| | | | | | | | | Self assessment RAG | | | |
|------|----------------------|--------------------------------|---|---|-----------------------|---|---|--|------|-----------|----------|
| | | | | | | | | Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next | | | |
| | | | | | Clinical Commissio | | | Amber (nartially compliant) a Not compliant with core | | | |
| Re | | Domain | Standard | Detail | ning Group | Evidence - examples listed below | Organisational Evidence | standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. | Lead | Timescale | Comments |
| | | | | | | | | Green (fully compliant) = Fully compliant with core standard. | | | |
| Doma | in 1 - 0 | Sovernance | | The organisation has appointed an Accountable Emergency | | Name and role of appointed individual | Board Member & Accountable Emergency Officer: Erica Daley, Chief Operating Officer, | Fully compliant | | | |
| | 0 | vernance | Senior Leadership | The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparechess Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. | ٧ | | Board Member & Accountable Emergency Officer: Erica Daley, Chief Operating Officer, (Deputy is Karen Ellis, Deputy Diretor Integrated Commissioning). Non Executive Board Member - Lay Member - Karen Marshall | | | | |
| | | | Outlier Ceases amp | A non-executive board member, or suitable alternative, should be identified to support them in this role. | | | | | | | |
| | | | | The organisation has an overarching EPRR policy statement. This should take into account the organisation's: | | Evidence of an up to date EPRR policy statement that includes: - Resourcing commitment - Access to funds | We have an EPRR Policy in place. Key suppliers are held in a separate document from the Policy due to conflicts of interest recearding this information. | Fully compliant | | | |
| | | | | Business objectives and processes Key suppliers and contractual arrangements Risk assessment(s) | | Commitment to Emergency Planning, Business Continuity, Training, Exercising etc. | regarding this information. 3. We have a Commissioning Lead position that incoporates System Resilience, Opel Reporting ets and EPRRECM as part of their remit. 4. The Policy and all associated documentation is reviewed formally on an annual basis and was last reviewed in November 2020 along with the required testing of the EPRR/IBCMPMIP. | | | | |
| | | | EPRR Policy | Functions and / or organisation, structural and staff changes. The policy should: Have a review schedule and version control | | | The CCG Functions and organisation structure and staff changes are saved in the Induction | | | | |
| 2 | Gov | vernance | Statement | I have a review schedule and version control - Use unambiguous terminology - Identity those responsible for ensuring policies and emrangements are updated, distributed and regularly tested include references to other sources of information and | Y | | Totaler. 6. The Policy does not refer to acronyms. 7. Within the Policy there are references to other sources of information and supporting documentation. EPRRIGEAPHINP H-2MAT, CBRN, Fael disruption, Heatwave, Cold Weather, Pandemic Plans, Infectious Diseases etc., Seasonal Resiliance Plans are also | | | | |
| | | | | Include revenues to oreal sources of information and supporting documentation. | | | Vegame, Parasemic Paris, insections beasines etc., ossistrat resistent Paris are usor regularly recipiend on a quarterly basis to ensure that we are prepared in advance of seasonal charges. 8. Contingency funds are held with the Chief Finance Officer. 9. Terms of Reference of joint EPRRIBCM Group (HAICCG / ERYCCG/ NLCCG & | | | | |
| | | | | | | | Terms of Reference of joint EPRR/BCM Group (HullCCG / ERYCCG/ NLCCG & NELCCG). | | | | |
| | | | | The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than | | Public Board meeting minutes Evidence of presenting the results of the annual EPRR assurance process to the Public Board | during on call incidents and or exercises to commission service provision or work with system partners during times of surge and when contact/alerts are required to be undertaken to the Child Office or Child All CCC. | Fully compliant | | | |
| | | | | annually. These reports should be taken to a public board, and as a | | | The Process is described within EPRR Policy document and BCMPMIP. Loggists record the notes and actions and a debrief is held following an incident and from this a report is then sent to the CCG Board and infoudes information in relation to any incidents that have occurred | | | | |
| 3 | Gov | vernance | EPRR board reports | minimum, include an overview on: training and exercises undertaken by the organisation summary of any business continuity, critical incidents and major incidents experienced by the organisation | Y | | these are undertaken on a real time basis as they happen, not annually and this would be the same for any occernises and bests undertaken, lessons learnt are shared with team and assurance around compliance to be prepared, be resilient and be responsive. This is assessed which the theful of this devenues. Common and information are then discognized | | | | |
| | | | | Isssors identified from incidents and exercises the organisation's compliance position in relation to the latest NHS England EPRR assurance process. | | | assessed within the body of this document. Comms and information are then disseminated within the organisations through Directorate and Team updates. | | | | |
| | | | | The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its | | EPRR Policy identifies resources required to fulfill EPRR function; policy has been singed off by the congrigation's Second. | Internally the Commissioning Lead System Resilience has a yearly workplan and this is infilianced by any lessons identified following an indistributories were channes sear to be | Fully compliant | | | |
| | | | EPRR Resource | The boatch convering body is subsided that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties. | Ų. | has been signed off by the organisation's Board - Assessment of role / resources - Role description of EPRR Staff - Organisation structure chart - Internal Governance process chart including EPRR group | Tribanced by any lessons identified following an incident/lessors were changes need to be implemented. Any risks identified during this period are updated in the Corporate Risk Register. There is a Humber CCG meeting held weekly to support the ongoing COVID19 Pandemic | | | | |
| • | do | | not resource | | | Insernal Governance process chart including EPRR group | Timer is a Humbar COL meeting natio weekly to support the ongoing COVIDT9 Handemic and any lookiness that occur dring this oning period. The EPRR work programme would be approved by the Planning & Commissioning Committee and the audit process and documentation would be overseen by the Integrated Audit and Governance Committee. | | | | |
| | | | | The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the | | Process explicitly described within the EPRR policy statement | The process is described within EPRR Policy document and BCMPIMIP. I provide record the notes and artifices. | Fully compliant | | | |
| | 00 | vernance | Continuous improvement process | development of future EPRR arrangements. | Y | | A dishrief is held following the incident actions are identified and delegated at the debrief. A report is sent to Planning & Commissioning Committee Lessons learnt are shared with teams in their team meetings. The Commissioning Lead - System Resilience will co-ordinate progress chase all recorded. | | | | |
| Ì | 301 | | improvement process | | | | The Commissioning Uses - System research will co-cromate progress crosse an recrosed actions required and this will then be fed back to the Accountable Emmergency Officer. | | | | |
| Doma | in 2 - E | Duty to risk asses | is | The organisation has a process in place to regularly as-sess | | Evidence that EPRR risks are regularly considered and recorder | EPRR Risks are recorded on the COO's Risk Register. | Fully compliant | | | |
| 7 | Dut | ty to risk assess | Risk assessment | The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers. | Y | Evidence that EPRR risks are regularly considered and recorded Evidence that EPRR risks are represented and recorded on the organisations corporate risk register | EPRR Risks are recorded on the CCG's Risk Register. Local Risk affecting Hull and the surrounding area are recorded in the LRF Risk Register. The Risk Register is reviewed by the EPRR Lead and Commissioning Lead System Risslence on a regular basis to ascertain mitigation required and business contingencies for any risks itserfiled. | | | | |
| | | | | The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks. | | EPRR risks are considered in the organisation's risk management policy Reference to EPRR risk management in the organisation's EPRR policy | | Fully compliant | | | |
| 8 | Dut | ty to risk assess | Risk Management | | Y | document | Come Lover have a read an extraction to decide a read of the companies of the | | | | |
| Down | in 3 - F | Duty to maintain p | plans | | | | | | | | |
| | | | | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework). | | Arrangements should be: - current (although may not have been updated in the last 12 months) - in line with current national guidance | We have a EPRR Policy, Business Continuity Management Plan (BCMP), Major Incident Plan (MIP) and as an Local Resilience Forum we also have joint plans in place to deal with COMAH, HAZMAT & CBRN incidents. These have been produced in line with National | Fully compliant | | | |
| | | | | | | in line with risk assessment signed off by the appropriate mechanism shared appropriately with those required to use them | guidance and the CNII Contingencies Act 2004 and have the necessary Risk Assessments with the blue light services to deal with these indicents. These process are signed off at annual review. 2. The incident control centre has been set up and is tested on a yearly basis. On Call | | | | |
| 11 | Dut | ty to maintain ns | Critical incident | | Y | outline any equipment requirements outline any staff training required | Directors have attended the training and are required to attend COMAH exercises on a three yearity basis. 3. Loggist are trained to support the incident should this be required. 4. Satur, If required will be deployed to support provider organisations at times of critical incidents in particular those that have keep up to date facilities regularizations and associated | | | | |
| | | | | | | | 5. Information for these types of incidents are held on resilience direct of which all EPRR | | | | |
| | | | | In line with current guidance and legislation, the organisation | | Arrangements should be: | staff have logins to access the system and also access to the On Call Directors pack on One Point. 1. Mile box on EDBD Ballow (Business Courts the Management Plan (BCMB)). Making locations. | Date complicat | | | |
| | | | | has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework). | | current (although may not have been updated in the last 12 months) in line with current national mintance. | We have a EPRR Policy /Business Continuity Management Plan (BCMP), Major Incident Plan (MIP) in line with current National Guidance and Risk Assessments. These are tested regularly and corrective action undertaken if required. Thisse are signed off by Planning & Commissioning Group, Information Audit & | Puly compiler. | | | |
| 12 | Dut | ty to maintain ns | Major incident | | Y | in line with risk assessment signed off by the appropriate mechanism slanned appropriately with those required to use them outline any equipment requirements outline any staff training required | These are signed off by Planning & Commissioning Group, Information Audit & Covernmone Group and the Hull CCG Board. Commiss are then shared with all staff within the CCG so they are aware of their duty and responsibility as part of EPRRIBCM should an incident occur as an employee of Hull CCG. | | | | |
| | | | | In line with current guidance and legislation, the organisation | | | In Line with Public Health England, Healwave Plan we use this plan to guide us in our | Fully compliant | | | |
| | | | | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff. | | Arrangements alrouid be: - current (although may not have been updated in the last 12 months) - in line with current national guidance - in line with risk assessment - signed off by the appropriate mechanism | 1. In Live with Public beath England, Neutonous Pierra variant the joint to golde in in nor commensations that is also used by the call Amenity and onlying natives and rus staff. 2. In response to Mac Office Arefers we engage with partner experisation through replace registration of the complex plant of the property of the complex plant of the registration of the complex plant or property of the complex plant of the registration and property of the complex plant or property of the complex plant of the registration periods to response the response from this multi-origination approach to responding to surges when nothern weather affects people with the property of the p | | | | |
| 13 | Dut | ty to maintain | Heatwave | | Y | signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required | term health conditions and support provider organisations when surges occur through daily contact to support the discharge function. 3. We send out health alent comms to the residents of Half through various media forms giving advice on how to stay hydrated and cool. We also advise our staff to stay cool and hydrated | | | | |
| | | | | | | | through out the day with comms guidance. | | | | |
| | | | | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on | | Arrangements should be: - current (although may not have been updated in the last 12 months) - in line with current national guidance | In Line with Public Health England, Cold Weather plan we use this plan to guide us in our communications this is also used by the Local Authority and system partners and our staff. In response to Midt Office Alerts we engage with partner organisation through system. | , , | | | |
| 14 | Dut | ty to maintain | Cold weather | the population the organisation serves. | Y | in line with risk assessment signed off by the appropriate mechanism shared appropriately with those required to use them rutine are environment requirements. | 2. In response to Mart Office. Alerts we engage with partner organization through system resistence open reporting in order to share information and support the response from this matingariation opportunity in order to share information and support the response from this matingariation opposed to responsing to surges when other weather affects people with long term health conditions and support provider organizations when surges occur through daily contact to succept the DTOC function. | | | | |
| | | | | | | outline any staff training required | contact to support on a PLOC function. 3. We send out health alent commis to the residents of Hull through various media forms giving advice on how to stay warm. | | | | |
| | | | | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass | | Arrangements should be: - current (although may not have been updated in the last 12 months) | We have a EPRR Policy/BCMP/MIP and as an LRF and LHRF System Resilience Plans. We work closely with the commissioned Acute Trust which is a major trauma centre for a | Fully compliant | | | |
| | | | | In line with current guidance and legislation, the organisation has disclose arrangements in place to respond to mass casuattes. For an acute receiving repolatible shrand in the place of | | Arrangements should be: current (abbogh may not have been updated in the last 12 months) in line with current national guidance in line with cities assessment is line with this assessment signed off by the appropriate mechanism shared ammentation with those sensioned to use them | significantly wide area therefore we are more than likely to respond and support mass casualties as part of a major incident be it on land or offshore. 3. Through our commissioning we ensure that those response services such as Yorkshire American and Intell Teaching Hernald Trust how commission in in. | | | | |
| 18 | Dut | ty to maintain | Mass Casualty | 3 ITU bed). | Y | In line with risk assessment signed off by the appropriate mechanism altered appropriately with those required to use them outline any equipment requirements outline any staff training required | 1. We have a EPRO Packy/BOMPMEP and as a LEF and LHFF System Residence Parks significantly with a real parks of the pack of t | | | | |
| | | | | | | | services. A debrief would occur after the incident and would be fedback to Planning and Commissioning Board and then a briefing would be sent to the Hall CCG board. Chremischoling Board and then a briefing would be sent to the Hall CCG board. These incidents and issues artifulge from them are also discussed at the EPRRIBCM Meeting and fed into a joint action planthracker. | | | | |
| | | | | The remarks often has provided to | | Arranements shrelf her | Meeting and fed into a joint action plantracker. Not Applicable | | | | |
| 19 | Dut | ty to maintain | Mass Casualty - | The organisation has arrangements to ensure a safe identification system for unidentified patients in an emergency/mass cassably incident. This system should be suitable and appropriate for blood transfusion, using a non- sequential unique patient identification number and capture outside for a | | Arrangements should be: - current (although may not have been updated in the last 12 months) - in line with current national guidance - in line with risk assessment - in line with risk assessment | | | | | |
| 19 | plan | ns | patient identification | sequential unique patient identification number and capture patient sex. | | in line with risk assessment signed off by the appropriate mechanism silvered appropriately with those required to use them outline any equipment requirements outline any staff training required | | | | | |
| | | | | In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements | | Arrangements should be: - current (although may not have been updated in the last 12 months) - in line with current national guidance | We have evacuation processes in place to vacate the CCG premises for staff, & visitors in the event of an evacuation being required from the building. Evacuation tests are undertaken in line with fire procedures | Fully compliant | | | |
| 20 | Dut | ty to maintain ns | Shelter and evacuation | to shelter and/or exacuate, whole buildings or sites, working in conjunction with other site users where necessary. | Y | in line with risk easessment signed off by the appropriate mechanism silaned appropriately with those required to use them outline any equipment requirements. | There are risk assessment in places and these plan are tested regularly within provider services. A district would occur after the incident and would be fedback to Planning and Commissioning Board and then a briefing would be sent to the Hull CCG board. | | | | |
| | | | | In line with current guidance and legislation, the organisation | | outline any staff training required Arrangements should be: | Not Applicable | | | | |
| 24 | Dut | ty to maintain | Lockdown | has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction | | current (although may not have been updated in the last 12 months) in line with current national guidance in line with risk assessment | TWO PROPRIESMAN | | | | |
| | plan | ns | | of access / egress in an emergency which may focus on the progressive protection of critical areas. | | signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements | | | | | |
| | | tu to market | | In line with current guidance and legislation, the organisation has effective arrangements in place to respond and manage 'protected individuals'; Very Important Persons (VIPs), high profile patients and visitors to the site. | | - active any staff training received - current cylindrogen may be though been updated in the last 12 months) - current cylindrogen may not have been updated in the last 12 months) - current cylindrogen may not have been updated in the last 12 months) - links with this assessment - signed off by the appropriate mechanism - signed off by the appropriate mechanism - signed only any explanated requirement - colline are year performent requirement - colline are year design required | Not Applicable | | | | |
| 22 | Dut | ty to maintain ns | Protected individuals | рессии развити или visitor's to the side. | | | | | | | |
| Doma | in 4 - C | Command and cor | ntrol | A resilient and dedicated EPRR on-call mechanism is in place | | | On Call Policy, On Call System and Rots is in place 7 days per week, 24 hours per day. Under the scheme of delegations if the AEO was off work then another Director Level would resume reportability for the PPSR incident 8. | Fully compliant | | | |
| 24 | Con | mmand and htrol | On-call mechanism | 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond to or escalate | Y | Process explicitly described within the EPRR policy statement. On call Standards and expectations are set out. Include 24 hour arrangements for alerting managers and other key staff. | Under the scheme of delegations if the AEO was off work then another Director Level would resume responsibility for the EPRR incident & process. Whatis App group set up for allerting Directors on call and EPRR Staff | | | | |
| Doma | in 5 - T in 6 - F | Fraining and exerc Response | cising | notifications to an executive level. The organisation has incident Co-ordination Centre (ICC) | | | We follow JESIP guidelines and have EPRR Policy/BCMP/MIP Business Impact Analysis, | Fully commisent | | | |
| | | | haldes 7 | The organisation has incident Co-ordination Centre (ICC) arrangements | | | 1. We follow JESIP guidelines and have EPRR Policy/ESMPMIMP Examines Impact Analysis. A MICRO COLD. LOGIST purposes of the propriets on Dispersional FOC Setting and we have also hed to adjut to agit evolting with virtual meeting a to respond to the two CPVID Panderine: Incident. 3. There is also maked and agreements with the Local Authority englishowing COS'S ERYCOS, NLCCO and NELCOC to use their facilities of required. 4. We also have excess the the ICC Commend Centre at Closgly Road Police Station. | s wy compliant | | | |
| 30 | Res | sponse | Incident Co-ordination Centre (ICC) | | Y | | There is also mutual aid agreements with the Local Authority neighbouring CCG's ERYCCG, NLCCG and NELCCG to use their facilities if required. We also have access the the ICC Comand Centre at Clough Road Police Station. | | | | |
| | | | Management of | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework). | | - Business Continuity Response plans | We have comprehensive BCM Plan in place and associated documention that would complement this for the varying incidents that may occur in order to be prepared and able to | Fully compliant | | | |
| 32 | Res | sponse | Management of business continuity incidents | The remanisation has remanded in place for receiving | Y | Documented processes for completing, signing off and submitting | respons. | Fully compliant | | | |
| 34 | Res | sponse | Situation Reports | The organisation has processed in pacts or receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents. | Y | * Decemented processes for completing, signing on and scomuling SiRReps | We have evidence of the signing off SIT Reps and have evidence of undertaking this as part of the Live incident process and feeling process. In terms of business confinally we receive daily SITRaps in respect of opel reporting to support Discharge from the Acute Trust and support bed management. | • | | | |
| 35 | Res | sponse | Access to 'Clinical Guidelines for Major Incidents and Mass | Key clinical staff (especially emergency department) have eccess to the "Clinical Guidelines for Major Incidents and Mass Casually events" handbook. | | Guidance is available to appropriate staff either electrorically or hard copies | Not Applicable | | | | |
| | | | Casualty events' | | | <u> </u> | <u> </u> | | | | |

| : | 6 Res | porse | Access to 'CBRN incident: Clinical Management and health protection' | Clinical staff have access to the PHE 'CBRN incident: Clinical Management and health protection' guidance. | | Guidance is available to appropriate staff either electrorically or hard copies | Not Applicable | | | | |
|-----|--------------------|-------------------|---|---|---|--|--|-----------------|------------------|--------|-----------------------------------|
| Dor | ain 7 - V | Varning and infor | ming | The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident. | | Have emergency communications response arrangements in place Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident | Our Comms Team work collaboratively with NHSE and systems partners to organise the delivery of important communications at the point of incident management and have worked with NHSE during the COVID19 Pandemic to co-ordinate nationally agreed communication. | Fully compliant | | | |
| | | | | major incident, critical incident or business continuity incident. | | personal social media accounts whilst the organisation is in incident response - Using lessons identified from previous major incidents to inform the | with NHSE during the COVID19 Pandemic to co-ordinate nationally agreed communication being distributed locally. 2. We have a Social Media Policy in place that direct staff on the process of working with the | | | | |
| | 7 Was | ming and rming | Communication with partners and stakeholders | | Υ | United that could be a second to the country of the country out. | being distributed locally. 2. We have a South Media Policy in place that direct staff on the process of vorting with the press and the glidance that should be issued in the evert of an incident. 3. We have a Nether page, Facebook Page, Instagram, WhatsAPP page and Isiase with Icoal newspaper media and radio mode coverage. 4. As part of the Life we have a comman pain in place. | | | | |
| | | | | | | information as part of normal business processes - Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's | 4. As part of the LRF we have a comms plan in place. | | | | |
| | | | | The renanisation has represent for warning and informing the | | warning and informing work - Have emergency communications resonance arrangements in place | Comms and Ennanement have Comms Plans in nione for informing the nation and nations. | Edit consider | | | |
| | | | | The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity | | Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies) | regarding incidents of all nature through various forms of social media. 2. For service providers they would directly contact patients attending clinics if there were any | ruly compians. | | | |
| : | 8 Was | ming and rming | Warning and informing | HODETS. | Υ | to help themselves in an emergency in a way which compliments the response of responders | became arrecting trace attendance. 3. Directornates have undertaken BIA and Action Cards to contact staff in the event of an emergency. | | | | |
| | | | | | | development of future incident response communications - Setting up protocols with the media for warning and informing | Comma and Engagement have Comma Plans in place for informing the public and polients required problems of all native through versus formed footal mades required problems. In the control of the command of the command of the command of the command of the command of the command of the command command of the command of the co | | | | |
| | | | | The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and | | Have emergency communications response arrangements in place Using lessons identified from previous major incidents to inform the | | Fully compliant | | | |
| : | 9 War | ming and ming | Media strategy | wider population) and staff. This includes identification of and access to a media spokespeople able to represent the organisation to the media at all times. | Υ | Have emergency communications response arrangements in place Using leasons identified from previous major incidents to inform the development of future incident reaponse communications Setting up protocols with the media for warning and informing Having an agreed madia strategy | 2. For staff BIA's have been undertaken and accinculate cards created when allows EVML backs and Deputys to cortact staff in the event of in incident to forwarn of current arrangements and look at deploying staff were necessary or reverting to working forn home. 3. Media training is also attended by the Correns Team and On Call Directors | | | | |
| | | Cooperation | | | | | Media training is also attended by the Comms Team and On Call Directors | | | | |
| Dor | Min 8 - C | cooperation | | The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. | | Detailed documentation on the process for requesting, receiving and managing mutual aid requests Signed mutual aid agreements where appropriate | The organisation has secured Mutual Aid Arrangements with a number of partner organisation in relation to maintaining BCM ERYCCG, Hull College, Local Authority, NL CCG & NEL CCG. | Fully compliant | | | |
| | 2 Coc | peration | Mutual aid | maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. | Υ | Signed mutual aid agreements where appropriate | & NEL COG. | | | | |
| | | | arrangements | These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England. | | | | | | | |
| | 3 Cor | | Arrangements for multi-region response | Arrangements outlining the process for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas. | | Detailed documentation on the process for coordinating the response to incidents affecting two or more LHRPs | Not Applicable | | | | |
| | 5 000 | peration | multi-region response | | | Detailed documentation on the process for managing the national health aspects of an emergency | Not Applicable | | | | |
| | 4 Cos | peration | Health tripartite working | Arrangements are in place defining how NHS England, the Department of Health and Social Care and Public Health England will communicate and work together, including how information relating to national emergencies will be cascaded. | | aspects of an emergency | | | | | |
| | | | | The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents. | | Documented and signed information sharing protocol Evidence relevant guidance has been considered, e.g. Freedom of | The LRF have a joint information sharing protocol which is signed up to by all system partners for the purpose of dealing with a critical or major incident to support the collaborative. | Fully compliant | | | |
| | 6 Coc | peration | Information sharing | incidents, critical incidents or business continuity incidents. | Υ | Documented and signed information sharing protocol Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'. | 1. The LEF lever a just information sharing protocol which is signed up to by all system contents for the justice of reading which is officed or might incident to support the collaborative working and comme plans to communicate with the public. I interms of CDPs's to classly states that those emergency conjustations that are working on an emergency are exempt from the principle content preserve their other collaborative working content to preserve the content of content in preserve the content of content content on the content of content in preserve the content of content of content on the content of content of content on the content of content of content on the content of content on the content on t | | | | |
| | | | | | | | order to preserve life under Article 2 or safeguarde the welfare of a vulnerable adult. | | | | |
| Doe | ain 9 - E | lusiness Continui | ity | The organisation has in place a policy which includes a statement of intent to undertake hardens and the Tri | | Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement | We have in place a EPRR Policy make reference to the BCMP plans MIP plans in place and makes reference to the CNV Contingencies Act and ISO Standard 22301 Societal Security. | Fully compliant | | | |
| | 7 Bus | iness Continuity | BC policy statement | The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301. | Υ | | | | | | |
| | | | | The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented. | | BCMS should detail: | Within our BCM Plan we have identified our service priorities and these should feed into the term stars for each discrete our control of the term stars for each discrete our control of the term stars for each discrete our control of the term of the control of the term of the t | Fully compliant | | | |
| | | | | management process and how this will be documented. | | from the scope of the system - The reminement to unfertake RC or Statebox Decisions | forthcoming year. If the connections are made it forms an effective link within the organization and environmental processing the connections are made it forms an effective link within the organization and environmental processing and the connection of the connec | | | | |
| | | | | | | contractual duties Specific roles within the BCMS including responsibilities, competencies and authorities. | 1. Within our ECAT Pair we have identified or service priorities and these should field it to Name jain for ward refused in the second in t | | | | |
| | 8 Bus | iness Continuity | BCMS scope and objectives | | Υ | The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and movimum nanoss. | 4. From the BCM Plan created we have been able to identify risks and also look at what we can put in place to miligate these. Risk are recorded in Team Risk Registers for lower level risks and on the Corporate Risk Register with number of which resides in the Risk Register of the R | | | | |
| | | | | | | Resource requirements Communications strategy with all staff to ensure they are aware of their roles | Our Communications and Engagement Team have a strategy for ensuring that comms are advanced at all levels with the population of hull and our staff. The EPRR/BCM Plan is forwarded for consulation with our I au Manher with near-sent Plan and and a staff. | | | | |
| | | | | | | - Stakkeholders | documentation and is able to give an impartial view of the process as a whole. | | | | |
| | | | Data Basto Vice - | Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolst on an annual basis. | | Statement of compliance | We hold a statement of compliance in relation to Data Protection and compliance with the Security Tookit. N3i our IT provider also have Cyber Essentials Plus accreditation. | Fully compliant | | | |
| | 0 Bus | iness Continuity | Data Protection and Security Toolkit | they are compliant with the Data Protection and Security Toolkit on an annual basis. The organisation has established business continuity plans for | Y | - Photography and topic the second se | Security Toolkit. NSi our IT provider also have Cyber Essentials Plus accreditation. 1. The BCP checklist national documentation was used to develop the revised Policy and Plan. | Dilly compliant | | | |
| | | | | the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: | | the various plans of the organisation | I he BCP checkets rathoreal documentation was used to develop the revised Policy and Plan currently in place from the EPRR Policy to the BCMP and MP it challenged us to think about the level of detail people would require in order to safely cover some of the events/incidents that may unfold at any given time. | ruly compnant | | | |
| | 1 Bus | iness Continuity | Business Continuity Plans | - people - information and data - premises - suppliers and contractors - suppliers an | Υ | | That may chross as any given may. 2. These plans are reviewed on a anual basis but also as information changes or shtaf move which ever is the sconest. | | | | |
| | | | | IT and infrastructure | | | | | | | |
| | | | | The organisation has a process for internal audit, and outcomes are included in the report to the board. | | EPRR policy document or stand alone Business continuity policy | Internal Audit is conducted every three years. This year the audit was undertaken by the | Fully compliant | | | |
| | 3 Bus | iness Continuity | BC audit | outcomes are included in the report to the board. | Υ | Board papers Audit reports | Internal Austi is conducted every three years. This year the austi was undertaken by the Commissioning Lead for Systems Residence who went right through the whole process from the start in respect of the CAP Contegrois Aut 2004 to NPS Framework for PRPA 2015 and has revised all associated documentation in the with National guidance. This was submitted to the PRC Board is AIOCC and signated for Newthere 2014. | | | | |
| | | | | | | | | | | | |
| | | | | There is a process in place to assess the effectimess of the BCMS and take corrective action to ensure continual improvement to the BCMS. | | EPRR policy document or stand alone Business continuity policy Board papers Action plans | Our Business Continuity Management Systems are in place for each On Call Director who has an on call pack with all reformation required to support them and for them to make contactwith other organizations and cost stiff a microbial station account. The count down is logist in a day book and any corrective action negated or that mosts to be discussed in spreads in a day book and any corrective action negated or that mosts to be discussed in spreads in through the Harber EPPROCOM Manetigrad then page to PRC. Information is also hald on realization direct and one part for all directors to account in the want of an incident, and are regularly intend its deserration, be less this networks that yet has some process. | Fully compliant | | | |
| | 4 Rus | iness Continuity | BCMS continuous improvement process | inprovement to the science. | Y | - Packet person | a duty book and any corrective action required or that needs to be discussed in reported through the Humber EPRR/BCM Meetingand then goes to P&C. Information is also hald on reciliance finds and not need to be discussed in reported. | | | | |
| | | , | improvement process | | | | regularly tested via exercises, live tests, live incidents: they all follow the same process. | | | | |
| | | | | The organisation has in place a system to assess the business | | EPRR policy document or stand alone Business continuity policy | We have an EPRR Policy and stand alone BCM Plan and MI Plan. We are assured that our | Fully compliant | Debbie Stevenson | Dec-21 | Work with Primary Care Colleagues |
| | | | Assurance of | continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own. | | Provider/supplier assurance framework Provider/supplier business continuity arrangements | providers and suppliers have these in place because there is a clause in the contract which refers to having these robust plans in place and that regular testing and exercising is required. Whilst we have received assurance that plans are in place and this his been domonstrated. | | | | to see BCMP Assurance. |
| | 5 Bus | iness Continuity | commissioned providers / suppliers BCPs | | Υ | | through practical experience of their response plans in relation to COVID, we have the Hull & East Riding Surge and escalation plan to support seasonal pressures and furthe COVID Pandemic surges. | | | | |
| | | | | | | | | | | | |
| Dor | ain 10: 6 6 CBF | CBRN RN | Telephony advice for CRRN exposure | Key clinical staff have access to telephone advice for managing nations included in CRRN invidents | | Staff are aware of the number / process to gain access to advice through annumeristic planning arrangements. | Not Applicable | | | | |
| | | | | Key clinical staff have access to telephone advice for manazimo catients involved in CBRN incidents. There are documented organisation specific HAZMAT/ CBRN response arrangements. | | accronists observine arrancements Evidence of: Command and control structures oproaches of recivelity salf and equipment oproaches of recivelity salf and expension operations and statistics in line with the latest guidance interconnailly with other relevant agencies | Not Applicable | | | | |
| | | | | | | pre-determined decontamination locations and access to facilities management and decontamination processes for contaminated patients and fatalities in line with the latest quidance | | | | | |
| | 7 CB8 | RN | HAZMAT / CBRN planning arrangement | | | plan to maintain a cordon / access control arrangements for staff contamination | | | | | |
| | | | | | | plans for the management of hazardous waste stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes contact details of key personnel and relevant partner agencies | | | | | |
| | | | | HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation. | | contact details of key personnel and relevant partner agencies impact assessment of CBRN decontamination on other key facilities | Not Applicable | | | | |
| | 8 CB# | RN | HAZMAT / CBRN risk assessments | This includes: - Documented systems of work | | , == | | | | | |
| | | | December | The incuses: Documented systems of work - List of required competencies - Arrangements for the management of hazardous waste. The organisation has adequate and appropriate | | Rotas of appropriately trained staff availability 24 /7 | Not Applicable | | | | |
| | 9 CB8 | RN | Decontamination capability availability 24 /7 | decontamination capability to manage self presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week. | | | | | | | |
| | | | | The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontamination professions. | | Completed equipment inventories; including completion date | Not Applicable | | | | |
| | | | | decontaminating patients. - Acute providers - see Equipment checklist: https://www.england.nhs.uk/up-content/uploads/2018/07/eprodecontamination-equipment-holes-list.kisx | | | | | | | |
| | 0 CB8 | RN . | Equipment and supplies | Community, Mental Health and Specialist service providers - | | | | | | | |
| | | | supplies | see guidance "Planning for the management of self-presenting patients in healthcare setting". https://wwb.archive.nationalarchives.gov.uk/20161104231146/h ttps://www.england.nhs.uk/wp-content/uploads/2015/04/eprr- | | | | | | | |
| | | | | tips://www.sngsand.nts.uk/wp-content/uploads/2015/04/epri- chemical-incidents.pdf - Initial Operating Response (IOR) DVD and other material: http://www.josip.org.uk/whiti-will-jesip-do/training/ | | | | | | | |
| | | | | | | Provided in the second state of the second sta | | | | | |
| | | | | There are routine checks carried out on the decontamination equipment including: - PRPS Suits - Decontamination structures | | Record of equipment checks, including date completed and by whom. Report of any missing equipment | Not Applicable | | | | |
| | 2 CBF | en | Equipment checks | equipment including: - PRIPS Suits - Decortamination structures - Discortamination structures - Shower favy pump - RAM GENE (nadiation monitor) - Other decortamination equipment. | | | | | | | |
| | | | | NAM GENE (raciation monitor) Other decontamination equipment. There is a named individual responsible for completing these | | | | | | | |
| | | | | There is a named introduce responsible for completing these checks. There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement. | | Completed PPM, including date completed, and by whom | Not Applicable | | | | |
| | 3 CBF | ON . | Equipment Preventative | place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for: PRPS Suits - Decontamination structures | | | | | | | |
| | CBI | un. | Programme of Maintenance | Discontamination structures Discobe and renobe structures Shower tray pump RAM GENE (radiation monitor) | | | | | | | |
| | | | PPE disposal | Other equipment There are effective disposal arrangements in place for PPE no. | | Organisational policy | Not Applicable | | | | |
| | 4 CBF | | arrangements | longer required, as indicated by manufacturer / supplier guidance. The current HAZMAT/ CBRN Decontamination training lead is | | Maintenance of CPD records | Not Applicable | | | | |
| | 5 CB8 | | HAZMAT / CBRN training lead HAZMAT / CBRN | appropriately trained to deliver HAZMAT/ CBRN training The organisation has a sufficient number of trained | | Maintenance of CPD records | Not Applicable | | | | |
| | CBI | un . | HAZMAT / CBRN trained trainers | The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training oronarimms. Staff who are most likely to come into contact with a patient | | Evidence training utilises advice within: | Not Applicable | | | | |
| | | | | requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant. | | Editions training utilises notice within Primary Care HANATY CBRN galance - Initial Operating Response (DRR) and other material templower joing not winter and important - All sentice providers - see Culdance for the initial management of self presentings from indicates involving handroom materials - templower self-providers involving handroom materials - templower ungland the Julyabilisation layer-guidance-for-the-initial - templower ungland the Julyabilisation layer-guidance-for-the-initial - templower of the presenters from indicates shoulding shazardous - templower of the presenters from indicates shoulding shazardous- | | | | | |
| | | | | | | All service providers - see Guidance for the initial management of self presenters from incidents involving hazardous materials - https://www.england.nhs.uk/publication/eprr-guidance-for-the-initial- | | | | | |
| | | en . | Staff training - | | | management-of-set-presenters-from-incidents-involving-hazardous- materials/ | | | | | |
| • | 8 CBF | | | | | presenting nationts in health-over setting | | | | | |
| | 8 CBS | | | | | presenting patients in healthcare setting: https://webarchive.nationalarchives.gov.ik/20161104231146/https://www. england.nhs.uk/wp-content-uploads/2015/04/epr-chemical-incidents.pdf - A range of staff roles are trained in decontensination technique | | | | | |
| | 8 CBS | | | | | materials — All service providers – see guidance Planning for the management of self- presenting polaries in healthcare setting: https://wheethcare.articonservices.gov.uk/2016/104231146/https://www. sergical.chm.uk/sp-contenciplosasi201004/gpr-Chrimical-Polaries.pdf - A range of staff roles are trained in decontamination technique. | | | | | |
| | 8 CB/ | | FFP3 access | Organisations must ensure staff who may come into contact with confermed infectious respiratory virtuals have access to, and are trained to use, FFP3 mask production (or equivalent); 47. | | presenting plates is healthcare sating; (This plane) when the minimal plane is a sating to the | Not Applicable | | | | |