

Ref	Domain	Standard	Detail	Critical Commissioning Group	Evidence - examples listed below	Organisational Evidence	Self assessment RAG	Lead	Timescale	Comments
							<p>Red (not compliant) = Not compliant with the core standard. The organisation's EPRR level programme shows compliance will not be reached within the next 12 months.</p> <p>Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.</p> <p>Green (fully compliant) = Fully compliant with core standard.</p>			
<b>Domain 1 - Governance</b>										
1	Governance	Senior Leadership	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness, Resilience and Response (EPRR). This individual should be a board level director and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in the role.	Y	<ul style="list-style-type: none"> <li>Name and role of appointed individual</li> </ul>	<ol style="list-style-type: none"> <li>Board Member &amp; Accountable Emergency Officer: Erica Daley, Chief Operating Officer; Deputy is Marie Ebb, Deputy Director Integrated Communications</li> <li>Non Executive Board Member - Lay Member - Karen Marshall</li> </ol>	Fully compliant			
2	Governance	EPRR Policy Statement	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: <ul style="list-style-type: none"> <li>Business objectives and processes</li> <li>Key suppliers and contractual arrangements</li> <li>Risk assessments</li> <li>Functions and / or organisation, structure and staff changes</li> </ul> The policy should: <ul style="list-style-type: none"> <li>Have a review schedule and version control</li> <li>Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested</li> <li>Include references to other sources of information and supporting documentation</li> </ul>	Y	<ul style="list-style-type: none"> <li>Evidence of an up to date EPRR policy statement that includes: <ul style="list-style-type: none"> <li>Business objectives</li> <li>Access to funds</li> <li>Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>We have an EPRR Policy in place.</li> <li>Key suppliers are in a separate document from the Policy due to conflicts of interest regarding the information.</li> <li>We have a Commissioning Lead position that incorporates System Resilience, Operational Resilience and EPRR/BCM as part of their remit.</li> <li>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/BCM/MP and associated documentation.</li> <li>The COG Functions and organisation structure and staff changes are saved in the Induction folder.</li> <li>The Policy does not refer to acronym.</li> <li>When the Policy there are references to other sources of information and supporting documentation: EPRR/BCM/MP HAZMAT, CBRN, Fuel dispensing, Healthcare, Cold Weather, Pandemic Plans, Infectious Diseases etc. Seasonal Resilience Plans are also regularly reviewed on a quarterly basis to ensure that we are prepared in advance of seasonal changes.</li> <li>Contingency Funds are held with the Chief Finance Officer.</li> <li>Terms of Reference of all EPRR/BCM Group: (MAGCO, ERYCO/CO, NELCO &amp; MELCO).</li> </ol>	Fully compliant			
3	Governance	EPRR board reports	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than monthly. These reports should be taken to a public board, and as a minimum, include an overview on: <ul style="list-style-type: none"> <li>Training and exercises undertaken by the organisation</li> <li>Summary of any business continuity, critical incidents and major incidents experienced by the organisation</li> <li>Incidents identified from incidents and exercises</li> <li>The organisation's compliance position in relation to the latest NHS England EPRR assurance process.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Public Board meeting minutes</li> <li>Evidence of presenting the results of the annual EPRR assurance process to the Public Board</li> </ul>	<ol style="list-style-type: none"> <li>Under the scheme of delegations Directors are aware of their roles and responsibilities during on call incidents and / or exercises to commission advice provision or work with system partners during times of surge and when contractors are required. It is understood by the Chief Officer or Chair of H&amp;M COG.</li> <li>The Process is described within EPRR Policy document and BCM/MP. Logbooks record the notes and actions and a debrief is held following the incident and from this a report is sent to the COG Board and includes information in relation to any incidents that have occurred these are undertaken on a real time basis as they happen, not annually and this would be the same for any exercises and tests undertaken, lessons learnt are shared with team and assurance amount to be prepared, the incident and the response. This is assessed within the body of the report. Current information on this disseminated within the organisation through Directors and Team updates.</li> </ol>	Fully compliant			
5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resources, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	<ul style="list-style-type: none"> <li>EPRR Policy identifies resources required to fulfil EPRR function; policy has been signed off by the organisation's Board</li> <li>Business continuity / resilience</li> <li>Risk description of EPRR Staff</li> <li>Organisation structure chart</li> <li>Internal Governance process chart including EPRR group</li> </ul>	<ol style="list-style-type: none"> <li>Internally the Commissioning Lead System Resilience has a yearly workload and this is influenced by any lessons identified following an incident/exercise where changes need to be implemented. Any risks identified during the period are updated in the Corporate Risk Register.</li> <li>There is a H&amp;M COG meeting held weekly to support the ongoing COVID-19 Pandemic and any incidents that occur during the spring period.</li> <li>The H&amp;M work programme would be approved by the Planning &amp; Commissioning Committee and the audit process and documentation would be overseen by the Integrated Audit and Governance Committee.</li> </ol>	Fully compliant			
6	Governance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR activities.	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> </ul>	<ol style="list-style-type: none"> <li>The process is described within EPRR Policy document and BCM/MP</li> <li>Logbooks record the notes and actions</li> <li>A debrief is held following the incident actions are identified and delegated at the debrief.</li> <li>A report is sent to Planning &amp; Commissioning Committee</li> <li>Lessons learnt are shared with teams at their team meetings</li> <li>The Commissioning Lead - System Resilience will co-ordinate progress check all recorded actions required and this will then be fed back to the Accountable Emergency Officer.</li> </ol>	Fully compliant			
<b>Domain 2 - Duty to risk assess</b>										
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	<ul style="list-style-type: none"> <li>Evidence that EPRR risks are regularly considered and recorded</li> <li>Evidence that EPRR risks are represented and recorded on the organisation's corporate risk register</li> </ul>	<ol style="list-style-type: none"> <li>EPRR Risks are recorded on the COG Risk Register</li> <li>Risk Register affecting the surrounding areas are recorded in the LRF Risk Register</li> <li>The Risk Register is reviewed by the EPRR Lead and Commissioning Lead Systems Resilience on a regular basis to assess national register and business contingencies and any risks identified.</li> </ol>	Fully compliant			
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	<ul style="list-style-type: none"> <li>EPRR risks are considered in the organisation's risk management policy</li> <li>Reference to EPRR risk management in the organisation's EPRR policy document</li> </ul>	<ol style="list-style-type: none"> <li>We consider all risks in line with our organisational Risk Management Policy.</li> <li>Lower Level Risks are overseen within the corporate risk register.</li> <li>Higher Level Risks in the Corporate Risk Register. The AEO oversees all risks on a regular monthly basis and feeds these into the LRF and LHRF for joint organisation planning and preparation to ensure readiness to respond effectively.</li> </ol>	Fully compliant			
<b>Domain 3 - Duty to maintain plans</b>										
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>We have a EPRR Policy, Business Continuity Management Plan (BCMP), Major Incident Plan (MIP) and an LRF Resilience Forum we also have joint plans in place to deal with COMBAT, HAZMAT &amp; CBRN incidents. These have been produced in line with National Guidance and the Civil Contingencies Act 2004 and include necessary Risk Assessments with the blue light services to deal with these incidents. These processes are signed off at annual review.</li> <li>The incident control centre has been set up and is tested on a yearly basis. On Call Directors have attended the training and are required to attend COMBAT exercises on a three yearly basis.</li> <li>Logbooks are trained to support the incident should this be required.</li> <li>Staff, if required will be deployed to support provider organisations at times of critical incidents in particular those that have led up to date critical registration and associated learning.</li> <li>Information for these types of incidents are held on resilience direct, of which all EPRR staff have logins to access the system and also access to the On Call Directors pack on One Point.</li> </ol>	Fully compliant			
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>We have a EPRR Policy (Business Continuity Management Plan (BCMP), Major Incident Plan (MIP) and in line with current National Guidance and Risk Assessments.</li> <li>These are tested regularly and corrective action undertaken if required.</li> <li>These are signed off by Planning &amp; Commissioning Group, Information Audit &amp; Governance Group and the H&amp;M COG Board.</li> <li>Comments are shared with all staff within the COG so they are aware of their duty and responsibility as part of EPRR/BCM should an incident occur as an employee of H&amp;M COG.</li> </ol>	Fully compliant			
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwaves on the population the organisation serves and its staff.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>In line with Public Health England, Heatwave 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.</li> <li>In response to Met Office Alerts we engage with partner organisation through system resilience open reporting in order to share information and support the response from the multi organisation approach to responding to surges when extreme weather affects people with long term health conditions and support provider organisations when surges occur through daily contact to support the discharge function.</li> <li>We send out health alert comms to the residents of H&amp;M through various media forms going advice on how to stay hydrated and cool. We also advise our staff to stay cool and hydrated throughout the day with correct guidance.</li> </ol>	Fully compliant			
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>Lessons learnt are shared with teams at their team meetings.</li> <li>In response to Met Office Alerts we engage with partner organisation through system resilience open reporting in order to share information and support the response from the multi organisation approach to responding to surges when extreme weather affects people with long term health conditions and support provider organisations when surges occur through daily contact to support the DTCC function.</li> <li>We send out health alert comms to the residents of H&amp;M through various media forms going advice on how to stay hydrated and cool.</li> </ol>	Fully compliant			
18	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should include arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>We have a EPRR Policy/BCM/MP and an LRF and LHRF System Resilience Plans.</li> <li>We work closely with the commissioned: Acute Trust which is a major trauma centre for a significantly acute area therefore we are more than ready to respond and support mass casualties as part of a major incident or offshore.</li> <li>Through our communications we ensure that those response services such as Yorkshire Ambulance Service and H&amp;M Teaching Hospital Trust have appropriate plans in place to deal with this type of emergency whilst maintaining a business as usual approach to continuity for patients attending ED.</li> <li>These risk assessment in place and these plans are tested regularly within provider services.</li> <li>A debrief would occur after the incident and would be fed back to Planning and Commissioning Board and then a briefing would be sent to the H&amp;M COG board.</li> <li>These incidents and lessons arising from them are also recorded at the EPRR/BCM Meeting and fed into a joint action plan/strategy.</li> </ol>	Fully compliant			
19	Duty to maintain plans	Mass Casualty - Patient Identification	The organisation has arrangements to ensure a safe identification system for unidentified patients in an emergency/mass casualty incident. This system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number and capture patient sex.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	Not Applicable				
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>We have evacuation processes in place to vacate the COG premises for staff, &amp; visitors in the event of an evacuation being required from the building.</li> <li>Evacuation tests are undertaken in line with the procedure, testing process.</li> <li>There are risk assessment in place and these plans are tested regularly within provider services.</li> <li>A debrief would occur after the incident and would be fed back to Planning and Commissioning Board and then a briefing would be sent to the H&amp;M COG board.</li> </ol>	Fully compliant			
21	Duty to maintain plans	Lockdown	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	Not Applicable				
22	Duty to maintain plans	Protected individuals	In line with current guidance and legislation, the organisation has effective arrangements in place to respond and manage 'protected individuals', 'Very Important Persons (VIPs), High profile patients and visitors to the site.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	Not Applicable				
<b>Domain 4 - Command and control</b>										
24	Command and control	On-call mechanism	A resident and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents. This should provide the facility to report or to escalate notifications to an executive level.	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> <li>On call Standards and expectations are set out</li> <li>include 24 hour arrangements for alerting managers and other key staff</li> </ul>	<ol style="list-style-type: none"> <li>On Call Policy, On Call System and Role in place 7 days per week, 24 hours per day</li> <li>Under the scheme of delegation if the AEO is away off work then another Director Lead should ensure responsibility for the EPRR Resilience &amp; process.</li> <li>WhatsApp App group set up for alerting Directors on call and EPRR Staff</li> </ol>	Fully compliant			
<b>Domain 5 - Training and exercising</b>										
<b>Domain 6 - Response</b>										
30	Response	Incident Co-ordination Centre (ICC)	The organisation has Incident Co-ordination Centre (ICC)	Y		<ol style="list-style-type: none"> <li>We follow JESIP guidelines and have EPRR Policy/BCM/MP Business Impact Analysis, Action Plans, Logbooks</li> <li>The COG Resilience provides an Organisation ICC setting and we have also had to adapt to agile working with virtual meetings in response to the COVID-19 incident.</li> <li>There is an internal agreement with the Local Authority neighbouring COG's ERYCO, NELCO and NELCO to use their facilities if required.</li> <li>We also have access to the ICC Command Centre at Clough Road Police Station.</li> </ol>	Fully compliant			
32	Response	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Y	<ul style="list-style-type: none"> <li>Business Continuity Response plans</li> </ul>	<ol style="list-style-type: none"> <li>We have comprehensive BCM Plans in place and associated documentation that would complement this for the varying incidents that may occur in order to be prepared and able to respond.</li> </ol>	Fully compliant			
34	Response	Situation Reports	The organisation has processes in place for receiving, compiling, authorising and submitting situation reports (SITREPs) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	<ul style="list-style-type: none"> <li>Documented processes for compiling, signing off and submitting SITREPs</li> </ul>	<ol style="list-style-type: none"> <li>We have evidence of the signing off SITREPs and have evidence of undertaking this as part of the use incident and testing process.</li> <li>In terms of business continuity we receive daily SITREPs in respect of open reporting to support Discharge from the Acute Trust and support bed management.</li> </ol>	Fully compliant			
35	Response	Access to 'Critical Guidelines for Major Incidents and Mass Casualty events' handbook	Key critical staff (especially emergency department) have access to the 'Critical Guidelines for Major Incidents and Mass Casualty events' handbook.	Y	<ul style="list-style-type: none"> <li>Guidance is available to appropriate staff either electronically or hard copies</li> </ul>	Not Applicable				

