The Clatterbridge Cancer Centre NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Agenda Item	P1/195/17	Date: 6th September 2017
Subject /title	EPRR Assurance Process	
Author	Steve Povey, Emergency Planning Lead	
Responsible Director	Helen Porter, Director of Nursing and Quality (EPRR Accountable Emergency Officer)	
Executive summary and key issues for discussion		

2017/18 Emergency Preparedness, Resilience and Response (EPRR) assurance process.

The 2017/18 EPRR Assurance Process is based on the EPRR core standards.
To comply with the national requirements the Trust is requested to:

- Undertake a self-assessment against the revised core standards identifying the level of compliance for each standard (red, amber, green);
- Submit an action plan addressing any areas of improvement required;
- Complete the statement of compliance identifying the organisation's overall level of compliance - full, substantial, partial, non;
- Present the above outcomes to the Trust Board or through appropriate governance arrangements where the Board has delegated their responsibility for EPRR;
- Submit the Board paper to the LHRP**.**

Following receipt of our submission, we may be requested for evidence against specific standards but do not expect all evidence identified in the self-assessment to be submitted. The LHRP chair and co-chair will consider all submissions.

Feedback / action plan will be fed back to accountable officers.

Attached are:
- The Statement of Compliance
- The self-assessment against the EPRR core standards
- Core standards improvement plan

The Trust is declaring '**substantial compliance'**.

Core Standard 20: Utilities/IT/Telecoms failure. Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, 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.

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):

With regard to Utilities, IT and Telecomms failure, following recent changes to the telephone system, IT cyber attacks and a power cut affecting the site, the Trust is currently looking at producing a document which looks at local response and command and control. All departments undertake a Business Impact Assessment and the individual areas have plans in place however, the current documentation is in

need improvement and some updating following recent trust changes and improvements i.e. VOIP telephone network and the formation of the subsidiary company PropCare for estates management.

Strategic context and background papers (if relevant)

Civil Contingencies Act 2004
The NHS Act 2006 (as amended)
NHS England Emergency Preparedness, Resilience and Response Framework 2015.

Recommended Resolution

That the Board has reviewed the self-assessment against the core standards and the resultant action plan
- That the Board approves the Statement of Compliance

Risk and assurance

Provides assurance as to the Trusts compliance with its statutory requirements as a category 2 responder under the Civil Contingencies Act 2006.

Link to CQC Regulations

Regulation 17: Good governance

Resource Implications

None

Key communication points (internal and external)

Self assessment to be submitted to the LHRP for assessment.

Freedom of Information Status

FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.	Please tick the appropriate box below:
	A. This document is for full publication [X]
	B. This document includes FOI exempt information
	C. This whole document is exempt under FOI
Application Exemptions: • **Prejudice to effective conduct of public affairs** • **Personal Information** • **Info provided in confidence** • **Commercial interests** • **Info intended for future publication**	IMPORTANT: If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal. Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		X
Disability		X

Sex (gender)		**X**
Race		**X**
Sexual Orientation		**X**
Gender reassignment		**X**
Religion / Belief		**X**
Pregnancy and maternity		**x**

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

Next steps

Appendices

Strategic Objectives supported by this report

Improving Quality	x	Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	**x**
Research		Generating Intelligence	

Link to the NHS Constitution

Patients		Staff	
Access to health care		*Working environment* Flexible opportunities, healthy and safe working conditions, staff support	x
Quality of care and environment	x	*Being heard:* • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	

The Clatterbridge Cancer Centre **NHS**

NHS Foundation Trust

Emergency Preparedness, Resilience & Response

EPRR Assurance 2017/18

NHS England Core Standards for Emergency preparedness, resilience and response v5.0

The EPRR Core Standards spreadsheet has 7 sections:

Introduction - this section, outlining the content of the other 6 and version control history.

EPRR Core Standards section - with Core Standards numbers 1 - 52 (green headers).

HAZMAT/ CBRN Core Standards section - with Core Standards numbers 53- 66. Please note this is designed as a stand-alone section (purple headers).

Business Continuity section:- with deep dive questions to support the review of business continuity planning for EPRR Assurance 2017-18 (red headers) with a focus on Governance.

A number of standards are Not Applicable to Specialist trusts and not counted in the assurance. There are 15 standards marked as N/A to reflect this.

RAG Summary

Red = Not compliant with core standard and not in the EPRR work plan for the next 12 months

Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.

Green = Fully compliant with core standard

RAG Summary By Core Standard and Keywords

Governance

#	Keyword	RAG
1	AEO Role	Green
2	Annual Work Programme	Green
3	EPRR expectations	Green
4	Reporting to Governing Body	Green

Duty to Assess Risk

#	Keyword	RAG
5	Risk of emergency/BC incident	Green
6	Risk Assessment	Green
7	Risk Assessment sharing	Green

Duty to Maintain Plans

#	Keyword	RAG
8	Emergency Plan	Green
9	Business Continuity	Green
10	Hazmat/CBRN	Green
11	Severe Weather	Green
12	Mass countermeasures	Green
13	Mass Casualties	Green
15	Fuel disruption	Green
16	Surge & Escalation	Green
17	Infectious disease outbreak	Green
18	Evacuation	Green
19	Lockdown	Green
20	Utilities/IT/Telecoms failure	Amber
21	Excess deaths/Mass fatalities	Green
22	Hazardous Area Response Team	N/A
23	Firearms incidents	N/A
24	Use of good practice/guidance	Green
25	Declaration of an emergency	Green
26	Prioritised activities	Green
27	VIP arrangements	Green
28	Preparedness arrangements	Green
29	Debrief	Green

Command & Control

#	Keyword	RAG
30	Single point of contact	Green
31	On Call Competencies	Green
32	Incident Co-ordination Centre	Green
33	Logging & Minuting	Green
34	Situation Reports - SITREPs	Green
35	Specialist Adviser availability	N/A
36	RPS 24 hr availability	N/A

Duty to communicate with public

#	Keyword	RAG
37	Warning & Informing	Green
38	Back up communications	Green

Information Sharing – mandatory requirements

#	Keyword	RAG
39	Information Sharing Protocols	Green

Co-operation

#	Keyword	RAG
40	LRF Participation	Green
41	Co-operation with CCA	Green
42	Mutual Aid	Green
43	Incidents in multiple areas	N/A
44	Incidents in multiple regions	N/A
45	Support to NHS England	Green
46	Links to health agencies	N/A
47	LHRP meeting frequency	N/A
48	LHRP attendance	Green

Training and Exercising

#	Keyword	RAG
49	Training Plan	Green
50	Exercise programme	Green
51	OnCall participation in exercises	Green
52	OnCall CPD portfolio	Green

HAZMAT Preparedness

#	Keyword	RAG
53	Hazmat/CBRN Plan	Green
54	Staff access to plans	Green
55	Decontamination RA	Green
56	Decon availability rota	N/A
57	Access to specialist advice	Green

Decontamination Equipment

#	Keyword	RAG
58	Inventory of equipment	Green
59	PRPS suits	N/A
60	Equipment checks	N/A
61	Preventative maintenance	N/A
62	Disposal of spent equipment	N/A

Training

#	Keyword	RAG
63	Hazmat Training	N/A
64	Training good practice	Green
65	Number of available trainers	N/A
66	Self presenters	Green

Deep Dive - Governance

#	Keyword	RAG
DD1	Assurance sign off	Green
DD2	Publishing of results	Red
DD3	NED appointed for EPRR	Amber
DD4	Internal EPRR Committee	Green
DD5	AEO attendance at EPRR Comm	Green
DD6	AEO attendance at LHRP	Green

GOVERNANCE

Core Standard 1

Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)

Clarifying information

None provided.

Evidence of assurance

• Ensuring accountable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergency Preparedness Resilience and Response, and Business Continuity Management agendas
• Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible.
• Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles.
• Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles.
• Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation.
• That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. This budget and resource should be proportionate to the size and scope of the organisation.

Self Assessment Actions & RAG

Helen Porter, Director of Nursing & Quality has been designated as the Trust Accountable Emergency Officer. In her absence the role passes down to another member of the Executive Team according to availability. An On Call Rota exists for out of hours response.	RAG STATUS GREEN

Core Standard 2

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.

Clarifying information

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 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
-   changes in guidance and policy

Evidence of assurance	
As Core Standard 1	

Self Assessment Actions & RAG	
All plans have an annual review date, Exercises are reported on and reviewed by the Emergency Planning Committee. An Annual Plan exists which contains details of all meetings (internal & external), exercises, training and Policy/Plan updates. This contains monthly details for the immediate period extending to quarterly planning for the upcoming five year period. All policies have been updated in the first half of 2017 to incorporate the addition of the Haemo-Oncology service.	RAG STATUS GREEN

Core Standard 3

Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.

Clarifying information

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
• 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 /or 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

Evidence of assurance

As Core Standard 1

Self Assessment Actions & RAG	
The Trust has in place the following documents: • Emergency, Contingency and Business Continuity Plan • Emergency Response & Recovery • Adverse Weather Plan • CBRN Plan • Communications Strategy • Fuel Shortage Plan • MTFA Policy Annex • Pandemic Influenza Plan	RAG STATUS GREEN

Core Standard 4

The accountable emergency officer ensures that the Board and/or Governing Body receive as appropriate reports, 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.

Clarifying information

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.

Evidence of assurance

As Core Standard 1

Self Assessment Actions & RAG

An Annual Report for EPRR is prepared by the Emergency Planning Officer at the end of each financial year and is sent to the Trust Board and included in the Trust Annual report as part of the Quality and Business Intelligence Department.	RAG STATUS GREEN

Duty to Assess Risk

Core Standard 5

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.

Clarifying information

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);
• staff absence (including industrial action);
• the working environment, buildings and equipment (including denial of access);
• fuel shortages;
• surges and escalation of activity;
• IT and communications;
• utilities failure;
• response a major incident / mass casualty event
• supply chain failure; and
• associated risks in the surrounding area (e.g. COMAH and iconic sites)

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 e.g. Flooding, COMAH sites etc.

Evidence of assurance
• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments • Version control • Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages • Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans. • Sharing appropriately once risk assessment(s) completed"

Self Assessment Actions & RAG	
Each department is required to upkeep a 'Departmental Business Impact Assessment' which contains details of the risks from negative impacts to staffing, equipment of building fabric. Any risks identified from this are assessed and contingency arrangements put in place where appropriate. Significant Risks are also added onto the Trust Risk Register.	RAG STATUS GREEN

Core Standard 6
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.

Clarifying information
As Core Standard 5

Evidence of assurance
As Core Standard 5

Self Assessment Actions & RAG	
The Trust Risk Register is checked on an annual basis to ensure that any health risks identified by the LRF and LHRP risk registers are covered and accurately portrayed.	RAG STATUS GREEN

Core Standard 7
There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.

Clarifying information
Other relevant parties could include COMAH site partners, PHE etc.

Evidence of assurance
As Core Standard 5

Self Assessment Actions & RAG	
All Departmental Risks are shared within the Trust and uploaded to Resilience Direct which will enable stakeholders to view them. Consultation take place with partner organisations at the Local Health Resilience Partnership and the trust attends the Emergency Planning group at Wirral University Teaching Hospital and the Health and Safety Group at Aintree.	RAG STATUS GREEN

Duty to maintain plans – emergency plans and business continuity plans

Core Standard 8 - 23

Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, 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.

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):

Clarifying information

8 - Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))
9 - Corporate and service level Business Continuity (aligned to current nationally recognised BC standards)
10 - HAZMAT/ CBRN - see separate checklist
11 - Severe Weather (heatwave, flooding, snow and cold weather)
12 - Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)
13 - Mass Countermeasures (e.g. mass prophylaxis, or mass vaccination)
14 - Mass Casualties
15 - Fuel Disruption
16 - Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)
17 - Infectious Disease Outbreak
18 - Evacuation
19 - Lockdown
20 - Utilities, IT and Telecommunications Failure
21 - Excess Deaths/ Mass Fatalities
22 - 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 tab
23 - Firearms incidents in line with National Joint Operating Procedures; - see MTFA core standard tab.

Evidence of assurance

Relevant plans:
• demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses
• identify locations which patients can be transferred to if there is an incident that requires an evacuation;
• outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation;
• 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;
• include arrangements to co-ordinate and provide mental health support to patients and relatives, in collaboration with Social Care if necessary, during and after an incident as required;
• make sure the mental health needs of patients involved in a significant incident or emergency are met and that they are discharged home with suitable support
• ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or 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.

Self Assessment Actions & RAG		
8	The trust has an 'Emergency Response & Recovery Plan in place which covers emergency response in a major incident.	GREEN
9	Each Department/Directorate undertakes an annual Business Impact Assessment, aligned to the business continuity standard and covers staffing, location and equipment within each area.	GREEN
10	The trust has a specific CBRN Policy which covers response for the Trust and also how the trust specialist staff assist a regional response.	GREEN
11	The trust has an Adverse Weather Policy which is checked annually with the Heatwave Plan for England.	GREEN
12	The trust has a Pandemic Influenza Plan which is updated in line with national guidance.	GREEN
13	Mass counter measures are not applicable as the trust is only likely to need to respond to an outbreak in staff. In this instance, the trust Infection Control Policy 'Outbreak Management and Control including closure of wards/premises to new admissions' would apply. A Public Health England plan is in place to cover mass vaccination and prophylaxis and the trust would fall under the coverage of this.	GREEN
14	The trust is represented at Cheshire and Merseyside Local Resilience Forums by NHS England and aligns to the Local Resilience Forum Mass Casualties plan.	GREEN
15	The trust has a Fuel Shortage Plan which contains details of potential supply in an emergency and also identifies who would be eligible for priority supply.	GREEN
16	Surge and escalation management is not applicable as the trust does not have an Emergency Department and would not deal with a large influx of emergency patients. Not applicable and assured as green as no shortfall exists.	GREEN
17	Infectious disease outbreak is not applicable to the trust, however, the trust has the following documents in place: Outbreak Policy, Isolation Policy, Infection Control Policy for individual infections and Outbreak Management and Control including closure of wards/premises to new admissions. Not applicable and assured as green as no shortfall exists.	GREEN
18	The trust has an Evacuation Plan prepared in conjunction with North West Ambulance Service.	GREEN
19	The trust has a Lockdown Policy which covers emergency and non-emergency lockdown arrangements.	GREEN

20	With regard to Utilities, IT and Telecomms failure, following recent changes to the telephone system, IT cyber attacks and a power cut affecting the site, the trust is currently looking at producing a document which looks at local response and command and control. All departments undertake a Business Impact Assessment and the individual areas have plans in place however, the current documentation is in need improvement and some updating following recent trust changes and improvements i.e. VOIP telephone network and the formation of the subsidiary company PropCare for estates management.	AMBER
21	Excess deaths/mass fatalities are not applicable to the trust as the trust does not have an emergency department. The trust follows the Merseyside Resilience Forum Death Management guidance for the wider area. Assured as green as no shortfall exists.	GREEN
22	Not Applicable to the trust as having a HART team is for Acute Trusts	N/A
23	Whilst being not applicable to a Specialist Trust, the trust does have an MTFA Policy Annex.	N/A

Core Standard 24

Ensure that plans are prepared in line with current guidance and good practice which includes:

Clarifying information

• 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
• 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
• Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed
• Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents
• 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))

Evidence of assurance

• Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions:
• Being able to provide evidence of an approval process for EPRR plans and documents
• Asking peers to review and comment on your plans via consultation
• Using identified good practice examples to develop emergency plans
• Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down
• Version control and change process controls
• List of contributors

• References and list of sources • Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services).	

Self Assessment Actions & RAG	
This question continues by specifying a number of requirements to be included in plans. These include the content of Action cards, ICC location, contact details for staff and partner agencies, plan activation procedures and stand down procedures. All the areas within this section have been written in the plans.	RAG STATUS GREEN

Core Standard 25	

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.	

Clarifying information	
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)	

Evidence of assurance	
• Oncall Standards and expectations are set out • Include 24-hour arrangements for alerting managers and other key staff.	

Self Assessment Actions & RAG	
The plan contains details the definition of a major incident, how information is received and the acronym for assessing a given situation to determine the seriousness of an incident. The plan then guides the Incident Commander on the steps to be taken to progress response. Additional information is available which details the levels of incidents and terminology to be used.	RAG STATUS GREEN

Core Standard 26	

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.	

Clarifying information	
Decide: - 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 in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities.	

Evidence of assurance
None provided.

Self Assessment Actions & RAG	
Departmental Business Impact Assessments contain the details of how departments can continue in the short and medium terms and what services can continue, be reduced or cancelled in the short term to aid business continuity. The EPRR Emergency, Contingency and Business Continuity Planning policy sets out objectives for the initial response and the identification of business critical functions, essential functions and support functions along with financing the response.	RAG STATUS GREEN

Core Standard 27

Arrangements explain how VIP and/or high profile patients will be managed.

Clarifying information
This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management

Evidence of assurance
None provided.

Self Assessment Actions & RAG	
VIP arrangements are contained within the Communications Strategy. They include dealing with the publicity, managing the VIP and managing the response from the Trust.	RAG STATUS GREEN

Core Standard 28

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.

Clarifying information
None provided.

Evidence of assurance
• Specifiy who has been consulted on the relevant documents/ plans etc.

Self Assessment Actions & RAG	
All departments are engaged in the Trust process and take a full and active part for preparedness. Stakeholder are engaged by communicating and liaison at LHRP at both Accountable and Practitioner level meetings, whilst being represented by the area team at LRF meetings.	RAG STATUS GREEN

Core Standard 29

Clarifying information
Explain the de-briefing process (hot, local and multi-agency, cold) at the end of an incident.

Evidence of assurance
None provided.

Self Assessment Actions & RAG	
Section 7.16.1 of 'Emergency, Contingency and Business Continuity Planning' relates to incident review and calls for an Incident panel to be convened when the plan is activated, the report of which is then placed as an agenda item for the Emergency Planning Committee.	RAG STATUS GREEN

Command and Control (C2)

Core Standard 30

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. The National Occupational Standards are used to identify Strategic, Tactical and Operational standards and expectations.

Clarifying information
Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel.

Evidence of assurance
Explain how the emergency on-call rota will be set up and managed over the short and longer term.

13

Self Assessment Actions & RAG	
There is a single point of contact into the AEO during office hours (or deputising Exec) and a Senior Managers/Directors On Call rota for out of hours response. Calls are received onto the same contact number with the call being forwarded according to the time of receipt.	RAG STATUS GREEN

Core Standard 31
Those on-call must meet identified competencies and key knowledge and skills for staff.

Clarifying information
NHS England publicised competencies are based upon National Occupation Standards.

Evidence of assurance
Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.

Self Assessment Actions & RAG	
A bespoke On Call Training package has been developed and is delivered to On Call Managers & Directors on appointment and refreshed annually. During 2015, the externally provided Strategic Leadership in a Crisis training was attended by a number of On Call Staff. On Call Managers who did not attend attended Exercise Respond which covered similar topics. In November 2015 a number of On Call staff attended the multi-agency Exercise Checkmate which is a session designed to show the specific roles of emergency services and other responders in a Major Incident, this session is repeated annually with places available for On Call staff who wish to register. Exercise Respond took place on the 12th January 2016, this was a dedicated response exercise with compulsory attendance for On Call Directors. Exercise Jedi was run in May 2017 and was a designated Command Post Exercise, this was preceded by a Black Start/power failure presentation. Additional 'Emergencies on trial' training is available during the last quarter of the year. The Trust has developed its own version of Strategic Leadership in a Crisis which will be run on a regular basis for On Call staff.	RAG STATUS GREEN

Core Standard 32
Documents identify where and how the emergency or business continuity incident will be managed from, i.e. 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 loggist .

Clarifying information
This should be proportionate to the size and scope of the organisation.

Evidence of assurance	
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 control/co0ordination centre and manage any events required.	
Self Assessment Actions & RAG	
Section 7.7.1 of Emergency, Contingency and Business Continuity Planning contains the specific information regarding the ICC. Section 4.0 of the same document contains and overview of all key roles for EPRR response. Section 8.0 of Emergency Response and Recovery contains details of the ongoing requirements for the afore mentioned roles.	RAG STATUS GREEN
Core Standard 33	
Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.	
Clarifying information	
None provided	
Evidence of assurance	
None provided	
Self Assessment Actions & RAG	
Section 7.0, and in particular sections 7.6 and 7.6.2 of Emergency, Contingency and Business Continuity Planning contain specific information with regard to recording of communications. To assist in this the Trust has trained Loggists for the Incident Control and all On Call staff are issued with Pocket Log Books. During 2017 the Trust EPO trained as a Loggist Trainer and is holding courses to train more staff in the role commencing in October.	RAG STATUS GREEN
Core Standard 34	
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.	
Clarifying information	
None provided	
Evidence of assurance	
None provided	

Self Assessment Actions & RAG	
Section 8.11.1 details that the response for completion of such requests rests with the Incident Commander and Senior Site Person pending their arrival in the ICC.	RAG STATUS GREEN

Core Standard 35 ACUTE ONLY
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.

Clarifying information
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

Evidence of assurance
None provided

Self Assessment Actions & RAG	
The CBRN and MTFA plans detail responses to any chemical, biological, radiation or terrorist incident. The CBRN plan also includes details of the Trust's tactical radiation team that exists to assist with response to outside incidents.	N/A

Core Standard 36 ACUTE ONLY
Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements;

Clarifying information
Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incident

Evidence of assurance
None provided

Self Assessment Actions & RAG	
The details of this are contained within the CBRN plan and details on call arrangements for the Nuclear Physics Department. This policy is due for review at the November 2015 Emergency Planning Committee after being reviewed by the Head of Physics.	N/A

Duty to communicate with the public	
Core Standard 37	
Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	
Clarifying information	
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 - How further information can be obtained - The end of an emergency and the return to normal arrangements Communications arrangements/ protocols: - 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 intranet/internet sites - have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations.	
Evidence of assurance	
Explain how the emergency on-call rota will be set up and managed over the short and longer term.	
Self Assessment Actions & RAG	
Section 7.9 of the Communications Strategy contains details of the way in which we would communicate with the public. Most information would be sent out using local media links and supported by social networking messages. A dedicated helpline is also included.	RAG STATUS GREEN
Core Standard 38	
Arrangements ensure the ability to communicate internally and externally during communication equipment failures	
Clarifying information	
None provided.	
Evidence of assurance	
• Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk.	

Self Assessment Actions & RAG	
The 'Red Phones' were updated in October 2015 and fully tested, these provide a network of secure communication across the Trust in the event of primary switchboard failure. Section 7.4 of the Communications Strategy details this. Additional telephones were added to the 'Red' network in early 2017 to increase coverage. Section 7.1 of the Communications Strategy covers communications routes, both primary and secondary, the latter for communication equipment failure and covers the use of face to face meetings, notice boards, flyers, leaflets and communications champions. The Trust also has a satellite phone, mobile phones and two-way radios.	RAG STATUS GREEN

Information sharing – mandatory requirements

Core Standard 39

Arrangements contain information sharing protocols to ensure appropriate communication with partners.

Clarifying information

These must take into account and include 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.

Evidence of assurance

• Where possible channelling formal information requests through as small as possible a number of known routes.
• Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups.
• Collectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s).
• Social networking tools may be of use here.

Self Assessment Actions & RAG	
Section 7.3 of the Communications Strategy covers all aspects of communication with partner agencies	RAG STATUS GREEN

Co-operation

Core Standard 40

Organisations actively participate in or are represented at the Local Resilience Forum.

Clarifying information

None provided

Evidence of assurance
• Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorate. • Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups • Taking lessons learned from all resilience activities • Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives • Establish mutual aid agreements • Identifying useful lessons from your own practice and those learned from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues • Having a list of contacts among both Cat. 1 and Cat 2. responders with in the Local Resilience Forum(s) / Borough Resilience Forum(s) area

Self Assessment Actions & RAG	
The Trust is represented at the Local Resilience Forum (LRF) by the Chair of the Local Health Resilience Partnership (LHRP) who represents all NHS Trusts and feeds back into LHRP meetings.	RAG STATUS GREEN

Core Standard 41
Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA

Clarifying information
None provided.

Evidence of assurance
As Core Standard 25

Self Assessment Actions & RAG	
The Trust communicates with other category 1 & 2 responders by participation at LHRP, LHRP Practitioners Groups and National Association of Healthcare Fire Officers North West (NAHFO) Meetings. In addition communication between Trusts exists outside of formal committees and meetings.	RAG STATUS GREEN

Core Standard 42
Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.

Clarifying information
None provided

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Evidence of assurance
As Core Standard 25

Self Assessment Actions & RAG	
Section 7.3 of Emergency, Contingency and Business Continuity Planning contains details in relation to Mutual Aid.	RAG STATUS GREEN

Core Standard 43 ACUTE ONLY
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.

Clarifying information
None provided

Evidence of assurance
As Core Standard 25

Self Assessment Actions & RAG	
The Trust is placed in between two such areas and attends and responds to the LHRP in Merseyside. Representation from the LHRP Chair is made to both the Cheshire LRF and the Merseyside Resilience Forum. As a result of the Trust's location and the regions EPRR arrangements, the Trust responds to Cheshire for Healthcare emergencies and Merseyside for Multi-Agency emergencies.	N/A

Core Standard 44 ACUTE ONLY
Arrangements outline the procedure for responding to incidents which affect two or more regions.

Clarifying information
None provided.

Evidence of assurance
As Core Standard 25

Self Assessment Actions & RAG	
The answer to 28 applies.	N/A

Core Standard 45	
Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	
Clarifying information	
None provided.	
Evidence of assurance	
As Core Standard 25	
Self Assessment Actions & RAG	
Support is given to NHS England by the commitment to attend LHRP Meetings and the agreement to make available the Trust Emergency Planning Officer (EPO) for 2 days per month for joint working.	RAG STATUS GREEN

Core Standard 46 ACUTE ONLY	
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.	
Clarifying information	
None provided.	
Evidence of assurance	
As Core Standard 25	
Self Assessment Actions & RAG	
Section 7.3 of Emergency Response and Recovery covers the role of partner agencies including NHS England, Cheshire, Warrington & Wirral CCG, NHS Mersey, Acute Hospitals, Ambulance Trusts, Regional Directors of Public Health, STAC, PHE, Councils, Police, Fire & Rescue and the Military.	N/A

Core Standard 47 ACUTE ONLY	
Arrangements are in place to ensure the Local Health Resilience Partnership (LHRP) meets at least once every 6 months.	
Clarifying information	
None provided.	
Evidence of assurance	
As Core Standard 25	
Self Assessment Actions & RAG	
The LHRP meets three times a year, the Practitioners Group meets quarterly.	N/A
Core Standard 48	
Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level	
Clarifying information	
None provided.	
Evidence of assurance	
As Core Standard 25	
Self Assessment Actions & RAG	
The Trust has committed the Accountable Emergency Officer to attend meetings and in their absence either another Executive Director or the Trust Emergency Preparedness Officer.	RAG STATUS GREEN
Training & Exercising	
Core Standard 49	
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	

Clarifying information	
• 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 (JESIP) 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.	
Evidence of assurance	
• Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice • Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles • Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidentshave been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years.	
Self Assessment Actions & RAG	
Each Plan has a dedicated training section within it. In addition, Departmental Business Impact Assessments also contains details of any shortfalls likely to be experienced due to loss of key staff with any job specific training. Separate training is carried out for On Call staff, both in-house and external. The EPO keeps a record of On Call training and exercise attendance.	RAG STATUS GREEN

Core Standard 50
Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.
Clarifying information
• Exercises consider the need to validate plans 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. • If 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.
Evidence of assurance
As Core Standard 35

Self Assessment Actions & RAG	
The Trust Exercise matrix is contained within Section 8.2 Emergency, Contingency and Business Continuity which additionally references the Annual Plan circulated from the Emergency Planning Committee. At each Emergency Planning Committee meeting there is a standard agenda item where directorates and departments can request an exercise to test one or more of their responses.	RAG STATUS GREEN

Core Standard 51
Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises.

Clarifying information
None provided.

Evidence of assurance
As Core Standard 35

Self Assessment Actions & RAG	
In house and external exercises are attended by staff across the Trust. The revised LHRP structure are also including exercises within their annual work plan with training aimed at all levels of staff including specific training for senior and on call staff. Trust staff receive Emergency Planning training as part of their mandatory training on a bi-annual basis and are able to attend exercises according to their role. On call staff receive this same training and exercising opportunities plus additional in-house and external sessions relevant to on call response.	RAG STATUS GREEN

Core Standard 52
Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.

Clarifying information
None provided.

Evidence of assurance
As Core Standard 35

Self Assessment Actions & RAG	
On call training records are maintained by the Trust EPO so that information is in a central place. This is in addition to the requirement for On Call staff to maintain their own personal portfolio.	RAG STATUS GREEN

HAZMAT CORE STANDARDS

Preparedness

Core Standard 53

There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)

Clarifying information

Arrangements include:
• command and control interfaces
• tried and tested process for activating the staff and equipment (inc. Step 1-2-3 Plus)
• pre-determined decontamination locations and access to facilities
• management and decontamination processes for contaminated patients and fatalities in line with the latest guidance
• communications planning for public and other agencies
• interoperability with other relevant agencies
• access to national reserves / Pods
• plan to maintain a cordon / access control
• emergency / contingency arrangements for staff contamination
• plans for the management of hazardous waste
• 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

Evidence of assurance

• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving arrangements
• Version control

Self Assessment Actions & RAG

The Trust has a standalone CBRN Plan	RAG STATUS GREEN

Core Standard 54

Staff are able to access the organisation HAZMAT/ CBRN management plans.

Clarifying information

Decontamination trained staff can access the plan

Evidence of assurance	
• Site inspection • IT system screen dump	

Self Assessment Actions & RAG	
The CBRN Plan is located on the intranet and available to on call management via Resilience Direct.	RAG STATUS GREEN

Core Standard 55
HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.

Clarifying information
• Documented systems of work • List of required competencies • Impact assessment of CBRN decontamination on other key facilities • Arrangements for the management of hazardous waste

Evidence of assurance
• Appropriate HAZMAT/ CBRN risk assessments are incorporated into EPRR risk assessments

Self Assessment Actions & RAG	
The Trust does not have an ED so risk is expected to be low and the Trust does not hold any decontamination equipment or protective suits. All departments are responsible for their own risk assessments, therefore, if any risk was identified, appropriate measures would be put into place.	RAG STATUS GREEN

Core Standard 56 ACUTE ONLY
Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.

Clarifying information
None provided.

Evidence of assurance
• Resource provision / % staff trained and available • Rota / rostering arrangements

Self Assessment Actions & RAG	
	N/A

Core Standard 57
Staff on-duty know who to contact to obtain specialist advice in relation to a HAZMAT/ CBRN incident and this specialist advice is available 24/7.

Clarifying information
• For example PHE, emergency services.

Evidence of assurance
• Provision documented in plan / procedures • Staff awareness

Self Assessment Actions & RAG	
The details for on call PHE specialist advice is contained within the CBRN Policy. In addition, the Trust are providers of one area of specialist response in relation to radiation incidents for the region.	RAG STATUS GREEN

Decontamination Equipment

Core Standard 58
There is an accurate inventory of equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.

Clarifying information
• Acute and Ambulance service providers - see Equipment checklist overleaf on separate tab • 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.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/

Evidence of assurance
• completed inventory list (see overleaf) or Response Box (see Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities (NHS London, 2011))

Self Assessment Actions & RAG	
As the Trust does not have an Emergency Department, we do not hold decontamination equipment. In the event of a self presenter of other contamination incident, the mobile facility from NWAS would be utilised after consultation with specialist advice at PHE.	RAG STATUS GREEN

Core Standard 59 ACUTE ONLY

The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required (NHS England published guidance (May 2014) or subsequent later guidance when applicable).

Clarifying information

There is a plan and finance in place to revalidate (extend) or replace suits that are reaching the end of shelf life until full capability of the current model is reached in 2017

Evidence of assurance

None provided.

Self Assessment Actions & RAG	
N/A	N/A

Core Standard 60 ACUTE ONLY

There are routine checks carried out on the decontamination equipment including:
A) Suits
B) Tents
C) Pump
D) RAM GENE (radiation monitor)
E) Other decontamination equipment

Clarifying information

There is a named role responsible for ensuring these checks take place

Evidence of assurance

None provided.

Self Assessment Actions & RAG	
N/A	N/A

Preparedness

Core Standard 61 ACUTE ONLY

There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date Decontamination equipment for:
A) Suits
B) Tents
C) Pump
D) RAM GENE (radiation monitor)
E) Other equipment

Clarifying information
None provided.

Evidence of assurance
None provided.

Self Assessment Actions & RAG	
N/A	N/A

Core Standard 62 ACUTE ONLY

There are effective disposal arrangements in place for PPE no longer required.

Clarifying information
(NHS England published guidance (May 2014) or subsequent later guidance when applicable)

Evidence of assurance
None provided.

Self Assessment Actions & RAG	
N/A	N/A

Training

Core Standard 63 ACUTE ONLY
The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training

Clarifying information
None provided.

Evidence of assurance
None provided.

Self Assessment Actions & RAG	
N/A	N/A

Core Standard 64
Internal training is based upon current good practice and uses material that has been supplied as appropriate.

Clarifying information
• Documented training programme • Primary Care HAZMAT/ CBRN guidance • Lead identified for training • Established system for refresher training so that staff that are HAZMAT/ CBRN decontamination trained receive refresher training within a reasonable time frame (annually). • A range of staff roles are trained in decontamination techniques • Include HAZMAT/ CBRN command and control training • Include ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability when caring for patients with a suspected or confirmed infectious respiratory virus • Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/

Evidence of assurance	
• Show evidence that achievement records are kept of staff trained and refresher training attended • Incorporation of HAZMAT/ CBRN issues into exercising programme	

Self Assessment Actions & RAG	
The CBRN Policy has a specific section relating to training. Information on Self Presenters and actions to take are included in the EPRR policies and staff training.	RAG STATUS GREEN

Core Standard 65 ACUTE ONLY
The organisation has sufficient number of trained decontamination trainers to fully support it's staff HAZMAT/ CBRN training programme.

Clarifying information
None provided.

Evidence of assurance
None provided.

Self Assessment Actions & RAG	
N/A	N/A

Core Standard 66
Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.

Clarifying information
• Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-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.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf)

Evidence of assurance
None provided.

Self Assessment Actions & RAG	
See Section 43 & 49 for relevant response.	RAG STATUS GREEN

Governance Deep Dive

Governance Deep Dive	
DD1	
The organisation's Accountable Emergency Officer has taken the result of the 2016/17 EPRR assurance process and annual work plan to a pubic Board/Governing Body meeting for sign off within the last 12 months.	
Clarifying information	
• The organisation has taken the LHRP agreed results of their 2016/17 NHS EPRR assurance process to a public Board meeting or Governing Body, within the last 12 months • The organisations can evidence that the 2016/17 NHS EPRR assurance results Board/Governing Body results have been presented via meeting minutes.	
Evidence of assurance	
• Organisation's public Board/Governing Body report • Organisation's public website	
Self Assessment Actions & RAG	
The receipt of the sign off letter is included in the Chief Executives report to the September Board Meeting as a conclusion to the 16/17 process prior to receiving the start of the 17/18 process.	RAG STATUS GREEN
DD2	
The organisation has published the results of the 2016/17 NHS EPRR assurance process in their annual report.	
Clarifying information	
• There is evidence that the organisation has published their 2016/17 assurance process results in their Annual Report	
Evidence of assurance	
• Organisation's Annual Report • Organisation's public website	
Self Assessment Actions & RAG	
This is contained within the EPRR section of the Quality & Business Intelligence Annual Report but not the Trust's Annual Report. Arrangements are in place to include this in future years.	RAG STATUS RED

DD3

The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation.

Clarifying information

• The organisation has an identified Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio.
• The organisation has publicly identified the Non-executive Director/Governing Body Representative that holds the EPRR portfolio via their public website and annual report
• The Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the Board/Governing Body
• The organisation has a formal and established process for keeping the Non-executive Director/Governing Body Representative briefed on the progress of the EPRR work plan outside of Board/Governing Body meetings

Evidence of assurance

• Organisation's Annual Report
• Organisation's public Board/Governing Body report
• Organisation's public website
• Minutes of meetings

Self Assessment Actions & RAG	
The Trust has appointed a Non-Executive Director representative for EPRR who has been publicly identified via the Trust website but not in the annual report.	RAG STATUS AMBER

DD 4

The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function

Clarifying information

• The organisation has an internal group that meets at least quarterly that agrees the EPRR work priorities and oversees the delivery of the organisation's EPRR function.

Evidence of assurance

• Minutes of meetings

Self Assessment Actions & RAG	
The Trust has an Emergency Planning Committee which has met bi-monthly up until the end of 2017. Following the re-vamp of the committee structure in the latter half of 2017, this committee will meet quarterly and report into the newly formed Quality & Safety Committee.	RAG STATUS GREEN

DD 5
The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group

Clarifying information
• The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program.   • The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months.

Evidence of assurance
• Minutes of meetings

Self Assessment Actions & RAG	
The Trust AEO is the Chair of the Emergency Planning Committee and as such attends each meeting.	RAG STATUS GREEN

DD 6
The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings

Clarifying information
• The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings   • The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months.

Evidence of assurance
• Minutes of meetings

Self Assessment Actions & RAG	
The Trust AEO attends each LHRP meeting wherever possible and is able to ask the Trust EPO to deputise if unable to attend.	RAG STATUS GREEN

2017 - 2018

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Emergency Preparedness, Resilience and Response (EPRR) assurance 2017-2018

STATEMENT OF COMPLIANCE

The Clatterbridge Cancer Centre NHS Foundation Trust has undertaken a self-assessment against required areas of the the NHS England Core Standards for EPRR v5.0.

Following assessment, the organisation has been self-assessed as demonstrating the Substantial compliance level (from the four options in the table below) against the core standards.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place and the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Partial	Arrangements are in place however the organisation is not fully compliant with six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board or Governing Body and will be monitored on a quarterly basis in order to demonstrate future compliance.

The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as Red	Standards rated as Amber	Standards rated as Green
51	0	1	50
Acute providers: **60**** Specialist providers: **51**** Community providers: **50**** Mental health providers:**48**** CCGs: **38**			

Also includes **HAZMAT/CBRN standards** applicable to providers: **Standards:** Acutes **14** / Specialist, Community, Mental health **7
Ambulance Service are required to report statements for 3 compliance levels as stated on page 6 of the Gateway letter 06967

Where areas require further action, this is detailed in the attached core standards improvement plan and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

_____

Signed by the organisation's Accountable Emergency Officer

_____   _____
Date of board / governing body meeting   Date signed

Cheshire & Merseyside EPRR Core Standards Improvement Plan 2017-18

Organisation: The Clatterbridge Cancer Centre NHS Foundation Trust

ACTIONS AND PROGRESS FROM 2016 / 2017

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Update on progress since last year
33	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level	Increased attendance at LHRP Strategic Meetings	The EPO will be nominated to attend if the AEO is unavailable	Attendance arrangements in place.

ACTIONS ARISING FROM 2017 / 2018 ASSURANCE PROCESS

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
20	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, 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. Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent): 20 - Utilities, IT and Telecommunications Failure	All departments undertake a Business Impact Assessment and the individual areas have plans in place however, the current documentation is in need improvement and some updating following recent trust changes and improvements i.e. VOIP telephone network and the formation of the subsidiary company PropCare for estates management.	Trust EPO to convene a meeting between Estates, IT, EPO to discuss all infrastructure failure plans and to create document(s) to ensure trust response is consistent.	To be received by first H&S and EP Committee meeting of 2018.

Please attach a copy of the responses to the governance deep dive standards