



<b>Report to:</b>	Integrated Care Board
<b>Date of Meeting:</b>	9 <sup>th</sup> November 2022
<b>Subject:</b>	<b>Emergency Planning, Resilience and Response (EPRR) Assurance Report</b>
<b>Director Sponsor:</b>	Amanda Bloor, Deputy Chief Executive / Chief Operating Officer
<b>Author:</b>	Julie Warren Interim Director of Primary Care and Assurance

**STATUS OF THE REPORT:** *(Please click on the appropriate box)*

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

The annual report to the Board summarises the progress made each year on the Emergency, Planning, Resilience and Response (EPRR) work programme, and reports the outcome of the self-assurance process carried out against the NHS Core Standards for EPRR. It must be acknowledged that this is the first EPRR Board Report for Humber and North Yorkshire (HNY) ICB and therefore the report will reflect the work done since the ICBs formation in July 2022, and provide a forward look to the aims and objectives of the EPRR work programme for 2022/23.

HNY ICB has successfully completed a self-assessment against the Core Standards for EPRR 2022/23. The changes to the standards along with the transition from Clinical Commissioning Groups to ICBs has resulted in reporting of non-compliance, but a robust action plan has been generated to address the partially compliant standards within the next 12 months. HNY ICB is safely able to respond to major/critical/business continuity incidents; the action plan is a commitment to strengthen and build on existing plans to ensure that the organisation is in the best possible position going forward.

**RECOMMENDATIONS:**

Members are asked to:

- i) Note the report and progress made to date
- ii) Note the 2022/23 HNY ICB self-assessment and action plans.

**ICB STRATEGIC OBJECTIVE** *(please click on the boxes of the relevant strategic objective(s))*

Realising our vision	<input type="checkbox"/>
Improving outcomes in population health and healthcare	<input checked="" type="checkbox"/>
Supporting broader social and economic development	<input type="checkbox"/>

Tackling inequalities in outcomes experience and access	<input type="checkbox"/>
Delivering our operational plan 2022/23	<input checked="" type="checkbox"/>
Developing our ICS	<input checked="" type="checkbox"/>

<b>IMPLICATIONS</b> <i>(Please state N/A against any domain where none are identified)</i>	
Finance	<b>N/A</b>
Quality	<b>N/A</b>
HR	<b>N/A</b>
Legal / Regulatory	<b>N/A</b>
Data Protection / IG	<b>N/A</b>
Health inequality / equality	<b>N/A</b>
Conflict of Interest Aspects	<b>N/A</b>
Sustainability	<b>N/A</b>

<b>ASSESSED RISK:</b> N/A
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<b>MONITORING AND ASSURANCE:</b>  An action plan has been generated following the self-assessment. These actions will be updated monthly by the EPRR team and monitored at the Local Health Resilience Partnership (LHRP). The process will be repeated in 2023/24 and a summary of the achieved and closed actions will be included in the next report.
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<b>ENGAGEMENT:</b>  The EPRR team engaged with commissioned providers to facilitate a peer review of the standards (this included commissioned acute trusts, community providers and mental health providers). The Interim Director of Primary Care and Assurance and Head of EPRR also attended a peer review with other ICBs in the North East and Yorkshire area to ensure standards had been interpreted correctly.
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<b>REPORT EXEMPT FROM PUBLIC DISCLOSURE</b> <span style="float: right;">No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></span>
If yes, please detail the specific grounds for exemption

# Emergency Planning, Resilience and Response Assurance Report

## 1.0 Introduction

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical, and business continuity incidents whilst maintaining services to patients.

The purpose of the EPRR Framework is to provide a set of standards for all NHS funded organisations in England to help with meeting the requirements of the Civil Contingencies Act (CCA) 2004, the NHS Acts 2006 amended 2012 and the NHS Standard Contract. These standards are regularly referred to as the “core standards” for EPRR in the NHS.

Clinical Commissioning Groups (CCGs), the predecessor of ICBs, were what was referred to as “Category 2” responders, with a lesser set of responsibilities than Category 1 responders (those subject to the full range of civil protection duties as set out in the Civil Contingencies Act 2004). ICBs have been given Category 1 status in the CCA 2004, putting them on equal footing with acute trusts, ambulance services and local authorities.

Additionally, ICBs have inherited some of the functions previously held by NHS England, including the responsibility of leading their Local Health Resilience Partnership (LHRP). They are also required to link in with the Local Resilience Forum (LRF) which is a multi-agency partnership made up of other Category 1 responders including local authorities, the environment agency and other emergency services.

The annual report to the Board will summarise the progress made each year on the EPRR work programme and report the outcome of the self-assurance process carried out against the NHS Core Standards for EPRR. It must be acknowledged that this is the first EPRR Board Report for Humber and North Yorkshire ICB and therefore, the report will reflect the work done since the ICBs formation in July 2022 and provide a forward look to the aims and objectives of the EPRR work programme for 2022/23.

## 2.0 Training and Exercising

A new requirement this year is that all staff who are identified as having a role in responding to an incident or emergency are required to maintain a Portfolio of Professional Development (PDP) which outlines their compliance with the National Occupational Standards. ICBs are required to meet 100% compliance for all strategic health commanders by the end of December 2022, a 75% compliance for all identified roles by the end of March 2023 and 100% compliance by the end of December 2023.

NHS England are delivering both the strategic and the tactical training centrally, which does place limitations on the speed at which training can be rolled out. The ICB is presently taking staff through the tactical training, and all strategic commanders have either completed the strategic level training or are planned to attend.

On-call directors were also provided with an induction into this role, and a “Listen, Reflect and Learn” session was facilitated on the 8<sup>th</sup> August to provide learning on dealing with challenging escalating pressures whilst on-call which was attended by 28 on-call staff.

In terms of exercising, there are already two exercises on the horizon for HNY ICB to participate in before the end of 2022. The ICB will be playing in the Humber LRF “Floodex” in November 2022, which will span a full week. NHS England has also confirmed a national desk top exercise in November. The ICB will ensure participation and attendance.

All lessons identified from exercises will be converted into actions for the EPRR Work Plan to be progressed by the EPRR Team.

### 3.0 EPRR self-assessment and compliance position

#### 3.1 HNY ICB Self-Assessment

This year is the first year the ICB has submitted a self-assessment, and due to the changes in the core standards themselves and the change from category 2 to category 1 status, it was fully expected that newly formed ICBs would be reporting a lower compliance level than that of their CCG predecessors.

The self-assessment will result in one of the following compliance levels for each standard:

Compliance Level	Compliance Definition
Fully compliant	Fully compliant with the core standard.
Partially compliant	Not compliant with the core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan is in place to achieve full compliance within the next 12 months.
Not compliant	Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months.

The compliance levels given to each individual standard will generate an overall organisational assurance rating dependent upon the percentage of relevant core standards that are fully compliant:

Overall EPRR assurance rating	Criteria
Fully	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standard

For the reasons outlined above, HNY ICB is currently reporting non-compliance (64% overall). A summary of the standards is shown below:

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Not Compliant	Not Applicable
<b>Governance</b>	6	6	0	0	0
<b>Duty to risk assess</b>	2	1	1	0	0
<b>Duty to maintain plans</b>	8	4	4	0	3
<b>Command and control</b>	2	1	1	0	0
<b>Training and exercising</b>	4	2	2	0	0
<b>Response</b>	5	5	0	0	2
<b>Warning and informing</b>	4	4	0	0	0
<b>Cooperation</b>	6	5	1	0	1
<b>Business continuity</b>	10	2	8	0	1
<b>CBRN</b>	0	0	0	0	14
<b>Total</b>	<b>47</b>	<b>30</b>	<b>17</b>	<b>0</b>	<b>21</b>

Appendix 1 is the full self-assessment. An action plan addressing the partially compliant standards can be found at Appendix 2 of this report. The actions will be updated monthly and monitored at the Local Health Resilience Partnership co-chaired by the Accountable Emergency Officer (Deputy Chief Executive/Chief Operating Officer) and a Director of Public Health.

The action plan aims to renew and strengthen existing plans so that by the time the next self-assessment is completed we can confidently say that we are fully compliant with the requisite standards.

### **3.1.1 Peer Review - ICBs**

A peer review took place with ICB's in North East & Yorkshire geography to compare the results of the self-assessment. This was a useful exercise acknowledging the position of predecessor organisations and the reality of only being a category 1 responder since July 2022. This has also been supported by region in the development of ICBs and the new responsibilities.

### **3.2 Peer Review – Commissioned Providers**

The ICB facilitated a peer review of its Category 1 commissioned providers as required by this years process. Two peer reviews were held, one for acute trusts and one for community/mental health organisations. Actions will be progressed at LHRP level and included:

- Clarification of policies and action cards for communications teams during incidents.
- Providers offering “buddying up” to help one another with business continuity planning.
- Progression of work on avian flu response.
- Sharing of good practice logging documentation
- Progression and scoping for ICB wide exercises for health partners.
- Sharing of BCM audit scope and providers.

Commissioned providers have submitted their self-assessments to the ICB by 28<sup>th</sup> October and a confirm and challenge session will be held at the LHRP on 7<sup>th</sup> November. In the interim, the peer review provided an opportunity for commissioned providers to assure the ICB of the status of their self-assessment. Providers were in varying stages of the process so final ratings cannot be confirmed until after the November meeting. All providers were either Substantially or Partially Compliant.

Each ICB also has a deep dive allocated to them. HNY ICB was training. Useful discussions were held around common development of a performance development plan (PDP) alongside NHSE, sharing of loggist training recommendations, scoping for shelter and evacuation exercises and ICB wide exercises, live exercises, and digital logging.

## **4.0 Conclusion**

HNY ICB has successfully completed a self-assessment against the Core Standards for EPRR 2022/23. The changes to the standards along with the transition from Clinical Commissioning Groups to ICBs has resulted in reporting of non-compliance. A robust action plan has been generated to address the partially compliant standards within the next 12 months. HNY ICB is safely able to respond to major, critical and business continuity incidents. The action plan is a commitment to strengthen and build on existing plans to ensure that the organisation is in the best possible position going forward.

The commissioned providers also returning the self-assessment engaged well with the new process, bringing with them an enthusiasm to share experience and good practice whilst at the time being open to new collaborative ways of planning and working within the EPRR sphere.

## **5.0 Recommendations**

Board Members are asked to:

- i) Note the report and progress made to date
- ii) Note the 2022/23 HNY ICB Self-assessment and action plans.



Please choose your

Integrated Care Board

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Not Compliant	Not Applicable
<b>Governance</b>	6	6	0	0	0
<b>Duty to risk assess</b>	2	1	1	0	0
<b>Duty to maintain plans</b>	8	4	4	0	3
<b>Command and control</b>	2	1	1	0	0
<b>Training and exercising</b>	4	2	2	0	0
<b>Response</b>	5	5	0	0	2
<b>Warning and informing</b>	4	4	0	0	0
<b>Cooperation</b>	6	5	1	0	1
<b>Business continuity</b>	10	2	8	0	1
<b>CBRN</b>	0	0	0	0	14
<b>Total</b>	<b>47</b>	<b>30</b>	<b>17</b>	<b>0</b>	<b>21</b>

Deep Dive	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
<b>Evacuation and Shelter</b>	8	4	1	3	0
<b>Total</b>	<b>8</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>

Percentage Compliance	64%
Overall Assessment	Non-Compliant

**Assurance Rating Thresholds**

- Fully Compliant = 100%
- Substantially Compliant = 99-89%
- Partially Compliant = 88-77%
- Non-Compliant = 76% or less

**Notes**

Please do not delete rows or columns from any sheet as this will stop the calculations  
 Please ensure you have the correct Organisation Type selected  
 The Overall Assessment excludes the Deep Dive questions  
 Please do not copy and paste into the Self Assessment Column (Column 7)

Ref	Domain	Standard name	Standard Detail	Integrated Care Board	Supporting information - including examples of evidence	Organisational Evidence	Self assessment RAG	Action to be taken	Lead	Timescale	Comments
							<p><b>Red (not compliant)</b> = Not compliant with the core standard. The organisation's work programme shows compliance will not be reached within the next 12 months.</p> <p><b>Amber (partially compliant)</b> = Not compliant with core standard. However, the organisation's work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.</p> <p><b>Green (Fully compliant)</b> = Fully compliant with core standard.</p>				
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 within their individual organisation, and have the appropriate authority, resources and budget to direct the EPRR portfolio.	Y	<p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>• Name and role of appointed individual</li> <li>• AEO responsibilities included in role/job description</li> </ul>	Organisational structure job description	Fully Compliant				Amelia Isaac is the CEO for the ICB and the AEO responsible for EPRR.
2	Governance	EPRR Policy Statement	The organisation has an overarching EPRR policy or statement of intent. 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, structural and staff changes.</li> </ul>	Y	<p>The policy should:</p> <ul style="list-style-type: none"> <li>• Have a review schedule and version control</li> <li>• Use unambiguous terminology</li> <li>• Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested and exercised</li> <li>• Include references to other sources of information and supporting documentation.</li> </ul> <p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>• Up to date EPRR policy or statement of intent that includes: <ul style="list-style-type: none"> <li>• Resourcing commitment</li> <li>• Access to funds</li> <li>• Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.</li> </ul> </li> </ul>	HWY ICB EPRR Policy	Fully Compliant				HWY ICB EPRR Policy available.
3	Governance	EPRR board reports	The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually. The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements	Y	<p>These reports should be taken to a public board, and as a minimum, include an overview on:</p> <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>• lessons identified and learning undertaken from incidents and exercises</li> <li>• the organisation's compliance position in relation to the latest NHS England EPRR assurance process.</li> </ul> <p><b>Evidence:</b></p> <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> <li>• For those organisations that do not have a public board, a public statement of readiness and preparedness activities.</li> </ul>	ICB Board Reports on EPRR	Fully Compliant				The EPRR team compile and presents a report annually to the ICB public board. The first report will be heard presented on 9th November 2022.
4	Governance	EPRR work programme	The organisation has an annual EPRR work programme, informed by: <ul style="list-style-type: none"> <li>• current guidance and good practice</li> <li>• lessons identified from incidents and exercises</li> <li>• identified risks</li> <li>• outcomes of any assurance and audit processes</li> </ul> <p>The work programme should be regularly reported upon and shared with partners where appropriate.</p>	Y	<p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>• Reporting process explicitly described within the EPRR policy statement</li> <li>• Annual work plan</li> </ul>	Work programme available	Fully Compliant	Work plan to be expanded to include not only the overall 2022 compliance in the EPRR policy but also to allow room for lessons learned from incidents/exercises to form part of it.	Levi Clements Pearce	31/12/2022	The outline work programme is included in the ICB EPRR Policy however the actions from the annual assurance process, and those stemming from any incidents or testing sessions, will also form part of the ICB's annual work plan.
5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.	Y	<p><b>Evidence:</b></p> <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>• Assessment of role / resources</li> <li>• Role description of EPRR staff who undertake the EPRR responsibilities</li> <li>• Organisation structure chart</li> <li>• Internal Governance process chart</li> </ul>	HWY ICB EPRR Policy EPRR Team Structure and Job Descriptions	Fully Compliant				EPRR Team in place and EPRR Policy outlines resource available and commitments.
6	Governance	Continuous improvement	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and update into EPRR arrangements.	Y	<p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>• Process explicitly described within the EPRR policy statement</li> <li>• Reporting those lessons to the Board of governing body and where the improvements to plans were made</li> <li>• participation within a regional process for sharing lessons with partner organisations</li> </ul>	On call incident reports learn lessons events feedback process	Fully Compliant				Process outlined in the EPRR Policy and On-call Policy
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 all relevant risk registers including community and national risk registers.	Y	<p><b>Evidence that EPRR risks are regularly considered and recorded:</b></p> <ul style="list-style-type: none"> <li>• Evidence that EPRR risks are recorded and recorded on the organisations corporate risk register</li> <li>• Risk assessments to consider community risk registers and as a core component, include reasonable worst-case scenarios and extreme events for adverse weather</li> </ul>	Risks on CCG risk register, Transition to ICB risk register	Fully Compliant	ICB to ensure continued work with NHS Regional and the NET Risk Register and it's subsequent workstreams.  ICB to ensure that process for escalating new EPRR risks is captured in risk policies and procedures on EPRR.	Karen Ellis, Katrina Ellis and Miles Hepper	Ongoing	Risks that were previously on CCG risk registers will be transferred to the ICB risk register. The NHS Regional Team have also started work on a NET Risk Register which the ICB has access to. This includes all EPRR risks in NET and can be filtered to ICB level. The ICB will continue to work alongside NHS Regional on these identified risks, and will update any new risks via the ICB's Senior Leadership Team for consideration. Risks that need to be on the NET Risk Register will be escalated to NHS as required, and others can sit on the ICB Risk Register where this is appropriate. The ICB also in the process of forming up it's Risk Management Strategy.
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally.	Y	<p><b>Evidence:</b></p> <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>	Risk Register Meeting minutes of SMT	Partially Compliant	EPRR Team to work with executive team to ensure that as risk arrangements transition from place to ICB level that there is a robust method of reporting, recording, monitoring, communicating and escalating EPRR risks and that this is captured in key policies and procedures. This should include when it is appropriate for a risk to be held on the ICB risk register, and when a risk needs to sit on the NET EPRR Risk Register kept by NHS England.	Karen Ellis, Katrina Ellis and Miles Hepper	30/06/2023	ICB Senior Directors continue to be supported on risk management at place ensuring robust controls are continually maintained and managed through current arrangements to ensure continuity. So to ensure the ICB is still maintaining process CCG risk management arrangements until such time the ICB risk management framework/strategy is available. Report arrangements are currently at place (Senior Management Teams). ICB policy of failure adapted all in related policies from previous CCG's until such a time that the Risk Strategy is finalised.
9	Duty to maintain plans	Collaborative planning	Plans and arrangements have been developed in collaboration with relevant stakeholders to ensure the whole patient pathway is considered.	Y	<p>Partner organisations collaborated with as part of the planning process are in planning arrangements.</p> <p><b>Evidence:</b></p> <ul style="list-style-type: none"> <li>• Consultation process in place for plans and arrangements</li> <li>• Changes to arrangements as a result of consultation are recorded</li> </ul>	CCG have evidence of meeting networks which will remain and new networks can be developed need to when plans and working relationships as part of organisational development	Partially Compliant	ICB to consider the most appropriate way to continue reviewing, collaborating and planning with stakeholders, whether this is through the LISP and working group or another mechanism.	Karen Ellis and Levi Clements Pearce	31/12/2022	The CCG's in what is now the HWY ICB all participated in local planning with stakeholders and provided and shared intelligence exercises. These existing relationships and networks will be retained until new networks can be developed.
10	Duty to maintain plans	Incident Response	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current (reviewed in the last 12 months)</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	On-call Policy On-call lists	Fully Compliant				The ICB has an on-call policy which outlines the arrangements for on-call cover allowing it to respond to critical and major incidents. What were previously CCG's that had their own reported incidents plans for specific events which still seem in functionality. Administrative work is required to review all plans and bring them together formally, however the ICB would be able to respond if required.



11	Duty to maintain plans	Adverse Weather plans	In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national UK Health Security Agency (UKHSA) &amp; NHS guidance and Met Office or Environment Agency alerts</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> <li>• reflective of climate change risk assessments</li> <li>• consist of extreme events e.g. drought, storms (including dust storms), wildfires.</li> </ul>	National Severe Weather Plan Previous CCG plans	Fully Compliant	ICB EPRR team to review existing plans for severe weather and ensure these form one CCG plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development. To incorporate national adverse weather plans once formulated.	Karen Ellis	30/06/2023	Plans in place at CCG/Phase level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development. Previously the CCG's relied on the national hot and cold weather plans to integrate into system plans, however we understand this is under review with a view to creating one adverse weather plan.	
12	Duty to maintain plans	Infectious disease plans	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul> <p>Acute providers should ensure that arrangements reflect the guidance issued by DHSC in relation to PFP3 Resilience in Acute setting incorporating the PFP3 resilience priorities.</p>	Previous CCG plans on Infectious Disease	Partially Compliant	ICB EPRR team to review existing plans for infectious disease and refresh these to form one CCG plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	Karen Ellis	30/06/2023	Plans in place at CCG/Phase level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development.	
13	Duty to maintain plans	New and emerging pandemics	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	Previous CCG plans on Pandemic Flu/COVID 19	Partially Compliant	ICB EPRR team to review existing plans for new and emerging pandemics and refresh these to form one CCG plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	Karen Ellis	30/06/2023	Plans in place at CCG/Phase level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development.	
14	Duty to maintain plans	Countermeasures plans	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasures deployment.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul> <p>Mass Countermeasure arrangements should include arrangements for administration, reception and distribution of mass prophylaxis and mass vaccination.</p> <p>There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop or support Mass Countermeasure Distribution arrangements.</p> <p>Organisations should have plans to support patients in their care during countermeasures.</p>	Previous CCG plans on mass countermeasure distribution	Partially Compliant	ICB EPRR team to review existing plans for arrangements for deployment of countermeasures and refresh these to form one CCG plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	Karen Ellis	30/06/2023	Plans in place at CCG/Phase level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development.	
15	Duty to maintain plans	Mass Casualty plans	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul> <p>Receiving organisations should also include a safe identification system for unidentified patients in an emergency/mass casualty incident where necessary.</p>	Previous CCG plans on mass casualty	Fully Compliant	ICB EPRR team to review existing plans for mass casualty and refresh these to form one CCG plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	Karen Ellis	30/06/2023	Plans in place at CCG/Phase level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development.	
16	Duty to maintain plans	Evacuation and shelter plans	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	Previous CCG plans/Local plans on evacuation and shelter	Fully Compliant	ICB EPRR team to review existing plans for evacuation and shelter and refresh these to form one CCG plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	Karen Ellis	30/06/2023	Plans in place at CCG/Phase level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development.	
20	Command and control	On-call mechanism	The organisation has resilient and dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications, internal or external. This should provide the facility to respond to or escalate notifications to an executive level.	Y	<ul style="list-style-type: none"> <li>• Process explicitly described within the EPRR policy statement</li> <li>• On-call Standards and expectations are set out</li> <li>• Add on call processes/handbook available to staff on call</li> <li>• Includes 24 hour arrangements for alerting managers and other key staff</li> <li>• CCBUs when they are delivering OOB, business critical services for providers and commissioners</li> </ul>	On-call Policy On-call Resilience On-call Handover logs	Fully Compliant					The ICB has a robust on-call role for 2nd and 3rd on-call staff, and an on-call policy.
21	Command and control	Trained on-call staff	Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions.	Y	<ul style="list-style-type: none"> <li>• Process explicitly described within the EPRR policy or statement of intent</li> <li>• The identified individual</li> <li>• Should be trained according to the NHS England EPRR competencies (National Minimum Occupational Standards)</li> <li>• Has a specific process to adopt during the decision making</li> <li>• Is aware who should be consulted and informed during decision making</li> <li>• Should ensure appropriate records are maintained throughout</li> <li>• Trained in accordance with the TNA identified frequency.</li> </ul>	On-call Policy EPRR Policy Learning Logs	Partially Compliant	Training needs analysis to be further developed and implemented training to be developed across the ICB for all staff that would be involved in responding to an incident.	Karen Ellis	31/03/2023	On-call staff are all completing the NHS England Developed Command and Control programme and a training log is being kept. Further work needs to be done to ensure a robust TNA is completed for the ICB and training implemented across the organisation with consideration of when night require tactical training, haggat training etc.	
22	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	Y	<ul style="list-style-type: none"> <li>• Evidence</li> <li>• Process explicitly described within the EPRR policy or statement of intent</li> <li>• Evidence of a training needs analysis</li> <li>• Training records for all staff on call and those performing a role within the ICC</li> <li>• Training materials</li> <li>• Evidence of personal training and exercising portfolios for key staff</li> </ul>	On-call Policy EPRR Policy Learning Logs	Partially Compliant	Training needs analysis to be further developed and implemented training to be developed across the ICB for all staff including those not directly involved in incident management	Karen Ellis	31/03/2023	On-call staff are all completing the NHS England Developed Command and Control programme and a training log is being kept. Further work needs to be done to ensure a robust TNA is completed for the ICB and training implemented across the organisation with consideration of when night require tactical training, haggat training etc.	

23	Training and exercising	EPFR exercising and testing programme	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to 'test' that incident response arrangements, (no undue risk to exercises players or participants, or those patients in your care)	Y	<ul style="list-style-type: none"> <li>Organisations should meet the following exercising and testing requirements: <ul style="list-style-type: none"> <li>• a quarterly communications test</li> <li>• annual table top exercise</li> <li>• live exercise at least once every three years</li> <li>• command post exercise every three years.</li> </ul> </li> <li>The exercising programme must: <ul style="list-style-type: none"> <li>• identify exercises relevant to local risks</li> <li>• meet the needs of the organisation type and stakeholders</li> <li>• ensure warning and informing arrangements are effective.</li> </ul> </li> <li>Lessons identified must be captured, recorded and acted upon as part of continuous improvement.</li> </ul>	Training logs previously kept by CCG's Current training log EPFR policy	Fully Compliant	The EPFR team will continue to ensure exercising and testing is carried out. Some work is required to ensure that responsibilities are clear on this within the new EPFR team and immediate and appropriately budgeted for. EPFR team to ensure that exercising is subject to the training spreadsheet	Lee Clements Renee	31/03/2023	Covid 19 is classed as a live exercise/command and point, and CCG's activity pertained to exercising and testing prior to transition to the ICB.
24	Training and exercising	Responder training	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards.  Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role.	Y	<ul style="list-style-type: none"> <li>• Training records</li> <li>• Evidence of personal training and exercising portfolios for key staff</li> </ul>	Previous CCG training records EPFR policy Current ICB training and exercising log	Fully Compliant	ICB hold the training and exercising records previously held by the CCG's, and has developed it own training log spreadsheet. EPFR team to ensure that exercising is included as a separate tab on the same spreadsheet. The ICB will continue to participate in the work being done at regional level to standardise the EPFR portfolio of learning and adopt this locally			
25	Training and exercising	Staff Awareness & Training	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find duties relevant to their area of work or department.	Y	As part of mandatory training Exercises and Training attendance records reported to Board		Partially Compliant	EPFR team to ensure that training for all staff is rolled out as part of mandatory training on the site and ICB staff member on incidents. Key members in the response and where to find plans relevant to them.	Karen Ellis	30/06/2023	Mechanisms are in place via business continuity processes to cascade information across each phase, with supporting BCP's. Work underway to review these as part of the Business continuity arrangements for the ICB.
26	Response	Incident Co-ordination Centre (ICC)	The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required.  An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards.  ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of operational readiness.  Arrangements should be supported with access to documentation for its activation and operation.	Y	<ul style="list-style-type: none"> <li>• Documented processes for identifying the location and establishing an ICC</li> <li>• Maps and diagrams</li> <li>• A testing schedule</li> <li>• Pre identified roles and responsibilities, with action cards</li> <li>• Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards</li> <li>• Arrangements might include virtual arrangements in addition to physical facilities, but must be resilient with alternative contingency solutions.</li> </ul>	ICB plans and protocols	Fully Compliant				Two geographically focused venues for ICC identified to provide flexibility across responses.
27	Response	Access to planning arrangements	Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Y	Planning arrangements are easily accessible - both electronically and via codes.	One drive access for all	Fully Compliant				Plans are available in current plan ICC's and also accessible by all that require them digitally on OneDrive.
28	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 EPFR Framework).	Y	<ul style="list-style-type: none"> <li>• Business Continuity Response plans</li> <li>• Arrangements in place that mitigate escalation to business continuity incident</li> <li>• Escalation processes</li> </ul>	Place Business Continuity Plans	Fully Compliant				Each place has it's own BCP in the form of the previous CCG BCP's. Work is required in order to review these following the formation of the ICB as per the actions on business continuity previously completed spreadsheets below, but at present the organisation is able to respond to BCP incidents.
29	Response	Decision Logging	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: <ol style="list-style-type: none"> <li>1. Key responses staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisation's records management policy.</li> <li>2. has 24 hour access to a trained loggists) to ensure support to the decision maker.</li> </ol>	Y	<ul style="list-style-type: none"> <li>• Documented processes for accessing and utilising loggists</li> <li>• Training records</li> </ul>	On-call Policy Command and Control Policy Loggers training records	Fully Compliant				Trained loggists available with 24 hour access. Action cards also available in Command and Control Framework.
30	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SIRaps) and handling during the response to incidents including bespoke or incident dependent formats.	Y	<ul style="list-style-type: none"> <li>• Documented processes for completing, quality assuring, signing off and submitting SIRaps</li> <li>• Evidence of testing and exercising</li> <li>• The organisation has access to the SIRap template.</li> </ul>	Situation reports On-call response log	Fully Compliant				Situation reports in place and utilised.
33	Warning and informing	Warning and informing	The organisation aligns communications planning and activity with the organisation's EPFR planning and activity.	Y	<ul style="list-style-type: none"> <li>• Awareness within communications team of the organisation's EPFR plan and how to report potential incidents.</li> <li>• Measures are in place to ensure incidents are appropriately described and recorded in line with the NHS EPFR Framework.</li> <li>• Out of hours communication system (24/7 year-round) is in place to allow access to trained comms support for senior leaders during an incident. This should include on call arrangements.</li> <li>• Having a process for being able to log incoming requests, track responses to these requests and to ensure that information related to incidents is stored effectively. This will allow organisations to provide evidence should it be required for an inquiry.</li> </ul>	Command and Control Framework	Fully Compliant				Specific reference to communications and media in Command and Control Framework to ensure communications lead is determined for ICB response, however there is no action card for media/communications leads at present. This might be required going forward for awareness of incident management in the ICB Communications Strategy.
34	Warning and informing	Incident Communication Plan	The organisation has a plan in place for communicating during an incident which can be enacted.	Y	<ul style="list-style-type: none"> <li>• An incident communications plan has been developed and is available to all communications staff</li> <li>• The incident communications plan has been tested both in and out of hours</li> <li>• Action cards have been developed for communications roles</li> <li>• A requirement for briefing NHS England regional communications team has been established</li> <li>• The plan has been tested, both in and out of hours as part of an exercise</li> <li>• Clarity on sign off for communications is included in the plan, noting the need to ensure communications are signed off by incident leads, as well as NHSE (if appropriate)</li> </ul>	Command and Control Framework	Fully Compliant	EPFR team to liaise with Communications Team and review current communication plans that were developed at CCG's and review as required.	Karen Ellis and Susan Lee	30/06/2023	Specific reference to communications and media in Command and Control Framework to ensure communications lead is determined for ICB response, however there is no action card for media/communications leads at present. This might be required going forward for awareness of incident management in the ICB Communications Strategy.  The previous incident management/business continuity plans for communicating during an incident still apply until such a time as ICB specific documents can be developed.
35	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.	Y	<ul style="list-style-type: none"> <li>• Established means of communicating with staff, at both short notice and for the duration of the incident, including out of hours communications</li> <li>• A developed list of contacts in partner organisations who are key to service delivery (Local Council, LNF partners, neighbouring NHS organisations etc) and a means of warning and informing these organisations about an incident as well as sharing communications information with partner organisations to create consistent messages at a local, regional and national level.</li> <li>• A developed list of key local stakeholders (such as local elected officials, unions etc) and an established a process by which to brief local stakeholders during an incident</li> <li>• Appropriate channels for communicating with members of the public that can be used 24/7 if required</li> <li>• Identified sites within the organisation for displaying of important</li> </ul>	Command and Control Framework	Fully Compliant	EPFR team to consider the approaches across the previous CCG's in contacting staff/partners/the public in an emergency and there a procedure still used. However a joint approach might need to be agreed (e.g. communication links/WhatsApp) across the ICB and incorporated into action cards. All staff email operational and ICB social media. On call contact process in place and functional, place level usable/contact lists still operational and being reviewed.	Karen Ellis and Susan Lee	30/06/2023	Prior to formation of the ICB the CCG's had their own means of communicating with staff in the event of an emergency and there a procedure still used. However a joint approach might need to be agreed (e.g. communication links/WhatsApp) across the ICB and incorporated into action cards. All staff email operational and ICB social media. On call contact process in place and functional, place level usable/contact lists still operational and being reviewed.

36	Warning and Informing	Media strategy	The organisation has arrangements in place to enable rapid and structured communication via the media and social media	Y	<ul style="list-style-type: none"> <li>Having an agreed media strategy and a plan for how this will be enacted during an incident. This will allow for timely distribution of information to warn and inform the media</li> <li>Develop a pool of media spokespersons able to represent the organisation in the media at all times.</li> <li>Social Media policy and monitoring in place to identify and track information on social media relating to incidents.</li> <li>Setting up protocols for using social media to warn and inform</li> <li>Specifying advice to senior staff to effectively use social media accounts whilst the organisation is in incident response</li> </ul>	Policy	Fully Compliant	EPH Team discuss with Communications Team the options for rapid communication via media and social media and whether incident management needs to be specifically referenced in any communications policies/business plans.	Karen Ellis and Susan Lee	30/06/2023	Specific reference to communications and media in Command and Control Framework to ensure communications lead is determined for ICB response. Consideration needs to be made of incident plan for communications specifically and extent of social media. ICB social media channels established along with place level accounts which are actively managed and can be used during an incident.
37	Cooperation	LHRP Engagement	The Accountable Emergency Officer, or a director level representative with delegated authority to authorise plans and commit resources on behalf of their organisation attends Local Health Resilience Partnership (LHRP) meetings.	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>Individual members of the LHRP must be authorised by their employing organisation to act in accordance with their organisational governance arrangements and their statutory duties and responsibilities</li> </ul>	Minutes of meetings Terms of Reference	Fully Compliant				Amelia Bloor to chair LHRP meetings in ASD for the ICB. First meeting to be held 7th November 2022.
38	Cooperation	LRF / BRP Engagement	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>A governance agreement is in place if the organisation is represented and feeds back across the system</li> </ul>	Minutes of meetings Terms of Reference	Fully Compliant				ICB has nominated representatives as per EPHR staffing structure to attend LRF meetings at both Borough and Local LRF.
39	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Y	<ul style="list-style-type: none"> <li>Detailed documentation on the process for requesting, receiving and managing mutual aid requests</li> <li>Templates and other required documents available in ICC or as an appendix to IRP</li> <li>Signed mutual aid agreements where appropriate</li> </ul>	National MACA request guidance EPH Policy Command and Control Policy	Fully Compliant	EPH team to consider whether mutual aid request action card is required or whether existing protocols and procedures are enough.	Karen Ellis	31/03/2023	EPH and Command and Control Policy both reference levels of NHS incident including points at which mutual aid might be required. De-call handbook references the national MACA policy and details when this can be found. Mutual aid can also be requested by stakeholders and partners on system calls through well established shared intelligence duty meetings. Consideration needs to be given to whether documentation needs to be more detailed or action cards need to be included on requesting mutual aid from other organisations outside of MAACA.
40	Cooperation	Arrangements for multi area response	The organisation has arrangements in place to prepare for and respond to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.	Y	<ul style="list-style-type: none"> <li>Detailed documentation on the process for coordinating the response to incidents affecting two or more LHRPs</li> <li>Where an organisation sits across boundaries the response route should be clearly identified and known to all</li> </ul>	Command and Control Framework EPH Policy	Fully Compliant				Command and Control Framework and EPH Policy both reference levels of incident and require co-ordination. ICB spans two LRFs and EPH structure enables appropriate representation at these meetings. Senior EPHR staff on the ICB regularly having with and meeting with EPHR staff from ICB in other LRF/ICB hospitals to enable learning/goal planning.
42	Cooperation	LHRP Secretariat	The organisation has arrangements in place to ensure that the Local Health Resilience Partnership (LHRP) meets at least once every 6 months.	Y	<ul style="list-style-type: none"> <li>LHRP terms of reference</li> <li>Meeting minutes</li> <li>Meeting agendas</li> </ul>	Info Minutes	Fully Compliant				First LHRP to be held by the ICB char 7th November 2022.
43	Cooperation	Information sharing	The organisation has an agreed protocol for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.	Y	<ul style="list-style-type: none"> <li>Documented and signed information sharing protocol</li> <li>Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation 2016, Cadocott Protocols, Safeguarding requirements and the Civil Contingencies Act 2004</li> </ul>		Partially Compliant	ICB EPHR Team to discuss with LHRP attendees whether further documentation is required on information sharing protocols, then lead on this work as required.	Karen Ellis	31/03/2023	ICB is a signatory to the cross border mutual aid and escalation process.
44	Business Continuity	BC Policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the <a href="#">ISG standard 22301</a> .	Y	<ul style="list-style-type: none"> <li>The organisation has in place a policy which includes intentions and direction as formally expressed by its top management</li> <li>The BC Policy should: <ul style="list-style-type: none"> <li>Provide the strategic direction from which the business continuity programme is derived.</li> <li>Define the way in which the organisation will approach business continuity.</li> <li>Show evidence of being supported, approved and owned by top management.</li> <li>Be reflective of the organisation in terms of size, complexity and type of organisation</li> </ul> </li> <li>Document any standards or guidelines that are used as a benchmark for the BC programme.</li> <li>Consider short term and long term impacts on the organisation including climate change adaptation planning</li> </ul>	EPH Policy	Partially Compliant	Central ICB Governance to ensure that place level BCP's contain the risk management process, scope and objectives of the BCM and that this is also included in any voluntarily formed BCP documentation. ICB Governance team to discuss with auditors result of this year's audit plan in relation to ISO standard 22301.	Mike Hepper and Karina Ellis	30/06/2023	EPH Policy acknowledges the ICB's responsibility to plan for responding to business continuity incidents and each place level BCP also carries the same commitment. A piece of work needs to be undertaken by the centre of ICB teams to review the place level business continuity plans, update as required and consider the development of an overarching business continuity framework. Any document created should contain the same statement of intent.
45	Business Continuity	Business Continuity Management Systems (BCMS) scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented. A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.	Y	<ul style="list-style-type: none"> <li>BCMS should detail: <ul style="list-style-type: none"> <li>Scope e.g. key products and services within the scope and exclusions from the scope</li> <li>Objectives of the system</li> <li>The requirement to undertake ICB e.g. Statutory, Regulatory and contractual duties</li> <li>Specific roles within the BCMS including responsibilities, complexities and authorities.</li> <li>The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process.</li> <li>Resource requirements</li> <li>Communications strategy with all staff to ensure they are aware of their roles.</li> <li>alignment to the organisations strategy, objective, operating environment and approach to risk.</li> <li>The outsourced activities and suppliers of products and suppliers.</li> </ul> </li> </ul>		Partially Compliant	Central ICB Governance to ensure that place level BCP's contain the risk management process, scope and objectives of the BCM and that this is also included in any voluntarily formed BCP documentation.	Mike Hepper and Karina Ellis	30/06/2023	There are business continuity plans in place from the former 'COU' which meet this standard, however the will still need to be explained and reflected in the ICB BCP once finalised.
46	Business Continuity	Business Impact Analysis/Assessment (BIA)	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	Y	<ul style="list-style-type: none"> <li>The organisation has identified prioritised activities by undertaking a strategic Business Impact Analysis/Assessments. Business Impact Analysis/Assessment is the key first stage in the development of a BCMS and is therefore critical to a business continuity programme.</li> <li>Documented process on how BIA will be conducted, including: <ul style="list-style-type: none"> <li>the method to be used</li> <li>the frequency of review</li> <li>how the information will be used to inform planning</li> <li>how RA is used to support.</li> </ul> </li> <li>The organisation should undertake a review of its critical function using a Business Impact Analysis/Assessment. Without a Business Impact Analysis organisations are not able to assess/ensure compliance without it. The following points should be considered when undertaking a BIA: <ul style="list-style-type: none"> <li>Identify critical functions</li> <li>Identify critical resources</li> <li>Identify critical suppliers</li> <li>Identify critical customers</li> <li>Identify critical information</li> <li>Identify critical personnel</li> <li>Identify critical facilities</li> <li>Identify critical equipment</li> <li>Identify critical services</li> <li>Identify critical processes</li> <li>Identify critical systems</li> <li>Identify critical data</li> <li>Identify critical communications</li> <li>Identify critical relationships</li> <li>Identify critical dependencies</li> <li>Identify critical risks</li> <li>Identify critical vulnerabilities</li> <li>Identify critical weaknesses</li> <li>Identify critical strengths</li> <li>Identify critical opportunities</li> <li>Identify critical threats</li> <li>Identify critical hazards</li> <li>Identify critical events</li> <li>Identify critical incidents</li> <li>Identify critical accidents</li> <li>Identify critical disasters</li> <li>Identify critical emergencies</li> <li>Identify critical crises</li> <li>Identify critical incidents</li> <li>Identify critical accidents</li> <li>Identify critical disasters</li> <li>Identify critical emergencies</li> <li>Identify critical crises</li> </ul> </li> </ul>	Each COU/area has in place	Partially Compliant	Business impact assessments within place level BCP's. Mike Hepper and Karina Ellis to review at place level BCP's and create overarching framework.	Mike Hepper and Karina Ellis	30/06/2023	Place level BCP's contain BIA's, and place level BIA's must be the starting point for the overarching ICB business continuity framework. These will need to be reviewed as outlined above.

47	Business Continuity	Business Continuity Plans (BCP)	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to people, information and data - premises - suppliers and contractors - IT and infrastructure	Y	Documented evidence that as a minimum the BCP identified is covered by the various plans of the organisation.  • Ensure BCPs are developed using the ISO 22301 and the NHS Toolkit. BC Planning is undertaken by an adequately trained person and contain the following: • Purpose and Scope • Objectives and assumptions • Escalation & Response Structure which is specific to your organisation • Flow activation criteria, procedures and authorisation • Response teams roles and responsibilities • Individual responsibilities and authorities of team members • Triggers for immediate action and any specific decisions the team may need to make • Communication requirements and procedures with relevant interested parties.  Confirm the type of exercise the organisation has undertaken to meet this sub standard: • Discussion based exercise • Scenario Exercises • Simulation Exercises • Live exercise • Test • Undertake a debrief  Evidence Post exercise/ testing reports and evidence				
48	Business Continuity	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Y	Confirm the type of exercise the organisation has undertaken to meet this sub standard: • Discussion based exercise • Scenario Exercises • Simulation Exercises • Live exercise • Test • Undertake a debrief  Evidence Post exercise/ testing reports and evidence				
49	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	• Evidence • Statement of compliance • Action plan to obtain compliance if not achieved	IT Provider DPT submission			
50	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	• Business continuity policy • BCMS • Performance reporting • Board papers	Board meeting minutes EPBR annual report			
51	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.  The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.	Y	• process documented in EPBR policy/Business continuity policy or BCMS signed by the audit programme for the organisation • Board papers • Audit reports • Remedial action plan that is agreed by top management. • An independent business continuity management audit report. • Internal audits should be undertaken as agreed by the organisation's audit planning schedule on a rolling cycle. • External audits should be undertaken in alignment with the organisations audit programme.				
52	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	• process documented in the EPBR policy/Business continuity policy or BCMS • Board papers showing evidence of improvement • Action plans following exercising, training and incidents • Improvement plans following internal or external auditing • Changes to suppliers or contracts following assessment of suitability  Continual improvement can be identified via the following routes: • Lessons learned through exercising. • Changes to the organisations structure, products and services, infrastructure, processes or activities. • Changes to the environment in which the organisation operates. • A review or audit • Changes or updates to the business continuity management lifecycle, such as the BIA or continuity solutions. • Self assessment • Quality assurance				
53	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers and are assured that these providers business continuity arrangements align and are interoperable with their own.	Y	• EPBR policy/Business continuity policy or BCMS outlines the process to be used and how suppliers will be identified for assurance • Provider/supplier assurance framework • Provider/supplier business continuity arrangements  This may be supported by the organisations procurement or commercial teams (where trained in BCP) at tender phase and at set intervals for critical and/or high value suppliers				

Partially Compliant	Place level BCP's to be reviewed to ensure that they effectively outline requirements of services to disruptions to people, information and data, premises, suppliers and contractors, and IT & infrastructure	Mike Hopper and Karrie Ellis	30/06/2023	There are business continuity plans at place from the former CCG, which meet this standard, however plans level plans also need to be duplicated and reflected in the ICB BCP once finalised
Partially Compliant	EPBR Team to work with Governance Directorate to ensure that the ICB BCP is tested annually and that this is added to the EPBR training and exercising plan for the year/learning monitoring spreadsheet.	Levi Clements-Pearce	30/06/2023	TNA completed and training and exercising spreadsheet developed, however EPBR team will need to discuss with the Governance Directorate the timescale for finalisation of the ICB BCP, and ensure that testing of the policy once complete is scheduled annually.
Fully Compliant				IT provider for the ICB transferred over from the CCG, and all providers submit this toolkit
Partially Compliant	EPBR Team to ensure that following the completion of the annual exercise on the ICB BCP, that any weaknesses of the system are evaluated and included in the annual board report on EPBR and the self-assessment	Levi Clements-Pearce	Ongoing	The ICB BCP will be tested annually and the outcome of these tests/weakness included in the ICB EPBR annual report to the Board
Partially Compliant	BCMS is on the ICB's audit programme for 2023/24, once completed outcomes will be reported in the annual EPBR report for 2024.	Mike Hopper and Karrie Ellis	30/06/2024	BCMS is on the ICB's audit programme for 2023/24.
Fully Compliant				ICB EPBR team in place with testing and exercising regime underway. The ICB's business continuity plans will be tested as part of the normal testing and exercising regime and outcomes included in the annual report to the board.
Partially Compliant	EPBR Team to develop plan to onboard all other providers to ensure the care standards annually including primary care, patient transport, and any other NHS funded providers of care	Karen Ellis and Levi Clements-Pearce	30/06/2023	The ICB requires copies of submissions of the EPBR care standards self-assessment from Category 1 providers and undertakes peer reviews as required by NHS England Regional annually. This currently does not include non-category 1 providers and the process will need to be extended for the 2023/24 process as per the direction from NHS England.
	HANV LMP to determine membership of an ICB level assurance of the ICB made up of operational staff from stakeholders and commissioned provider, one functionality of which will be to provide mutual assurance of BCP arrangements.	Levi Clements-Pearce	31/03/2023	

Ref	Domain	Standard	Deep Dive question	Further information	Integrated Care Records	Organisational Evidence - Please provide details of arrangements in order to capture areas of good practice or further development. (Use comment column if required)	Self assessment RAG Red (not compliant) = Not evidenced in evacuation and shelter plans or EPRR arrangements. Amber (partially compliant) = Evidenced in evacuation and shelter plans or EPRR arrangements but requires further development or not tested/exercised. Green (fully compliant) = Evidenced in plans or EPRR arrangements and was tested/exercised as effective.	Action to be taken	Lead	Timescale	Comments
DD1	Evacuation and Shelter	Up to date plans	The organisation has updated its evacuation and shelter arrangements since October 2021, to reflect the latest guidance.	<a href="https://www.england.nhs.uk/publication/shelter-and-evacuation-guidance-for-the-nhs-in-england/">https://www.england.nhs.uk/publication/shelter-and-evacuation-guidance-for-the-nhs-in-england/</a>	Y		Not Compliant	EPRR Team to consider whether formal Evacuation and Shelter plan is required or whether actions for this can be bolted onto another policy or action card created	Karen Ellis	30/06/2023	The ICB does not currently have an evacuation and shelter plan, and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.
DD2	Evacuation and Shelter	Activation	The organisation has defined evacuation activation arrangements, including the decision to evacuate and/or shelter by a nominated individual with the authority of the organisation's chief executive officer.		Y		Partially Compliant	EPRR Team to consider whether formal Evacuation and Shelter plan is required or whether actions for this can be bolted onto another policy or action card created	Karen Ellis	30/06/2023	The ICB does not currently have an evacuation and shelter plan, and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.
DD3	Evacuation and Shelter	Incremental planning	The organisation's evacuation and shelter plan clearly defines the incremental stages of an evacuation, including in situ sheltering, horizontal, vertical, full building, full site and off-site evacuation.		Y		Not Compliant	EPRR Team to consider whether formal Evacuation and Shelter plan is required or whether actions for this can be bolted onto another policy or action card created	Karen Ellis	30/06/2023	The ICB does not currently have an evacuation and shelter plan, and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.
DD9	Evacuation and Shelter	Community Evacuation	The organisation has effective arrangements in place to support partners in a community evacuation, where the population of a large area may need to be displaced.		Y		Fully Compliant				The ICB has plans in place to ensure co-ordination of mutual aid and incident mobilisation for stakeholders and would take on a co-ordinating role through system calls and normal EPRR structures and meetings (e.g. TCG/SGC).
DD10	Evacuation and Shelter	Partnership working	The organisation's arrangements include effective plans to support partner organisations during incidents requiring their evacuation.		Y		Fully Compliant				The ICB has plans in place to ensure co-ordination of mutual aid and incident mobilisation for stakeholders and would take on a co-ordinating role through system calls and normal EPRR structures and meetings (e.g. TCG/SGC).
DD11	Evacuation and Shelter	Communications, Warning and Informing	The organisation's evacuation and shelter arrangements include resilient mechanisms to communicate with staff, patients, their families and the public, pre, peri and post evacuation.		Y		Fully Compliant				It is doubtful that the ICB would be used if evacuating patients or members of the public from one of its own buildings or premises, and would most likely be taking a co-ordinating role in the system to aid the evacuation from a Category 1 responder premises and the shelter of the 2 residences. The ICB needs to firm up it's ability to rapidly communicate with staff members as per the main Core Standards on comms and an action is already in place for this (Core Standard 35). The ICB would be utilising it's media and incident communications plan to communicate with the public in the event of a large scale evacuation at a partner trust or CIC, and an action on this is already detailed at Core Standard 35.
DD12	Evacuation and Shelter	Equality and Health Inequalities	The organisation has undertaken an Equality and Health Inequalities Impact Assessment of plans to identify the potential impact evacuation and shelter arrangements may have on protected characteristic groups and groups who face health inequalities.		Y		Not Compliant	EHIA to be completed if an Evacuation and Shelter plan is required for the ICB.	Karen Ellis	30/06/2023	The ICB does not currently have an evacuation and shelter plan, and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.
DD13	Evacuation and Shelter	Exercising	The evacuation and shelter arrangements have been exercised in the last 3 year. Where this isn't the case this will be included as part of the organisations EPRR exercise programme for the coming year. Please specify.		Y		Fully Compliant				Fire and evacuation plans tested at place level prior to formation of the ICB as part of normal health and safety.

Over arching changes:		Column previously titled "Standard" has been renamed as "Standard name"						
Previous standard detail				New standard detail				
Ref	Domain	Standard	Detail	2022 Changes	Ref	Domain	Standard name	Standard Detail
<b>Domain 1 - Governance</b>								
1	Governance	Senior Leadership	<p>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.</p> <p>A non-executive board member, or suitable alternative, should be identified to support them in this role.</p>	<p>Standard amended to clarify that AEO should be a board level director "within their individual organisation"</p> <p>Removed reference to Non-Executive board member in light of national review of NED Champions. EPRR sits with the whole board and all NEDs should assure themselves that requirements are being met.</p>	1	Governance	Senior Leadership	<p>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 within their individual organisation, and have the appropriate authority, resources and budget to direct the EPRR portfolio.</p>
2	Governance	EPRR Policy Statement	<p>The organisation has an overarching EPRR policy statement.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> <li>• Business objectives and processes</li> <li>• Key suppliers and contractual arrangements</li> <li>• Risk assessment(s)</li> <li>• Functions and / or organisation, structural and staff changes.</li> </ul> <p>The policy should:</p> <ul style="list-style-type: none"> <li>• Have a review schedule and version control</li> <li>• Use unambiguous terminology</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>	<p>Previously referred to as EPRR Policy statement, this has been amended to reflect the requirement that an organisation has an "EPRR Policy or statement of intent"</p> <p>Third bullet point under "The policy should" has been updated to include that arrangements are also "exercised"</p> <p>Standard now applicable to Clinical Support Unit and Primary Care Services</p> <p>Moved content requirements of policy to supporting information</p>	2	Governance	EPRR Policy	<p>The organisation has an overarching EPRR policy or statement of intent.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> <li>• Business objectives and processes</li> <li>• Key suppliers and contractual arrangements</li> <li>• Risk assessment(s)</li> <li>• Functions and / or organisation, structural and staff changes.</li> </ul>
3	Governance	EPRR board reports	<p>The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually.</p> <p>These reports should be taken to a public board, and as a minimum, include an overview on:</p> <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>• lessons identified from incidents and exercises</li> <li>• the organisation's compliance position in relation to the latest NHS England EPRR assurance process.</li> </ul>	<p>Removed reference to "Clinical Commissioning Group Accountable Officer" as no longer applicable</p> <p>Removed requirement for EPRR reports to go to "Governing Body" as no longer applicable</p> <p>Added "The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements"</p> <p>Moved content requirements of reports to supporting information</p>	3	Governance	EPRR board reports	<p>The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually.</p> <p>The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements</p>
4	Governance	EPRR work programme	<p>The organisation has an annual EPRR work programme, informed by:</p> <ul style="list-style-type: none"> <li>• lessons identified from incidents and exercises</li> <li>• identified risks</li> <li>• outcomes of any assurance and audit processes.</li> </ul>	<p>Added a new first bullet point to include "Current guidance and good practice"</p> <p>Added: "The work programme should be regularly reported and shared with partners where appropriate"</p>	4	Governance	EPRR work programme	<p>The organisation has an annual EPRR work programme, informed by:</p> <ul style="list-style-type: none"> <li>• current guidance and good practice</li> <li>• lessons identified from incidents and exercises</li> <li>• identified risks</li> <li>• outcomes of any assurance and audit processes</li> </ul> <p>The work programme should be regularly reported upon and shared with partners where appropriate.</p>
5	Governance	EPRR Resource	<p>The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.</p>	<p>Removed "proportionate to its size" as this is not the only factor for consideration</p>	5	Governance	EPRR Resource	<p>The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.</p>
6	Governance	Continuous improvement process	<p>The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.</p>	<p>Standard detail wording amended to expand on what is implied by development of EPRR arrangements and specifically reference undertaking a "review and embed" learning into future arrangements</p>	6	Governance	Continuous improvement	<p>The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements.</p>
<b>Domain 2 - Duty to risk assess</b>								
7	Duty to risk assess	Risk assessment	<p>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.</p>	<p>Broadened standard detail to include consideration of all relevant risk registers including community and national risk registers</p> <p>Supporting information updated to address recommendation from the Health and care adaptation reports as part of the Greener NHS programme</p>	7	Duty to risk assess	Risk assessment	<p>The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider all relevant risk registers including community and national risk registers.</p>

8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Added reference to "communicating and escalating EPRR risks internally and externally"	8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally
<b>Domain 3 - Duty to maintain plans</b>								
9	Duty to maintain plans	Collaborative planning	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Standard description amended to encourage greater collaborative working on broader EPRR arrangements and wider stakeholder engagement.	9	Duty to maintain plans	Collaborative planning	Plans and arrangements have been developed in collaboration with relevant stakeholders to ensure the whole patient pathway is considered.
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).	Previously separate standards relating to Critical Incident and Major Incident plans have been incorporated into a single standard which requires organisations to have effective plans in place to "define" and respond to "Critical and Major Incidents" as defined in the EPRR Framework	10	Duty to maintain plans	Incident Response	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.
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).	Removed this standard as incorporated into the Incident Response standard				
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Previously separate standards relating to Heatwave and Cold Weather Plans have been incorporated into a single standard which requires organisations to have effective arrangements "in place for adverse weather events."  Supporting information updated to address recommendation from the Health and care adaptation reports as part of the Greener NHS programme	11	Duty to maintain plans	Adverse Weather	In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.
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.	Removed standalone standard as it is incorporated in to the redefined Adverse Weather standard				
15	Duty to maintain plans	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza.	Sub-section has been renamed "new and emerging pandemic" and reworded to reflect generic pandemic arrangements rather than disease specific (i.e. Influenza) planning, and differentiate separately from current arrangements in place to respond to the COVID-19 pandemic.  The revised standard does however include reference to "reflecting recent lessons identified" recognising lessons likely to have been identified during the COVID-19 response and incorporated in to future planning.  Revised standard has also been reordered to follow Infectious Diseases standard as these arrangements may be considered as a foundation for Pandemic response.	13	Duty to maintain plans	New and emerging pandemics	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic
16	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases such as Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3 and PPE trained individuals commensurate with the organisational risk.	Reference to specific diseases (i.e. VHF) and specific arrangements (i.e. IPC) removed to ensure broader planning considerations are taken in to account.  Supporting information updated to include reference to DHSC FFP3 resilience in Acute setting guidance  Revised standard has also been reordered to precede New and Emerging Pandemic standard as Infectious Disease arrangements may be considered as a foundation for pandemic response.	12	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.

17	Duty to maintain plans	Mass countermeasures	In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including arrangement for administration, reception and distribution of mass prophylaxis and mass vaccination.  There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop or support Mass Countermeasure distribution arrangements. Organisations should have plans to support patients in their care during activation of mass countermeasure arrangements.  CCGs may be required to commission new services to support mass countermeasure distribution locally, this will be dependant on the incident.	Standard has been revised and renamed so not to be specific to Mass Countermeasures but to reflect an incident requiring "countermeasures or a mass countermeasure deployment".  All other wording specifically referencing Mass Countermeasures has been removed and moved to supporting information column until national guidance published.  Standard is now applicable to Integrated Care Boards and Primary Care Services	14	Duty to maintain plans	Countermeasures	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment
18	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Standard reworded to reference response to "incidents with mass casualties" rather than "responding to mass casualties".  Specific references to freeing up of bed base in acute settings removed as these requirements are included in national guidance.  Supporting information updated to reflect that arrangements should include safe patient identification system for unidentified patients in an mass casualty incident.	15	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.
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.	Standard removed and incorporated as a consideration as part of broader Mass Casualty planning.				
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Minor changes to standard name to reflect national guidance title i.e. "Evacuation and Shelter" rather than "Shelter and Evacuation"  Removed reference to shelter and evacuation of whole buildings and sites etc. and working with other site users as this is incorporated in national guidance.	16	Duty to maintain plans	Evacuation and shelter	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.
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.	Standard reworded to reflect different organisations types and any specific regulatory requirements	17	Duty to maintain plans	Lockdown	In line with current guidance, regulation and legislation, the organisation has arrangements in place to control access and egress for patients, staff and visitors to and from the organisation's premises and key assets in an incident.
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.	No change	18	Duty to maintain plans	Protected individuals	In line with current guidance and legislation, the organisation has arrangements in place to respond and manage 'protected individuals'; Very Important Persons (VIPs), high profile patients and visitors to the site.
23	Duty to maintain plans	Excess death planning	The organisation has contributed to, and understands, its role in the multiagency arrangements for excess deaths and mass fatalities, including mortuary arrangements. This includes arrangements for rising tide and sudden onset events.	Standard renamed  No change to wording of standard	19	Duty to maintain plans	Excess fatalities	The organisation has contributed to, and understands, its role in the multiagency arrangements for excess deaths and mass fatalities, including mortuary arrangements. This includes arrangements for rising tide and sudden onset events.
<b>Domain 4 - Command and control</b>								
24	Command and control	On-call mechanism	A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents.  This should provide the facility to respond to or escalate notifications to an executive level.	Standard reworded to move away from reference to EPRR specific on call, to more broader mechanisms for escalating and responding to incidents 24/7.	20	Command and control	On-call mechanism	The organisation has resilient and dedicated mechanism and structures to enable 24/7 receipt and action of incident notifications, internal or external, and this should provide the facility to respond to or escalate notifications to an executive level.



25	Command and control	Trained on-call staff	<p>On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer.</p> <p>The identified individual:</p> <ul style="list-style-type: none"> <li>• Should be trained according to the NHS England EPRR competencies (National Occupational Standards)</li> <li>• Can determine whether a critical, major or business continuity incident has occurred</li> <li>• Has a specific process to adopt during the decision making</li> <li>• Is aware who should be consulted and informed during decision making</li> <li>• Should ensure appropriate records are maintained throughout.</li> </ul>	Standard reworded to reflect that those staff supporting the 24/7 on call mechanism to respond to incidents (as described above) are appropriately trained in EPRR.	21	Command and control	Trained on-call staff	Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions
<b>Domain 5 - Training and exercising</b>								
26	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.	Reference to training records removed from the standard description, as it is included as evidence.	22	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.
27	Training and exercising	EPRR exercising and testing programme	<p>The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.</p> <p>Organisations should meet the following exercising and testing requirements:</p> <ul style="list-style-type: none"> <li>• a six-monthly communications test</li> <li>• annual table top exercise</li> <li>• live exercise at least once every three years</li> <li>• command post exercise every three years.</li> </ul> <p>The exercising programme must:</p> <ul style="list-style-type: none"> <li>• identify exercises relevant to local risks</li> <li>• meet the needs of the organisation type and stakeholders</li> <li>• ensure warning and informing arrangements are effective.</li> </ul> <p>Lessons identified must be captured, recorded and acted upon as part of continuous improvement.</p>	<p>Reference to "minimum standards in line with national guidance" included.</p> <p>Reference to specific exercise and testing requirements moved to supporting information and is included in national guidance.</p> <p>Addition to reiterate that exercise and testing should be undertaken "safely: no undue risk to exercise players or participants, or those patients in your care"</p> <p>"Lessons identified" removed from standard description but incorporated in to supporting information of post exercise</p>	23	Training and exercising	EPRR exercising and testing programme	In accordance with the minimum requirements in line with guidance the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)
28	Training and exercising	Strategic and tactical responder training	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	<p>Standard renamed "Responder Training" and reworded to include all responders, and reflect shared responsibility to maintain personal development portfolios with the host organisation.</p> <p>National occupational standards updated to reflect new "Minimum Occupational Standards"</p>	24	Training and exercising	Responder training	<p>The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards.</p> <p>Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role</p>
				New standard	25	Training and exercising	Staff Awareness and Training	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.
29	Training and exercising	Computer Aided Dispatch	Manual distribution processes for Emergency Operations Centre / Computer Aided Dispatch systems are in place and have been fully tested annually, with learning identified, recorded and acted upon	Moved to Domain 9 - Business Continuity	54	Business Continuity	Computer Aided Dispatch	Manual distribution processes for Emergency Operations Centre / Computer Aided Dispatch systems are in place and have been fully tested annually, with learning identified, recorded and acted upon
<b>Domain 6 - Response</b>								

30	Response	Incident Co-ordination Centre (ICC)	The organisation has a preidentified Incident Co-ordination Centre (ICC) and alternative fall-back location(s).  Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.	Standard has been revised to accommodate smarter ways of working and coordinating incident response. This might include physical in addition to virtual arrangements but requires ICC arrangements to be resilient with dedicated BC arrangements.  Requirement for equipment testing in line with EPRR Framework.	26	Response	Incident Co-ordination Centre (ICC)	The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required.  An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards.  ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness.  Arrangements should be supported with access to <i>Assessments for the activation and operation</i> .
31	Response	Access to planning arrangements	Version controlled, hard copies of all response arrangements are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Standard has been revised to accommodate smarter ways of working and coordinating incident response. This might include easily access to digital response plans but requires dedicated business continuity arrangements in place.	27	Response	Access to planning arrangements	Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.
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).	No Change	28	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).
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards.	Standard description amended in order that there is focus on the importance of maintaining personal records and decision logs and the utilisation of loggists to support this	29	Response	Decision Logging	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24 hour access to a trained loggist(s) to ensure support to the decision maker.
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Standard description revised	30	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.
35	Response	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events'	Key clinical staff (especially emergency department) have access to the 'Clinical Guidelines for Major Incidents and Mass Casualty events' handbook.	No change	31	Response	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events'	Key clinical staff (especially emergency department) have access to the 'Clinical Guidelines for Major Incidents and Mass Casualty events' handbook.
36	Response	Access to 'CBRN incident: Clinical Management and health protection'	Clinical staff have access to the PHE 'CBRN incident: Clinical Management and health protection' guidance.	Removed PHE branding from guidance title as this will likely change over time but recognise this has formally been published by PHE previously.	32	Response	Access to 'CBRN incident: Clinical Management and health protection'	Clinical staff have access to the 'CBRN incident: Clinical Management and health protection' guidance. (Formerly published by PHE)
<b>Domain 7 - Warning and informing</b>								
37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Domain 7 - Warning and informing has been reviewed and refreshed to reflect significant lessons in crisis communication identified during recent emergency and incident response.	33	Warning and informing	Warning and informing	The organisation aligns communications planning and activity with the organisation's EPRR planning and activity.
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.	Supporting information has been added to support development of arrangements and future planning	34	Warning and informing	Incident Communication Plan	The organisation has a plan in place for communicating during an incident which can be enacted.
39	Warning and informing	Media strategy	The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a trained media spokesperson able to represent the organisation to the media at all times.	Additional standard with specific requirement for organisations to have incident communication plans in place which can be enacted.	35	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.
					36	Warning and informing	Media strategy	The organisation has arrangements in place to enable rapid and structured communication via the media and social media
<b>Domain 8 - Cooperation</b>								

40	Cooperation	LHRP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	Standard name changed to "LHRP engagement".  Further clarification of requirement for suitable representation of AEO included in line with EPRR framework.  Minimum attendance requirement removed to ensure all efforts are made for organisations to send representation to all meetings.	37	Cooperation	LHRP Engagement	The Accountable Emergency Officer, or a director level representative with Delegated Authority to authorise plans and commit resources on behalf of their organisation, attends Local Health Resilience Partnership (LHRP) meetings.
41	Cooperation	LRF / BRF attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Standard name changed to "LRF/BRF engagement"	38	Cooperation	LRF / BRF Engagement	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.
42	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.  These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Added in requirement to adhere to national NHS guidance around MACA etc	39	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.  In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.
43	Cooperation	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.	Changed to reflect that there may be a requirement to plan for <i>and</i> respond to multi LHRP/LRF boundary incidents and the resource requirements for this	40	Cooperation	Arrangements for multi-area response	The organisation has arrangements in place to prepare for and respond to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.
44	Cooperation	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.	Applicable to ICB Changed PHE To UKHSA to reflect organisational change	41	Cooperation	Health tripartite working	Arrangements are in place defining how NHS England, the Department of Health and Social Care and UK Health Security Agency (UKHSA) will communicate and work together, including how information relating to national emergencies will be cascaded.
45	Cooperation	LHRP	Arrangements are in place to ensure that the Local Health Resilience Partnership (LHRP) meets at least once every 6 months.	Changed subheading to include Secretariat.  Standard applicable ICB to reflect the new statutory responsibilities.	42	Cooperation	LHRP Secretariat	The organisation has arrangements are in place to ensure that the Local Health Resilience Partnership (LHRP) meets at least once every 6 months.
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Added into supporting evidence additional legislative requirements	43	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders and partners, during incidents.
<b>Domain 9 - Business Continuity</b>								
47	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	No change to standard description.  Development of supportive information reflecting updated national guidance to provide additional steer for compliance with standard	44	Business Continuity	Business Continuity (BC) policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the <a href="#">ISO standard 22301</a> .
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	Standard description developed to provide further context regarding the requirement to define scope of the programme.  Development of supportive information reflecting updated national guidance to provide additional steer for compliance with standard.	45	Business Continuity	Business Continuity Management Systems (BCMS) scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.  A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.
49	Business Continuity	Business Impact Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	No change to standard description.  Development of supportive information reflecting updated national guidance to provide additional steer for compliance with standard	46	Business Continuity	Business Impact Analysis/Assessment (BIA)	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).
50	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	No change to standard description.  Development of supportive information reflecting updated national guidance to provide additional steer for compliance with standard	47	Business Continuity	Data Protection and Security Toolkit (DPST)	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.

51	Business Continuity	Business Continuity Plans	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:	Standard separated into two separate standards to reflect the requirement for a) Business Continuity Plans for the management of incidents and b) testing and exercising of BC Plans. This is extant for the requirement for testing and exercising of other non-BC EPRR and Incident response arrangements	48	Business Continuity	Business Continuity Plans (BCP)	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:
			<ul style="list-style-type: none"> <li>• people</li> <li>• information and data</li> <li>• premises</li> <li>• suppliers and contractors</li> <li>• IT and infrastructure</li> </ul>					<ul style="list-style-type: none"> <li>• people</li> <li>• information and data</li> <li>• premises</li> <li>• suppliers and contractors</li> <li>• IT and infrastructure</li> </ul>
			These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises.		49	Business Continuity	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.
52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	No change to standard description. Development of supportive information reflecting updated national guidance to provide additional steer for compliance with standard	50	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Standard description developed to better define audit cycle and internal and external requirement. Development of supportive information reflecting updated national guidance to provide additional steer for compliance with standard	51	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.  The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	No change to standard description. Development of supportive information reflecting updated national guidance to provide additional steer for compliance with standard  Supporting information encompasses Monitoring, evaluating, lessons identified and audit cycle findings	52	Business Continuity	BCMS continuous improvement process	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.	No change to standard description. Supporting information developed to include support from Procurement and commercial teams at tender stage.	53	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.
<b>Domain 10 - CBRN</b>								
55	CBRN	Telephony advice for CBRN exposure	Key clinical staff have access to telephone advice for managing patients involved in CBRN incidents.		55	CBRN	Telephony advice for CBRN exposure	Key clinical staff have access to telephone advice for managing patients involved in CBRN incidents.
56	CBRN	HAZMAT / CBRN planning arrangement	There are documented organisation specific HAZMAT/ CBRN response arrangements.		56	CBRN	HAZMAT / CBRN planning arrangement	There are documented organisation specific HAZMAT/ CBRN response arrangements.
57	CBRN	HAZMAT / CBRN risk assessments	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.  This includes: • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste.		57	CBRN	HAZMAT / CBRN risk assessments	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.  This includes: • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste.
58	CBRN	Decontamination capability availability 24 /7	The organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week.		58	CBRN	Decontamination capability availability 24 /7	The organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week.

59	CBRN	Equipment and supplies	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients.  • Acute providers - see Equipment checklist: <a href="https://www.england.nhs.uk/ourwork/epr/hm/">https://www.england.nhs.uk/ourwork/epr/hm/</a> • Community, Mental Health and Specialist service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': <a href="https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/epr-chemical-incidents.pdf">https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/epr-chemical-incidents.pdf</a> • Initial Operating Response (IOR) DVD and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a>
60	CBRN	PRPS availability	The organisation has the expected number of PRPS (sealed and in date) available for immediate deployment.  There is a plan and finance in place to revalidate (extend) or replace suits that are reaching their expiration date.
61	CBRN	Equipment checks	There are routine checks carried out on the decontamination equipment including: • PRPS Suits • Decontamination structures • Disrobe and robe structures • Shower tray pump • RAM GENE (radiation monitor) • Other decontamination equipment.  There is a named individual responsible for <del>conducting these checks</del>
62	CBRN	Equipment Preventative Programme of Maintenance	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for: • PRPS Suits • Decontamination structures • Disrobe and robe structures • Shower tray pump • RAM GENE (radiation monitor) • Other equipment
63	CBRN	PPE disposal arrangements	There are effective disposal arrangements in place for PPE no longer required, as indicated by manufacturer / supplier guidance.
64	CBRN	HAZMAT / CBRN training lead	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training
65	CBRN	Training programme	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programmes should include training for PPE and decontamination.
66	CBRN	HAZMAT / CBRN trained trainers	The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.
67	CBRN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.
68	CBRN	FFP3 access	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to, and are trained to use, FFP3 mask protection (or equivalent) 24/7.

No substantive change to standard content.  
Domain 10 - CBRN due to be reviewed as part of national CBRN work programme and core standards updated as part of interim review.

Standards renumbered as necessary

59	CBRN	Equipment and supplies	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients.  • Acute providers - see Equipment checklist: <a href="https://www.england.nhs.uk/ourwork/epr/hm/">https://www.england.nhs.uk/ourwork/epr/hm/</a> • Community, Mental Health and Specialist service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': <a href="https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/epr-chemical-incidents.pdf">https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/epr-chemical-incidents.pdf</a> • Initial Operating Response (IOR) DVD and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a>
60	CBRN	PRPS availability	The organisation has the expected number of PRPS (sealed and in date) available for immediate deployment.  There is a plan and finance in place to revalidate (extend) or replace suits that are reaching their expiration date.
61	CBRN	Equipment checks	There are routine checks carried out on the decontamination equipment including: • PRPS Suits • Decontamination structures • Disrobe and robe structures • Shower tray pump • RAM GENE (radiation monitor) • Other decontamination equipment.  There is a named individual responsible for <del>conducting these checks</del>
62	CBRN	Equipment Preventative Programme of Maintenance	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for: • PRPS Suits • Decontamination structures • Disrobe and robe structures • Shower tray pump • RAM GENE (radiation monitor) • Other equipment
63	CBRN	PPE disposal arrangements	There are effective disposal arrangements in place for PPE no longer required, as indicated by manufacturer / supplier guidance.
64	CBRN	HAZMAT / CBRN training lead	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training
65	CBRN	Training programme	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programmes should include training for PPE and decontamination.
66	CBRN	HAZMAT / CBRN trained trainers	The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.
67	CBRN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.
68	CBRN	FFP3 access	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to, and are trained to use, FFP3 mask protection (or equivalent) 24/7.

Organisation Type		TotalStandards	FullComp	SubCompMax	SubCompMin	ParCompMax	ParCompMin	NonComp	FullCompPercent	SubCompMax	SubCompMin	ParCompMax	ParCompMin	NonComp
Fully Compliant	1 Acute Providers	64	64	63.5	57.5	56	49	48	100%	99%	90%	88%	77%	75%
Partially Compliant	2 Specialist Providers	56	56	55.5	50.5	49	42	41	100%	99%	90%	88%	75%	73%
Not Compliant	3 NHS Ambulance Service Providers	50	50	49.5	45.5	44	39	38	100%	99%	91%	88%	78%	76%
	4 Community Service Providers	55	55	54.5	49	48	43	42	100%	99%	89%	87%	78%	76%
	5 Patient Transport Services	42	42	41.5	37	36	33	32	100%	99%	88%	86%	79%	76%
Fully Compliant	6 NHS111	43	43	42.5	38	37	31	30	100%	99%	88%	86%	72%	70%
Substantially Compliant	7 Mental Health Providers	55	55	54.5	49	48	43	42	100%	99%	89%	87%	78%	76%
Partially Compliant	8 NHS England Region	47	47	46.5	42	41	36	35	100%	99%	89%	87%	77%	74%
Non-Compliant	9 NHS England National	45	45	44.5	40	39	35	34	100%	99%	89%	87%	78%	76%
	10 Integrated Care Board	47	47	46.5	42	41	36	35	100%	99%	89%	87%	77%	74%
	11 Commissioning Support Unit	39	39	38.5	34	33	30	29	100%	99%	87%	85%	77%	74%
	12 Primary Care Services - GP, community pharmacy	43	43	42.5	38	37	33	32	100%	99%	88%	86%	77%	74%
	13 Other NHS funded organisations	48	48	47.5	43	42	37	36	100%	99%	90%	88%	77%	75%

Domain	All Org Types	NHS					Mental Health Providers	NHS England Region	NHS England National	Integrated Care Board	Commissioning Support Unit	Primary Care Services - GP, community pharmacy		Other NHS funded organisations
		Acute Providers	Specialist Providers	Ambulance Service Providers	Community Service Providers	Patient Transport Services						pharmacy	community	
Governance	6	6	6	6	6	6	6	6	6	6	6	4	6	
Duty to risk assess	2	2	2	2	2	2	2	2	2	2	2	2	2	
Duty to maintain plans	11	11	11	11	11	8	8	11	8	8	5	11	10	
Command and control	2	2	2	2	2	2	2	2	2	2	2	0	2	
Training and exercising	4	4	4	4	4	4	4	4	4	4	4	4	4	
Response	7	7	6	5	5	5	5	5	5	5	5	5	5	
Warning and informing	4	4	4	4	4	4	4	4	4	4	4	4	4	
Cooperation	7	4	4	5	4	1	2	4	6	4	1	2	5	
Business Continuity	11	10	10	11	10	10	10	10	10	10	10	10	10	
CBRN	14	14	7	0	7	0	7	0	0	0	0	1	0	
Evacuation and Shelter	13	13	13	12	13	9	3	13	8	6	8	3	13	

### Humber and North Yorkshire Integrated Care Board EPRR Self Assessment Action Plan 2022/23

These actions are resultant from the ICB's self assessment against the NHS Core Standards for EPRR (Emergency Preparedness, Resilience and Response) 2022/23. This action plan includes all actions including those from standards the ICB was fully compliant with and the Deep Dive on Evacuation and Shelter. These actions will be updated monthly as part of the ICB's 2022/23 EPRR work plan.

RAG Rating Key:

Green: fully compliant with standard but further work will be carried out

Amber: partially compliant with standard and action needed to achieve compliance within 12 months

Red: not compliant with standard and action cannot be completed within the next 12 months  
Green: fully compliant with standard but further work will be carried out

Ref	Domain	Standard name	Standard Detail	Integrated Care Board	Self assessment RAG	Action to be taken	Lead	Timescale	Comments
4	Governance	EPRR work programme	The organisation has an annual EPRR work programme, informed by: <ul style="list-style-type: none"> <li>current guidance and good practice</li> <li>lessons identified from incidents and exercises</li> <li>identified risks</li> <li>outcomes of any assurance and audit processes</li> </ul> The work programme should be regularly reported upon and shared with partners where appropriate.	Y	Fully Compliant	Work plan to be expanded to include not only the overall 22/23 workplan in the EPRR policy but also to allow room for actions stemming from incidents/exercises to form part of it.	Levi Clements-Pearce	31/12/2022	The outline work programme is included in the ICB EPRR Policy however the actions from this annual assurance process, and those stemming from any incidents or training sessions, will also form part of the ICB's eventual work plan.
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 all relevant risk registers including community and national risk registers.	Y	Fully Compliant	ICB to ensure continued work with NHSE Regional on the NEY Risk Register and it's subsequent workstreams.  ICB to ensure that process for escalating new EPRR Risks is captured in key policies and procedures on EPRR.	Karen Ellis	Ongoing	Risks that were previously on CCG risk registers will be transferred to the ICB risk register. The NHSE Regional Team have also started work on a NEY Risk Register which the ICB has access to. This includes all EPRR risks in NEY and can be filtered to LHRP level. The ICB will continue to work alongside NHSE Regional on these identified risks, and will escalate any new risks via the ICB's Senior Leadership Team for consideration. Risks that need to be on the NEY Risk Register will be escalated to NHSE as required, and others can sit on the ICB Risk Register where this is appropriate. The ICB is also in the process of firming up it's Risk Management Strategy.
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally	Y	Partially Compliant	EPRR Team to work with executive team to ensure that as risk arrangements transition from place to ICB level, that there is a robust method of reporting, recording, monitoring, communicating and escalating EPRR risks and that this is captured in key policies and procedures. This should include when it is appropriate for a risk to be held on the ICB risk register, and when a risk needs to sit on the NEY EPRR Risk Register kept by NHS England.	Karen Ellis, Karina Ellis and Mike Napier	30/06/2023	ICB Place Directors continue to be supported on risk management at place ensuring robust systems are continually maintained and managed through current arrangements to ensure continuity. So in essence the ICB is still maintaining previous CCG risk management arrangements until such time the ICB risk management framework/strategy is available. Report arrangements are currently at place (Senior Management Team). ICB Policy of Policies adopted all risk related policies from previous CCG's until such a time that the Risk Strategy is finalised.
9	Duty to maintain plans	Collaborative planning	Plans and arrangements have been developed in collaboration with relevant stakeholders to ensure the whole patient pathway is considered.	Y	Partially Compliant	ICB to consider the most appropriate way to continue networking, collaboration and planning with stakeholders; whether this is through the LHRP and working groups or another mechanism.	Karen Ellis and Levi Clements-Pearce	31/12/2022	The 6 CCG's in what is now the HNY ICB all participated in local planning with stakeholders and providers and attended multiagency exercises. Those existing relationships and networks will be retained until new networks can be developed.
11	Duty to maintain plans	Adverse Weather	In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.	Y	Fully Compliant	ICB EPRR team to review existing plans for severe weather and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development. To incorporate national adverse weather plan once formalised.	Karen Ellis	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development. Previously the CCG's relied on the national hot and cold weather plans to integrate into system plans, however we understand this is under review with a view to creating one adverse weather plan.
12	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.	Y	Partially Compliant	ICB EPRR team to review existing plans for infectious disease and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	Karen Ellis	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development
13	Duty to maintain plans	New and emerging pandemics	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	Y	Partially Compliant	ICB EPRR team to review existing plans for new and emerging pandemics and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	Karen Ellis	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development

14	Duty to maintain plans	Countermeasures	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment	Y	Partially Compliant	ICB EPRR team to review existing plans for arrangements for deployment of countermeasures and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	Karen Ellis	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development
15	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.	Y	Fully Compliant	ICB EPRR team to review existing plans mass casualty and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	Karen Ellis	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development
16	Duty to maintain plans	Evacuation and shelter	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	Y	Fully Compliant	ICB EPRR team to review existing plans for evacuation and shelter and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	Karen Ellis	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development
21	Command and control	Trained on-call staff	Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions	Y	Partially Compliant	Training needs analysis to be further developed and systemised training to be developed across the ICB for all staff that would be involved in responding to an incident.	Karen Ellis	31/03/2023	On-call staff are all completing the NHS England Developed Command and Control programme and a training log is being kept. Further work needs to be done to ensure a robust TNA is completed for the ICB and training systemised across the organisation.
22	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	Y	Partially Compliant	Training needs analysis to be further developed and systemised training to be developed across the ICB for all staff including those not directly involved in incident management	Karen Ellis	31/03/2023	On-call staff are all completing the NHS England Developed Command and Control programme and a training log is being kept. Further work needs to be done to ensure a robust TNA is completed for the ICB and training systemised across the organisation with consideration of whom might require tactical training, loggist training etc.
23	Training and exercising	EPRR exercising and testing programme	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely test incident response arrangements. ("no undue risk to exercise players or participants, or those patients in your care")	Y	Fully Compliant	The EPRR team will continue to ensure exercising and testing is carried out - some work is required to ensure that responsibilities are clear on this within the new EPRR team and timescales are appropriately budgeted for. EPRR team to ensure that exercising is added to TNA/Training spreadsheet	Levi Clements-Pearce	31/03/2023	Covid-19 is classed as a live exercise/command and post, and all CCG's actively participated in exercising and testing prior to transition to an ICB.
25	Training and exercising	Staff Awareness & Training	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.	Y	Partially Compliant	EPRR Team to ensure that training for all staff is rolled out as part of mandatory training on the role of an ICB staff member in an incident, key staff members in the response and where to find plans relevant to them.	Karen Ellis	30/06/2023	Mechanisms are in place via business continuity processes to cascade information across each Place, with supporting BCPs. Work underway to review these as part of the business continuity arrangements for the ICB.
34	Warning and informing	Incident Communication Plan	The organisation has a plan in place for communicating during an incident which can be enacted.	Y	Fully Compliant	EPRR Team to liaise with Communications Team and review current communication plans that were developed as CCG's and revise as required.	Karen Ellis and Susan Lee	30/06/2023	Specific reference to communications and media in Command and Control Framework to ensure communications lead is determined for ICB response, however there is no action card for media/communications leads at present. This might be required going forward or mention of incident management in the ICB Communications Strategy.  The previous incident management/business continuity plans for communicating during an incident still apply until such a time as ICB specific documents can be developed.
35	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.	Y	Fully Compliant	EPRR Team to consider the approaches across the 6 previous CCG's in contacting staff/partners/the public in an emergency, and decide whether any further work is required to streamline these processes or tweak them.	Karen Ellis and Susan Lee	30/06/2023	Prior to formation of the ICB the 6 CCG's had their own means of communicating with staff in the event of an emergency and these procedures still stand, however a joint approach might need to be agreed (e.g. communication tree/WhatsApp) across the ICB and incorporated into action cards. All staff email operational and ICB social media. On-call contact process in place and functional, place level cascades/contact lists still operational and being retained.
36	Warning and informing	Media strategy	The organisation has arrangements in place to enable rapid and structured communication via the media and social media	Y	Fully Compliant	EPRR Team discuss with Communications Team the options for rapid communication via media and social media and whether incident management needs to be specifically referenced in any communications policies/comms plans.	Karen Ellis and Susan Lee	30/06/2023	Specific reference to communications and media in Command and Control Framework to ensure communications lead is determined for ICB response. Consideration needs to be made of incident plan for communications specifically and around use of social media. ICB social media channels established along with place level accounts which are actively managed and can be used during an incident.
39	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.  In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Y	Fully Compliant	EPRR team to consider whether mutual aid request action card is required or whether existing protocols and procedures are enough.	Karen Ellis	31/03/2023	EPRR and Command and Control Policy both reference levels of NHS incident including points at which mutual aid might be requested. On-call handbook references the national MACA policy and details where this can be found. Mutual aid can also be requested by stakeholders and partners on system calls through well established shared intelligence daily meetings. Consideration needs to be given to whether documentation needs to be more detailed or action cards need to be included on requesting mutual aid from other organisations outside of MACA.
43	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.	Y	Partially Compliant	ICB EPRR Team to discuss with LHRP attendees whether further documentation is required on information sharing protocols, then lead on this work as required.	Karen Ellis	31/03/2023	ICB is a signatory to the cross border mutual aid and escalation process.



44	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the ISO standard 22301.	Y	Partially Compliant	Central ICB Governance to ensure that place level BCP's contain the statement of intent as required, and that this is also included in any subsequently formed BCP documentation. ICB Governance Team to discuss with auditors result of this year's audit plan in relation to ISO standard 22301.	Mike Napier and Karina Ellis	30/06/2023	EPRR Policy acknowledges the ICB's responsibility to plan for responding to business continuity incidents and each place level BCP also carries the same commitment. A piece of work needs to be undertaken by the central ICB team to review the place level business continuity plans, update as required and consider the development of an overarching business continuity framework - any document created should contain the same statement of intent.
45	Business Continuity	Business Continuity Management Systems (BCMS) scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.  A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.	Y	Partially Compliant	Central ICB Governance to ensure that place level BCP's contain the risk management process, scope and objectives of the BCM and that this is also included in any subsequently formed BCP documentation.	Mike Napier and Karina Ellis	30/06/2023	There are business continuity plans at place from the former CCG's which meet this standard, however this will also need to be duplicated and reflected in the ICB BCP once finalised.
46	Business Continuity	Business Impact Analysis/Assessment (BIA)	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	Y	Partially Compliant	Business impact assessments within place level BCP's to be reviewed as part of the piece of work to review all place level BCP's and create overarching framework	Mike Napier and Karina Ellis	30/06/2023	Place level BCP's contain BIA's, and place level BIA's must be the starting point for the overarching ICB business continuity framework. These will need to be reviewed as outlined above.
47	Business Continuity	Business Continuity Plans (BCP)	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure	Y	Partially Compliant	Place level BCP's to be reviewed to ensure that they effectively outline response/recovery of services to disruptions to people, information and data, premises, suppliers and contractors, and IT & infrastructure	Mike Napier and Karina Ellis	30/06/2023	There are business continuity plans at place from the former CCG's which meet this standard, however place level plans also need to be duplicated and reflected in the ICB BCP once finalised.
48	Business Continuity	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Y	Partially Compliant	EPRR Team to work with Governance Directorate to ensure that the ICB BCP is tested annually and that this is added to the EPRR training and exercising plan for the year/training monitoring spreadsheet.	Levi Clements-Pearce	30/06/2023	TNA completed and training and exercising spreadsheet developed, however EPRR team will need to discuss with the Governance Directorate the timescales for finalisation of the ICB BCP, and ensure that testing of the policy once complete is scheduled annually.
50	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	Partially Compliant	EPRR Team to ensure that following the completion of the other actions on the ICB BCMS, that any tests of the system are evaluated and included in the annual board report on EPRR and the self-assessment	Levi Clements-Pearce	Ongoing	The ICB BCP will be tested annually and the outcome of those tests/exercises included in the ICB EPRR annual report to the Board
51	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.  The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.	Y	Partially Compliant	BCM is on the ICB's audit programme for 2023/24, once completed outcomes will be reported in the annual EPRR report for 23/24.	Mike Napier and Karina Ellis	30/06/2024	BCM is on the ICB's audit programme for 2023/24.
53	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers, and are assured that these providers business continuity arrangements align and are interoperable with their own.	Y	Partially Compliant	EPRR Team to develop plan to onboard all other providers to submit the core standards annually including primary care, patient transport, and any other NHS funded providers of care.  H&NY LHRP to determine membership of an ICB level subgroup of the LHRP made up of operational staff from stakeholders and commissioned providers, one functionality of which will be to provide mutual assurance of BCP arrangements.	Karen Ellis and Levi Clements-Pearce  Levi Clements-Pearce	30/06/2023  31/03/2023	The ICB requests copies of submissions of the EPRR core standards self-assessment from its Category 1 providers and undertakes peer reviews as required by NHS England Regional annually. This currently does not include non-category 1 responders and the process will need to be extended for the 2023/24 process as per the direction from NHS England.
<b>DEEP DIVE 22/23 - EVACUATION AND SHELTER</b>									
DD1	Evacuation and Shelter	Up to date plans	The organisation has updated its evacuation and shelter arrangements since October 2021, to reflect the latest guidance.	Y	Not Compliant	EPRR Team to consider whether formal Evacuation and Shelter plan is required or whether actions for this can be bolted onto another policy or action card created	Karen Ellis	30/06/2023	The ICB does not currently have an evacuation and shelter plan, and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.
DD2	Evacuation and Shelter	Activation	The organisation has defined evacuation activation arrangements, including the decision to evacuate and/or shelter by a nominated individual with the authority of the organisation's chief executive officer.	Y	Partially Compliant	EPRR Team to consider whether formal Evacuation and Shelter plan is required or whether actions for this can be bolted onto another policy or action card created	Karen Ellis	30/06/2023	The ICB does not currently have an evacuation and shelter plan, and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.

DD3	Evacuation and Shelter	Incremental planning	The organisation's evacuation and shelter plan clearly defines the incremental stages of an evacuation, including in situ sheltering, horizontal, vertical, full building, full site and off-site evacuation.	Y	Not Compliant	EPRR Team to consider whether formal Evacuation and Shelter plan is required or whether actions for this can be bolted onto another policy or action card created	Karen Ellis	30/06/2023	The ICB does not currently have an evacuation and shelter plan, and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.
DD12	Evacuation and Shelter	Equality and Health Inequalities	The organisation has undertaken an Equality and Health Inequalities Impact Assessment of plans to identify the potential impact evacuation and shelter arrangements may have on protected characteristic groups and groups who face health inequalities.	Y	Not Compliant	EHIA to be completed if an Evacuation and Shelter plan is required for the ICB.	Karen Ellis	30/06/2023	The ICB does not currently have an evacuation and shelter plan, and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.