transport	111 Communi	ty Meryiges Mental	healthcar e NHS	England England	CCGs	CSUS (business Sontinuity Frimary	Care Cap Uner NHS	Evidence of assurance	Self assessment RAG  Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.	action to be taken	Lead	Timescale
2 Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about:  - Any immediate actions to be taken by responders - Actions the public can take - Action the public can take - How further information can be obtained - The end of an emergency and the return to normal arrangements - Communications arrangements/ protocots: - have regard to managing the media (including both on and off site implications) - include the process of communication with internal staff - consider what should be published on intranel/internal staff - consider what should be published on intranel/internal staff - have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations.	Y	YY	(		Y	YY	r Y	Y		YY	MIP sec 4 & 5 and Commis Officer Action Card, Also Communications Policy and media statements including updates on Social Media. Regular mediags with local 11 provider CNcS to agree cooperation. The Trust Comms Team can liaise with other Acute Trust and Providers via the Norts LHRP Structure. The Trust has resilient communications systems, with internal telephones split into 2 separate nodes, The Trust has a Twitter Account and Face book page that would be used during a Major Incident.  Y	Green			

		L #	w 2 4	J + I	E				ø >			Self assessment RAG			
Core standard	Clarifying information	Acute healthca Specialis	provider NHS Ambulan	Patient Transpor 111	Commur ty	Mentales healthca	NHS England NHS England	CCGs	(busines	Care CGP. Cuner NHS	Evidence of assurance	Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.	Action to be taken	Lead	Timescale
Arrangements ensure the ability to communicate internally and externally during communication equipment failures  23		Y	YY	Y	Y	Y	Y	Y	Y	,   ,	The Trust has resilient communications systems, with internal telephones split into 2 separate nodes, We soo have a wiredes Voice Communications System (Vocera) available to hundreds of staff members and sides 8 hand held Major Incident telephones, plus key Trust mobile phones are MTPAS registered. The Trus as a Twitter Account and Face book page that would be used during a Major Incident.	Green			
Information Sharing – mandatory requirements															
Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and inclue DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supercedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	YY	YY	Y	Y	Υ	Y	Y	Y		The Trust ensures that all its Information and response plans are aligned with published guidance and oth esponders plans and procedures and is available to share with partners, there is also a Communication Policy and media statements including updates on Social Media, these are often agreed collectively wi artners.	s			
Co-operation Co-operation															4
Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		YY	YY		Y	Y	YY	Y	,	Y   Y	VIVIH Resilience Team and Management structure represent SFH at LHRP, HEPOG, and other relevant LHR subgroups and regional events. Feedback from these groups is provided through the Resilience Year Stavance Committee. The Trust works closely with NHS England Area Team and other local providers to ensure plans are coordinated, an example being the close liaison with the local CCG on winter planning matters.	Green			
26 Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		YY	YY	YY	YY	Y	YY	Y	١			Green			
27 Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	YY	YY		Y	Υ	YY	Y	,	ΥΥ		Green			
Arrangements outline the procedure for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.			Υ				YY			Υ		Green			
29 Arrangements outline the procedure for responding to incidents which affect two or more regions.  Arrangements demonstrate how arrangingtions appear NHC England levelly in displaying its EDBP functions and	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.		Y			$\perp$	Y			Y		Green			
30 Arrangements demonstrate now organisations support NHS England locally in discharging its EPRR functions and duties	examples include completing of STREPs, cascading of information, supporting mutual and discussions, prioritising activities and/or services etc.	YY	YY		Y	Y		Y	١ ا	Y		Green			
Plans define how links will be made between NHS England, the Department of Health and PHE. Including how information relating to national emergencies will be co-ordinated and shared							Y					Green			
Arrangements are in place to ensure an Local Health Resilience Partnership (LHRP) (and/or Patch LHRP for the London region) meets at least once every 6 months							YY					Green			
Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Y	YY		Y	Y	Υ	Y		Υ		Green			
Training And Exercising															
Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents  34	- Staff are clear about their roles in a plan - Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type Training is linked to Joint Emergency Response Interoperability Programme (LESIP) where appropriate - Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective - Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective	YY	Y	YY	YY	Υ	Y	Y	Y	YY	Note that the second of the second se		Awaiting confirmation of EMERGO 2017 arrangements.	Resilience Advisor	
Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.  35	- Exercises consider the need to validate jains and capabilities - Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years It possible, these exercises should involve relevant interested parties Lessons identified must be acted on as part of continuous improvement Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective	Y	YY	YY	Y	Y	Y	Y	Υ 1		assessment , plus local risks, these are detailed within the Trusts MIP. LHRP lessons learnt are monitored by the Resilience Assurance Committee. The Trust has approved a Gold/Silver training programme, which includes Major Incident Awareness and a tabletop exercise. The Trust undertakes a Major Incident Call out Cascade every Six moniths	Green			
36 Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises		YY	ΥΥ		Y	Υ	YY	Y		Υ		Green			
Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		YY	YY	Y	Y	Y	Y	Y		Υ		Green			