

## Acute Trust Core Standards Assurance - Instructions for Completion

Emergency Planning Liaison Officers are asked to complete the Core Standards Assurance Template as follows. The completed template should be agreed with the Board Level Emergency Accountable Officer before submission to [england.opsanddeliverysysx@nhs.net](mailto:england.opsanddeliverysysx@nhs.net) by 18<sup>th</sup> November 2013.

### **RAG Ratings**

This RAG Rating should be used to define your Organisations rating against the core standard using the following colour rating definitions:

<b>Standard Fully Met</b>
<b>Standard Partially Met</b>
<b>Standard Not Met</b>

### **Arrangements/Evidence**

In this field you should outline the arrangements of evidence that you have to support fully or partially meeting the core standard. The evidence does not have to be submitted with this template.

### **Action required**

In this field you should outline all outstanding action(s) required to fully meet the core standard.

## Acute Trust Core Standards Assurance

Trust Name:	Surrey & Sussex NHS Healthcare Trust	Completed By:	Andrea Strudwick
Date of Submission:	26 <sup>th</sup> November 2013		
Emergency Accountable Officer sign off:	Paul Bostock		

	Core Standard for EPRR	Rag Rating	Arrangements / Evidence	Action(s) Required
	<i>To meet with the core standard you need to ensure the below have procedures or are in place</i>	<i>Rating of progress</i>	<i>What evidence have you got? Plans, Procedures, Courses, Incidents?</i>	<i>What outstanding actions are required to fully meet this standard?</i>
1	<b>Has the organisation identified an accountable emergency officer to assume executive responsibility and leadership for EPRR including business continuity?</b>		Yes SASH Accountable Emergency Officer is our Chief Operating Officer Paul Bostock.	NA
2	<b>Has the organisation arrangements in place to contribute to relevant resources as may be necessary in response to a significant incident or emergency?</b>		Yes we have on-call arrangements in place to respond to a major incident including operational, tactical and strategic response.	NA
3	<b>Are there plans which detail how the organisation contributes to the coordinated planning for both emergency preparedness and resilience?</b>		SASH have a Major Incident & Business Continuity Plan in place which are reviewed annually as a minimum	Business Continuity Plans are currently being reviewed by the Trust.
3.1	Please provide detail of the director-level representation at the LHRP		The LHRP is attended by the Accountable Officer or nominated deputy.	NA
4	<b>Are there arrangements in place to ensure that the organisation contributes to the annual NHS England report on the Health sectors EPRR capability and capacity in responding to</b>		Yes, lead by the Business Continuity Manager	NA

	<b>incidents?</b>			
4.1	Is there an annual work programme to mitigate risks and learn lessons relating to EPRR?		Yes we have a rolling programme for review of business continuity issues. We also have monthly Resilience Steering Group meetings where issues relating to business resilience are discussed and actioned accordingly	On-going support for business continuity divisional leads in business resilience/continuity planning.
4.2	Does the organisation maintain a risk register which links back to the National Risk Assessment and the Community Risk Register?		No. The Major Incident Plan does however identify what local/national risks are likely to impact on SASH. Any risks to business resilience are recorded on the Trusts internal Risk Register	

5	<b>Does the organisation maintain appropriate plans detailing how the organisation plans for, respond to and recover from disruptive challenges?</b>		Yes as above the Trust has a MI plan supported by, Business Continuity, Heatwave, Cold weather, Snow, Fuel and other associated plans	Plans are reviewed annually
5.1	Are EPRR Plans based on risk assessed worst case credible scenarios?		Yes and follow National and local guidance; linking to LRF and associated local groups including CCG	
5.2	Can the organisation evidence that arrangements are validated through the exercising and testing of plans?		Yes we ensure we Train & exercise as per the CCA Act 2004 guidance and evidence learning	In addition the trust is planning a live exercise to take place in 2014.
5.3	Is there sufficient organisational funding available to meet EPRR for the organisation to respond effectively?		Yes there is a EP budget to support training and exercising, purchase and maintenance of emergency equipment.	
5.4	Are there plans for the potential impact of a significant incident on the provision of services to prisons health care services and iconic sites?		Applicable to community only.	
5.5	Does the organisation integrate plans for internal resilience with Trust wide groups so that estates and facilities are not planning in isolation?		Yes estates are part of the monthly resilience meetings.	
5.6	Are plans aligned to published guidance, threat		Yes recently updated to reflect more recent	

	specific plans and with other partners and reference relevant guidance and all other supporting documents that complement the incident response plan?		EPRR guidance and changes to EP structures	
5.7	Do plans reference all other associated plans identified by local, regional and national risk register?		Yes	
5.8	Are plans written alongside partner organisations to aid interoperability?		Partly. We have just started to work together to review joint response plans.	Joint working to be taken forward through Operational Group
5.9	Do plans make reference to multi-agency partner plans including LRF plans?		Partly in that interagency response is referenced however not specifically LRF	This will be considered when MI plan next reviewed
5.10	Have plans been written in collaboration with PHE?		Yes the structure for PHE and where the Trusts fits in terms of response and comms are reflected. PHE attend Ops group and is involved in multi-agency planning.	
5.11	Have plans been produced alongside/ with burns, trauma and critical care networks?		More recently yes however need to add section regarding Trauma network involvement	Section on trauma network to be added when MI plan next reviewed.
5.12	Can the organisation define how it will meet the Prevents strategy objective for health?		Prevent is currently being rolled out within the Trust through a series of workshops and we have a prevent lead and two trained prevent facilitators	
5.13	Can the organisation confirm that plans are approved by the relevant Board?		Yes any changes to policy & procedure must be signed-off by the board. An annual MI & BCP report is presented to the Trust exec team annually which includes training & exercising, lessons learnt following exercising and actual business resilience & MI events	
5.14	Can the organisation confirm that plans are signed off by the chief executive?		Yes MI plan was signed off by Trust Board in September 2013	BC Plan will be presented by Trust Board when revised (currently being reviewed)
5.15	Do plans provide details on how to get legal advice if necessary?		No however separate information has been given to execs and oncall managers on how to access legal advice	Will remain as part of oncall training and not contained within MI plan

5.16	Is there an identified appropriate role/person for updating plans on a regular basis?		Yes the Business Continuity Manager leads this with input from relevant stakeholders	
5.17	Are there consultation processes internally and externally within the organisation to validate plans?		Plans are validated through Management Board and Trust Board as necessary.	
5.18	Do plans have version controls to ensure users have the most up to date plans?		Version control process in place.	
5.19	Do plans explain how the plan will be published?		Yes both in hard copy to clinical areas and electronically via intranet	
5.20	Is there an audit trail in place to record amendments and updates.		Version history and amendment history on front of document	
5.21	Do documents detail how finance changes and unexpected expenditure may be met?		No, in reality funds will be allocated to cover unexpected expenditure	<a href="#">Finance Director will write plan to outline this process</a>
5.22	Can the organisation demonstrate a systematic risk assessment process in identifying risks relating to any part of the plan or the identified emergency?		Risks would be assessed and reviewed as part of business continuity and placed on risk register as necessary	
	Are personnel aware of the plan and competent in their roles and have applicable training?		Regular teaching of major incident takes place for all staff, relevant key staff have more indepth training.	
5.23	Are key personnel aware of the plans location?		Yes on the intranet, on all wards and in the control room.	
5.24	Does the organisation have a detailed annual work programme on training and exercising?		Yes yearly work programme in place.	
5.25	Does the organisation refer to the National Occupational Standards when looking at fulfilling competencies?		Yes incorporated into job descriptions and person specs.	
5.26	Are there processes for how general awareness will be communicated across all staff?		Ad hoc drop in teaching session have been offered and well received.	<a href="#">EPRR has been added to Trust Statutory training programme as from January 2014</a>
5.27	Can the organisation detail how appropriate competencies of key staff will be achieved and maintained?		Through relevant training programmes and exercising	
	Are there arrangements that set out		Yes clearly outlined within the plan	

	responsibility for implementing the plan, detailing command and control arrangements?			
5.28	Are there plans that set out alerting arrangements for both external and self-declared incidents?		Yes clearly outlined within the plan	
5.30	Can the organisation detail how the emergency call rota will be set up and managed including over a long duration?		Yes clearly outlined within the plan	
5.31	Are there 24 hour arrangements for notifying key staff?		Yes predetermined cascades for switchboard to follow	
5.32	Do plans state responsibilities of key staff and departments?		Yes within the plan	
5.33	Do plans state the responsibilities of the Chief Executive?		Yes at the beginning of the plan	
5.34	Do plans identify how mutual aid arrangements may be invoked?		Mutual aid agreements are in place	
5.35	Do plans detail where the incident or emergency will be managed?		Yes within the plan.	
5.36	Do plans detail the role of the loggist and how an incident report will be completed?		Yes within the plan	
5.37	Best Practice: Does the organisation use an electronic data logging system to capture decisions made?		No manual logging books are used.	Business Continuity Manage to scope possibility of switching to electronic system.
5.38	Best Practice: Has the organisation implemented the use of the NRE?		No, we do not have a licence for the NRE and understand this system is currently under review	When decision is made with regards to future of NRE, SASH will review also.
5.39	Do plans refer to specific action cards relating to implementation of the incident response plan?		Yes within the plan	
5.40	Does the organisation have a protocol for the completion, authorisation and submission of NHS England threat specific situation reports?		Yes completed and returned as requested.	
5.41	Can the organisation detail how extended working hours will be sustained including a		Yes local arrangements are in place	

	handover procedure?			
5.42	Do plans explain how to communicate with the public and stakeholders with a formal communications strategy bearing in mind relevant legislation?		Yes SASH has a comms plan in place	
5.43	Are there arrangements in place with local 111 providers detailing how they may assist?		Informal arrangements are in place	These need to be formally documented
5.44	Has the organisation considered how to make use of help lines in the event of an emergency with protocols outlining the setting up of such a system, including language lines?		Included within Trust plan	Training needs updating in the coming year
5.45	Do plans detail how stores and supplies will be managed and maintained?		Yes local plans exist	
5.46	Do plans make reference to how specific casualties will be managed (burns, paediatrics and those from different faiths)?		Specific pathways relevant to specific casualties will be followed	
5.47	Do plans detail how VIPs will be managed if casualties themselves or visiting others?		VIP plan reviewed prior to Olympics and with Surrey Police Force	
5.48	Do plans define the recovery and restoration to normal processes and how that will be managed over a protracted timeline?		Yes through Recovery Co-Ordination Group	
5.49	Do plans define the process of debriefing following stand down from an incident?		Yes, both hot and cold debriefs.	
5.50	Do plans define how to support patients, staff and relatives before, during and after an incident?		Yes through specific actions cards	
	Do plans set out how surges in demand are managed within their jurisdiction?		Yes through surge and capacity plan	
5.51	Do plans detail responsibilities for the management of escalations/surge?		Yes both internally and externally	
5.52	Do plans detail local escalation arrangements and trigger points from providers to commissioners?		Yes as aligned with Area Team plan.	
	Do plans link to other plans that identify specific			

	threats in the area:			
5.53	.....CBRN Incident?		CBRNe plan updated	
5.54	.....Mass Casualty Incidents?		Country wide plan in place	
5.55	.....Pandemic Flu		Aligned with national guidance	
5.56	.....Burn injured patients requiring critical care?		Burns pathway would be followed	

6	<b>Provide an adequate environment for the management of a significant incident.</b>			
6.1	Does the organisation have a plan detailing how the incident co-ordination centre will operate?		Yes outlined within the plan	
6.2	Are there detailed operating procedures to support the management of the incident coordination centre?		Yes outlined within the plan	
6.3	Are there detailed plans about how the incident coordination team will be stood up and managed over a protracted period?		Yes outlined within the plan	
6.4	Do facilities and equipment comply with the NHS England corporate response plan?		Yes all equipment available and maintained.	

7	<b>Establish, implement, maintain and continuously improve Business Continuity Management Systems (BCMS).</b>			
7.1	Are BCMS sufficiently resourced financially and those involved understand and are competent in their roles?		Training has been given to Steering Group and ongoing support offered.	
7.2	Do BCMS document how finances or any unexpected expenditure may be met?		No, funds will be found to cover any unexpected expenditure	Finance Director will write formal process for covering unexpected expenditure.
7.3	Do BCMS set out business continuity strategies for continuing and recovering critical activities within a time frame?		Trust plan has recently expired and review and revision is currently underway	Plans will be reviewed and revised by February 2014
7.4	Are there arrangements to establish, implement and exercise business continuity plans to manage		BC plans are in place however have not been formally exercised except through real	When new plans have been formalised these will be subject to a programme of



	disruptive challenges based on a business impact analysis?		incidents	testing during 2014.
	Do business continuity plans have governance and management arrangements that are linked to risks and international standards?		Plans were aligned to previous British Standard however this has been superseded by ISO22031	New plans due in February 2014 will align to ISO22301.
7.5	Has the organisation determined the scope of the BCMS based on its legal and regulatory responsibilities?		Yes scope is outlined in the plan.	
7.6	Has the organisation a business continuity policy which is agreed by top management?		Plan expired in September 2013 and is currently being reviewed and revised	New plan will be in place in February 2014
7.7	Has the organisation agreed how the plan will be published?		Yes and is outlined in plan	
7.8	Has the BCMS policy and business continuity strategies are approved by the relevant board and signed off by the CE?		No previous plan was not signed off by the Board	New plan will be taken to the Board once finalised in February 2014
7.9	Is there an audit trail in place to record amendments and updates?		Incorporated into version history	
7.10	Has the organisation considered the use of national available toolkits that are seen as good practice?		Yes currently using toolkit aligned to ISO22301	
	Do business continuity plans take into account of the critical activities of the organisation?		Yes although BIA currently being undertaken to ensure these have not changed since last plan written	
7.11	Has the organisation a process in place that can identify and manage risks in relation to the continuity of operations?		Yes, plans are written to mitigate risks, those that are not are placed on risk register.	
7.12	Are BCMS based on risk assessed worst case credible scenarios?		Yes outlined through BIA	
7.13	Do the risk assessments take into context community risk registers and as a minimum include: Adverse weather?		Yes plans take into consideration the CRR and include all of the listed scenarios.	

	Staff absence? Working environment? Fuel shortages? Surge in activity? IT and communications? Clinical consumables supply chain? Any associated risk in the area?			
7.14	Has the organisation established a formal and documented process for business impact analysis and risk assessments?		Yes BIA toolkit is currently being used by all areas	Local toolkit currently being used as still awaiting DOH toolkit.
7.18	Has the organisation identified all critical activities using a business impact analysis?		Yes but currently being reviewed	
7.15	Do BCMS refer to which critical activities have been put on the corporate risk register?		Risks which cannot be mitigated after the plans have been reviewed will be placed on the risk register	Steering Group to identify risks to be placed on risk register once plans are agreed
7.16	Do business continuity plans set out the strategy of how the plans will be invoked, escalated and operated?		Currently under review	Strategy currently being reviewed and discussed
7.17	Do BCMS detail how to establish, implement and maintain procedures for receiving and cascading warnings before, during and after an incident?		Warning procedures are agreed and in place	
7.18	Do BCMS set out the alerting arrangements for external and self-declared incidents?		Alerting procedures are agreed and in place	
7.19	Do BCMS set out the protocols for escalating emergencies to appropriate partners?		Agreed within plans	
7.20	Do BCMS include 24 hour arrangements for notifying key staff?		Currently under review	Will be outlined in revised plans
7.21	Do BCMS set out responsibilities of key staff and departments?		Currently under review	Will be outlined in revised plans
7.22	Do BCMS set out the responsibilities of the Chief Executive?		Yes outlined in plan	
7.23	Do BCMS identify how mutual aid arrangements may be invoked?		Mutual aid agreements are in place	

7.24	Do BCMS detail where the incident or emergency will be managed?		Detail of new control room arrangements to be updated as part of plan review	New arrangements to be outlined in plan
7.25	Do BCMS make reference to the independent sector and how they may assist?		Currently under review	Will be outlined in new plan
7.26	Do BCMS detail what insurance policy is in place?		Though not outlined in BC plan itself, these are outlined in separate finance policies	
	Do business continuity plans detail the impact of any disruptions and how they will be managed?		Currently under review	Will be outlined in new plan
7.27	DO BCMS list contact details for all key stakeholders?		Currently under review	Will be listed in new plan
7.28	Do BCMS identify alternative locations for business?		Currently under review	Will be identified as necessary in new plan
7.29	Do BCMS identify a scalable plan which details how an incident will be managed and by whom?		Currently under review	Will be outlined in new plan
7.30	Are there detail plans for recovery and restoration processes and how they will be established?		Currently under review	Will be outlined in new plan
7.31	Do plans detail the logging and recording of decisions during an incident and how an incident report will be filled in?		Yes outlined in plan	
7.32	Do plans detail the media response following a significant incident in line with a formal communication policy?		Communications policy in place	
7.33	Are there details about how staff maybe accommodated overnight if required?		Yes outlined in plan	
7.34	Are there arrangements in place to manage stores and supplies?		Yes outlined in plan	
7.35	Are there arrangements about how to develop a surge plan to maintain critical services?		Currently under review	Will be outlined in new plan
	Do business continuity plans detail how they will be exercised, maintained and reviewed?		Currently under review	Will be outlined in new plan
7.36	Are there details about testing, training and exercising business continuity plans to show they		Currently under review	Will be outlined in new plan

	are consistent with the needs of the organisation?			
7.37	Is the appropriate person/role for ensuring that the plan is updated, distributed and tested identified?		Yes Trust Business Continuity Manager	
7.38	Are there processes in place to monitor, measure, analyse and periodically evaluate the effectiveness of the BCMS?		Through Steering Group and internal audit processes	
7.39	Are arrangements/ processes in place to identify and take action to correct any non-conformity as identified through BCMS audits?		Through Steering Group	
	Do business continuity plans detail how they will be communicated to staff?		Available online via the internet and through local training processes	
7.40	Do they detail what training has been carried out?		No however plans are currently under review	Training will be outlined when new plans are agreed and published
7.41	Do BCM plans refer to the National Occupational Standards when identifying competencies?		Not specifically through the plans but through job descriptions and person specifications	
7.42	Do plans detail tools that will be used to ensure general awareness and on-going education of employees?		Yes through yearly education programme	
7.43	Do plans detail how appropriate competencies will be achieved and maintained?		Through local training and exercising	

8	<b>In addition can Acute Trusts:</b>			
8.1	Set out detailed plans for their lockdown procedures.		Yes detailed, validated plan in place	
8.2	Set out detailed plans for their evacuation procedures.		Yes plans are in place	
8.3	Detail the management of relatives over a protracted period of time.		Yes outlined within MI plan	
8.4	Detail the management of fatalities and the management of relatives.		Yes local plans in place	

8.5	Best Practice: Refer to the clinical guidelines for major incidents.		Available and followed during any incident	
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