

South Yorkshire Emergency Preparedness, Resilience and Response (EPRR) Assurance 2016-17

Governing Body meeting

J

6 October 2016

Author(s)	Margaret Saunders, Head of Governance and Planning
Sponsor	Idris Griffiths, Director of Transformation and Delivery Presenter: Julia Newton, Director of Finance
Is your report for Approval / Consideration / Noting	
To note the attached self-assessment and approve the proposed statement of compliance with national EPRR standards.	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i> All, although not explicitly. A failure to respond appropriately to an emergency could put at risk any of the CCG's four key objectives.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No There are no equality impacts arising from this self assessment	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i> It does not, as it addresses internal arrangements for responding to emergencies.	
Recommendations	
The Governing Body is asked to: <ul style="list-style-type: none"> • Note the self assessment, detailed on the attached spreadsheet • Approve the proposed statement of compliance, attached. 	

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1. Background and Introduction

NHS Sheffield, along with all other NHS bodies, were asked to provide assurance to NHS England of readiness to respond to emergency situations. In summary, the CCG is asked to:

- i) Undertake a self-assessment against the relevant core standards identifying the level of compliance for each standard - red, amber, green (excel spreadsheet detailing instructions for completion, core standards and compliance definitions -attached).
- ii) Review the improvement plans developed as part of the 2015/16 assurance process, if applicable, and include further actions required from this year's self-assessment (template attached)
- iii) Complete the Statement of Compliance (attached) identifying our organisation's overall level of compliance - full, substantial, partial, non
- iv) Present the above outcomes to our Governing Body
- v) Submit the Governing Body paper to the LHRP secretariat (by email england.yorkshire-epr@nhs.net)

2. Self-Assessment Process

The South Yorkshire CCGs have agreed to collaborate on emergency preparedness and business continuity matters, with, for example, a common policy for both issues being agreed and submitted to Governing Bodies for approval last year.

The attached self- assessment was completed collaboratively, as common policies will achieved the same level of compliance. NHS Sheffield CCG believes that the arrangements are fully compliant. The document contains a brief description of the rationale.

3. Recommendations

The Governing Body is asked to:

- Note the self-assessment, detailed on the attached spreadsheet
- Approve the proposed statement of compliance, attached.

Paper prepared Idris Griffiths, Director of Transformation and Delivery
September 2016

NHS England Core Standards for Emergency preparedness, resilience and response

v4.0

The EPRR Core Standards spreadsheet has 7 tabs:

Introduction - this tab, outlining the content of the other 6 tabs and version control history

EPRR Core Standards tab - with core standards nos 1 - 37 (green tab)

Business Continuity tab:- with deep dive questions to support the review of business continuity planning for EPRR Assurance 2016-17 (blue tab) with a focus on organisational fuel use and supply.

HAZMAT/ CBRN core standards tab: with core standards nos 38- 51. Please note this is designed as a stand alone tab (purple tab)

HAZMAT/ CBRN equipment checklist: designed to support acute and NHS ambulance service providers in core standard 43 (lilac tab)

MTFA Core Standard (NHS Ambulance Services only): designed to gain assurance against the MTFA service specification for ambulance service providers only (orange tab)

HART Core Standards (NHS Ambulance Services only): designed to gain assurance against the HART service specification for ambulance service providers only (yellow tab).

This document is V4.0. The following changes have been made :

- Inclusion of Business Continuity questions to support the 'deep dive' for EPRR Assurance 2016-17, replacing the Pandemic Influenza tab
- Inclusion of the HART service specification for ambulance service providers and the reference to this in the EPRR Core Standards
- Inclusion of the MTFA service specification for ambulance service providers and the reference to this in the EPRR Core Standards
- Updated the requirements for primary care to more accurately reflect where they sit in the health economy
- update the requirement for acute service providers to have Chemical Exposure Assessment Kits (ChEAKs) (via PHE) to reflect that not all acute service providers have been issued these by PHE and to clarify the expectations for acute service providers in relation to supporting PHE in the collection of

Core standard	Clarifying information	Suggested evidence of assurance	Actual evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
				Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.			
Governance							
1	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)	CCGs Y <ul style="list-style-type: none"> Ensuring accountable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergency Preparedness Resilience and Response, and Business Continuity Management agendas Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible. Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles. Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. This budget and resource should be proportionate to the size and scope of the organisation. 	An Accountable Emergency Officer is in place for each of the South Yorkshire CCGs: - Barnsley: Jamie Wike, Head of Planning and Performance - Doncaster: Jackie Pederson, Chief Officer, with operational delegation to Sarah Atkins Whatley, Chief of Corporate Services - Rotherham: Chris Edwards, Chief Officer, with operational delegation to Ruth Nutbrown, Assistant Chief Officer - Sheffield: Tim Furness, Director of Delivery	GREEN	N/A	N/A	N/A
2	Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Y Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect: - the undertaking of risk assessments and any changes in that risk assessment(s) - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel - changes in guidance and policy	The South Yorkshire CCGs' annual EPRR work programmes respond to the hazard analysis and risk assessment undertaken by the Local Health Resilience Partnership (LHRP). Like anywhere in the UK, South Yorkshire has a number of natural and manmade hazards. To ensure we are prepared for these hazards the South Yorkshire Local Resilience Forum (LRF) has created a Community Risk Register which identifies the wide range of risks and emergencies we could potentially face. A number of specific risks that the CCGs may potentially have are listed in our EPRR policies (developed jointly across the South Yorkshire CCGs) alongside the planned response. Assurance is obtained through the contracting route with commissioned services by the Head of Contracting or equivalent, and also via local partnership emergency planning fora within our local geographic areas. The CCGs receive feedback via the LHRP on local incidents so that lessons can be learned e.g. the North Yorkshire Boxing Day floods. Any learning for CCGs from the incidents is taken into the organisation for internal action.	GREEN	N/A	N/A	N/A
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Y Arrangements are put in place for emergency preparedness, resilience and response which: <ul style="list-style-type: none"> Have a change control process and version control Take account of changing business objectives and processes Take account of any changes in the organisations functions and/ or organisational and structural and staff changes Take account of change in key suppliers and contractual arrangements Take account of any updates to risk assessment(s) Have a review schedule Use consistent unambiguous terminology. Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested; Key staff must know where to find policies and plans on the intranet or shared drive. Have an expectation that a lessons identified report should be produced following exercises, emergencies and/ or business continuity incidents and share for each exercise or incident and a corrective action plan put in place. Include references to other sources of information and supporting documentation 	The South Yorkshire CCGs' Emergency Preparedness Resilience & Response (EPRR) Policies confirm the processes following an EPRR incident in order to ensure that lessons are learned. We take responsibility for debriefing and providing support to staff where required following an emergency via individual line managers coordinated by the Emergency Accountable Officer. De-briefing may also be on a multi-agency footprint. Any lessons learned from the incident will be fed back to staff and actioned appropriately. The South Yorkshire CCGs' Emergency Preparedness Resilience & Response Policies cover all the core standards required of CCGs and are published on our websites. The Policies: <ul style="list-style-type: none"> Have a change control process via the Corporate Governance Teams which includes version control (see coversheet and following page). Take account of changing business objectives and processes via annual review by the Accountable Emergency Officer and refresh if needed (delegated on coversheet). Take into account any changes in our functions and/ or organisational structural and staff changes by listing job titles rather than individuals (action cards). Make clear our contracting responsibilities (section 3.2 of procedure). Take account of any updates to risk assessment(s) by the LHRP or LRF (sections 3.4, 3.5 & 3.6 of procedure). Have a maximum 3-year review schedule and were reviewed during 2016 (section 5.3.2 of the policy). Use consistent EPRR terminology throughout. Make clear the policy dissemination and review arrangements (section 5 of the policy). Are published on our websites. Include the requirement to review following an incident and learn lessons (section 6 of the procedure). Include references to other sources of information and supporting documentation (section 2 of the policy). 	GREEN	N/A	N/A	N/A
4	The accountable emergency officer ensures that the Board and/or Governing Body receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	Y After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group). Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	Corporate Governance/Assurance Reports received by the South Yorkshire CCGs' Governing Bodies capture EPRR assurance, including any response to incidents (no incidents to date). Operational managers within the South Yorkshire CCGs support both the EPRR and Business Continuity agendas. The Communications Leads are part of the resilience arrangements. The corporate communications budgets and the CCG 0.5% contingency reserves cover any unforeseen EPRR costs.	GREEN	N/A	N/A	N/A

Core standard	Clarifying information	CCGs	Suggested evidence of assurance	Actual evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale																																										
Duty to assess risk																																																		
5	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: • severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment (including denial of access); • fuel shortages; • surges and escalation of activity; • IT and communications; • utilities failure; • response a major incident / mass casualty event	Y	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments • Version control • Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages • Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans. • Sharing appropriately once risk assessment(s) completed	The South Yorkshire CCGs' EPRR risk assessments take account of the community risk register including: • Fuel shortage • Flooding • Evacuation & Shelter • Pandemic • Heatwave • Severe winter weather	GREEN	N/A	N/A																																										
6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	Other relevant parties could include COMAH site partners, PHE etc.	Y	The South Yorkshire CCGs' organisational Business Continuity Contingency Plans include plans and mitigation for the short term (under 72 hours) and the longer term for: • Fire • Flood • Terrorist or criminal attack • Significant chemical contamination • IT failure / loss of data • Loss of power	The South Yorkshire CCGs' organisational Business Continuity Contingency Plans include plans and mitigation for the short term (under 72 hours) and the longer term for: • Fire • Flood • Terrorist or criminal attack • Significant chemical contamination • IT failure / loss of data • Loss of power	GREEN	N/A	N/A																																										
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.		Y			GREEN	N/A	N/A																																										
Duty to maintain plans – emergency plans and business continuity plans																																																		
8	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity. Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	<table border="1"> <tr><td>Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))</td><td>Y</td></tr> <tr><td>corporate and service level Business Continuity (aligned to current nationally recognised BC standards)</td><td>Y</td></tr> <tr><td>HAZMAT/ CBRN - see separate checklist on tab overleaf</td><td>Y</td></tr> <tr><td>Severe Weather (heatwave, flooding, snow and cold weather)</td><td>Y</td></tr> <tr><td>Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)</td><td>Y</td></tr> <tr><td>Mass Countermeasures (eg mass prophylaxis, or mass vaccination)</td><td></td></tr> <tr><td>Mass Casualties</td><td></td></tr> <tr><td>Fuel Disruption</td><td>Y</td></tr> <tr><td>Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)</td><td>Y</td></tr> <tr><td>Infectious Disease Outbreak</td><td>Y</td></tr> <tr><td>Evacuation</td><td>Y</td></tr> <tr><td>Lockdown</td><td></td></tr> <tr><td>Utilities, IT and Telecommunications Failure</td><td>Y</td></tr> <tr><td>Excess Deaths/ Mass Fatalities</td><td></td></tr> <tr><td>having a Hazardous Area Response Team (HART) (in line with the current national service specification, including a vehicles and equipment replacement programme) - see HART core standard tab</td><td></td></tr> <tr><td>firearms incidents in line with National Joint Operating Procedures; 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9	Ensure that plans are prepared in line with current guidance and good practice which includes:	<ul style="list-style-type: none"> • Aim of the plan, including links with plans of other responders • Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions • Trigger for activation of the plan, including alert and standby procedures • Activation procedures • Identification, roles and actions (including action cards) of incident response team • Identification, roles and actions (including action cards) of support staff including communications • Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed • Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents • Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) • Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • Contact details of key personnel and relevant partner agencies • Plan maintenance procedures (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))	Y	<ul style="list-style-type: none"> • Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions: • Being able to provide evidence of an approval process for EPRR plans and documents • Asking peers to review and comment on your plans via consultation • Using identified good practice examples to develop emergency plans • Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down • Version control and change process controls • List of contributors • References and list of sources • Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services). 	<ul style="list-style-type: none"> • The South Yorkshire CCGs' EPRR Policies and Business Continuity Plans are refreshed upon changing circumstances or changing national guidance and are based on NHS England guidance. • The South Yorkshire CCGs' original EPRR Policies were shared with the LHRP for peer review and comment, and through the representative Director of Public Health with our local Category 1 Responders - the Local Authorities. • The South Yorkshire CCGs' EPRR Policies have been prepared to encompass our commissioning role and our role as statutory NHS Bodies. Policies include an activation flowchart (Action Card 2), and action cards for key roles and actions of incident response team and support staff including Communications and Loggists (action card 1) . • The location of incident co-ordination centres (ICCs) are noted in policies from which emergency or business continuity incidents will be managed. If the building is compromised, mutual aid via partner CCGs has been agreed. • Generic roles of all parts of the organisations in relation to responding to emergencies or business continuity incidents are captured in our business continuity plan. • Stand-down procedures, including debriefing and the process of recovery and returning to normal processes are captured in both EPRR and Business Continuity policies. • Contact details of key personnel and relevant partner agencies are held separately in "pick-up packs". The South Yorkshire CCGs' EPRR Policies are approved by Governing Bodies. Approval of the Business Continuity Policy & Plan may be delegated through organisational structures. They have been refreshed in the last year.	GREEN	N/A	N/A																																										

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10	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Y	<ul style="list-style-type: none"> Oncall Standards and expectations are set out Include 24-hour arrangements for alerting managers and other key staff. 	The South Yorkshire CCGs have activation action cards and incident manager action cards in place in the event of incidents.	GREEN	N/A	N/A	N/A
11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Y	Decide: <ul style="list-style-type: none"> Which activities and functions are critical What is an acceptable level of service in the event of different types of emergency for all your services Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities 	The South Yorkshire CCGs' critical activities are captured in our Business Continuity Plans. Teams have clear plans in place for how these are managed.	GREEN	N/A	N/A	N/A
12	Arrangements explain how VIP and/or high profile patients will be managed.		This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management	N/A	N/A	N/A	N/A	N/A
13	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content	Y	<ul style="list-style-type: none"> Specify who has been consulted on the relevant documents/plans etc. 	<p>The South Yorkshire CCGs' EPRR Policies were developed as a framework across the South Yorkshire CCGs to support mutual aid arrangements and consistency in the local patch. The template was peer-reviewed by the LHRP. Once localised, Policies were consulted on and approved by our Governing Bodies. We retain the same template policy which is coordinated by NHS Doncaster CCG as the lead CCG for our EPRR policies and On Call arrangements.</p> <p>The South Yorkshire CCGs' Business Continuity Policies and Plans were developed by our staff teams supported by the Corporate Governance Leads and approved within our governance structures.</p>	GREEN	N/A	N/A	N/A
14	Arrangements include a debrief process so as to identify learning and inform future arrangements	Y	Explain the de-briefing process (hot, local and multi-agency, cold)at the end of an incident.	<p>Section 6 of the South Yorkshire CCGs' EPRR procedures capture de-brief arrangements.</p> <p>6.1. The CCG will be responsible for debriefing and provision of support to staff where required following an emergency. This is the responsibility of individual line managers coordinated by the Emergency Accountable Officer. De-briefing may also be on a multi-agency footprint.</p> <p>6.2. Debriefs will be held as follows: <ul style="list-style-type: none"> Hot debrief – immediately after the incident or period of duty Cold/Structured/Organisational debrief – within two weeks post incident Multi-agency debrief – within four weeks of the close of the incident Post incident reports – within six weeks of the close of the incident </p> <p>6.3. Any lessons learned from the incident will be fed back to staff and actioned appropriately.</p>	GREEN	N/A	N/A	N/A
Command and Control (C2)								
15	Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Y	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	<p>Explain how the emergency on-call rota will be set up and managed over the short and longer term.</p> <p>The South Yorkshire & Bassetlaw CCGs have a shared On Call system across the 5 CCGs which has been in place since 1 April 2014 and has been successfully tested throughout the year. The system is coordinated by NHS Doncaster CCG as the lead CCG for our EPRR policies and On Call arrangements. The arrangements are supported by an On Call Procedure and an On Call Pack. Both the On Call Pack and the Procedure have been updated within the last year.</p> <p>A procedure has been developed and provided to partners and providers of the 5 CCGs, and this was refreshed in the last year. Incidents within Providers are noted through the South Yorkshire CCGs' normal switchboard number in-hours.</p> <p>The South Yorkshire CCGs have generic EPRR email addresses used routinely for EPRR communications and these accounts are checked daily.</p> <p>We have access to the Resilience Direct service.</p>	GREEN	N/A	N/A	N/A
16	Those on-call must meet identified competencies and key knowledge and skills for staff.	Y	NHS England published competencies are based upon National Occupation Standards .	<p>Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.</p> <p>All those individuals who are On Call as part of the South Yorkshire & Bassetlaw CCG on call rota have significant experience at Executive Level which they bring to the On call role.</p> <p>The South Yorkshire & Bassetlaw CCG on call rota coordinator has undertaken the "Strategic Leadership in a Crisis" training. This training has also been accessed by some of the other on call leads on the rota dependant on their own training and development needs assessment.</p> <p>As Category 2 organisations, the South Yorkshire & Bassetlaw CCGs have evaluated that further training beyond that already accessible through peer support within local areas and through the LHRP is not necessary.</p>	GREEN	N/A	N/A	N/A
17	Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the loggist .	Y	This should be proportionate to the size and scope of the organisation.	<p>Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc.), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/co0ordination centre and manage any events required.</p> <p>The South Yorkshire CCGs' Incident Control Centres are supplied with hard copies of all relevant EPRR / Business Continuity documents and activation / action cards alongside useful contact lists. Remote IT working has been enabled. IT Providers have continuity systems in place which are assessed and reported through the Information Governance Toolkit.</p> <p>Mutual aid arrangements with partner CCGs provide for additional or replacement Incident Control Centres if required.</p>	GREEN	N/A	N/A	N/A
18	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.	Y		An action card is included in the South Yorkshire CCGs' EPRR procedures for a Loggist. Log books are provided in the Incident Control Centre. Loggists participate in local training as required.	GREEN	N/A	N/A	N/A
19	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.	Y		<p>Situation report arrangements for the South Yorkshire CCGs are determined by the Incident Lead Executive in line with the escalation action card and the Incident Lead Executive action card.</p> <p>E.g. Sit reps were provided to NHS England over the Easter bank holiday weekend.</p>	GREEN	N/A	N/A	N/A

Core standard	Clarifying information	CCGs	Suggested evidence of assurance	Actual evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
					Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.			
20	Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.	Both acute and ambulance providers are expected to have in place arrangements for accessing specialist advice in the event of incidents chemical, biological, radiological, nuclear, explosive or hazardous materials		N/A	N/A	N/A	N/A	N/A
21	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements.	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incident		N/A	N/A	N/A	N/A	N/A
Duty to communicate with the public								
22	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about: <ul style="list-style-type: none"> - Any immediate actions to be taken by responders - Actions the public can take - How further information can be obtained - The end of an emergency and the return to normal arrangements Communications arrangements/ protocols: <ul style="list-style-type: none"> - have regard to managing the media (including both on and off site implications) - include the process of communication with internal staff - consider what should be published on intranet/internet sites - have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations. 	Y <ul style="list-style-type: none"> • Have emergency communications response arrangements in place • Be able to demonstrate that you have considered which target audience you are aiming at or addressing in publishing materials (including staff, public and other agencies) • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders • Using lessons identified from previous information campaigns to inform the development of future campaigns • Setting up protocols with the media for warning and informing • Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'. • Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes. 	An Action Card for the Communications Lead is included in the South Yorkshire CCGs' EPRR Procedures. The majority of communications will be via Providers or via Category 1 Responders, who the CCGs shall support as required. In respect of EPRR for incidents/risks that affect all multi-agency partners, the Yorkshire & Humber Area Team provides strategic co-ordination of the local health economy and represents the NHS at the South Yorkshire Local Resilience Forum (LRF). The initial communication of an incident alert is to the first on-call officer of the Yorkshire & Humber Area Team. The Loggist action card and recording proforma ensures a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes. These arrangements are complemented by the South Yorkshire CCGs' "business as normal" communications channels which include assessments of all key stakeholders. The On Call Pack has media liaison guidance, and suggested approaches for managing media communications.	GREEN	N/A	N/A	N/A

Core standard	Clarifying information	CCGs	Suggested evidence of assurance	Actual evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
					<p>Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.</p> <p>Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.</p> <p>Green = fully compliant with core standard.</p>			
23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures	Y	<ul style="list-style-type: none"> Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk. 	<p>The South Yorkshire CCGs' IT providers have resilience arrangements in place.</p> <p>Back-up mobile phones are available.</p>	GREEN	N/A	N/A	N/A
Information Sharing – mandatory requirements								
24	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	Y	<ul style="list-style-type: none"> Where possible channelling formal information requests through as small as possible a number of known routes. Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups. Collectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s). Social networking tools may be of use here. 	<p>As Category 2 Responders, the South Yorkshire CCGs have a duty to share information and cooperate. In the event of an incident, we will use our generic email addresses used for EPRR as the main route of communication and the Incident Control Centre number as the main telephone number. The Communications Leads will coordinate communications.</p> <p>We share information via the Local Health Resilience Partnership and via local Emergency Planning Meetings.</p> <p>We have local Information Sharing Agreements (ISA) / Policies for "business as normal" across our local strategic partnerships which also support EPRR. We also have social media accounts which are useful for rapid dissemination of information.</p> <p>We have a mutual aid agreement for premises with our partner CCGs.</p>	GREEN	N/A	N/A	N/A
Co-operation								
25	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)	Y	<ul style="list-style-type: none"> Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorate. Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups 	<p>The South Yorkshire CCGs are represented at the Local Resilience Forum by the Yorkshire & Humber Area Team for NHS England. Key action points from the Local Resilience Forum are reported through the Local Health Resilience Partnership, on which the South Yorkshire & Bassetlaw CCGs are represented by the Chief of Corporate Services for NHS Doncaster CCG. Full post-meeting feedback is provided to CCG Accountable Emergency Officers and operational EPRR leads. The South Yorkshire & Bassetlaw CCGs are also represented on the Health Resilience Sub Group of the Local Health Resilience Partnership.</p>	GREEN	N/A	N/A	N/A
26	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA	Y	<ul style="list-style-type: none"> Taking lessons learned from all resilience activities Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives Establish mutual aid agreements Identifying useful lessons from your own practice and those learned from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues Having a list of contacts among both Cat. 1 and Cat 2 responders with in the Local Resilience Forum(s) / Borough Resilience Forum(s) area 	<p>The South Yorkshire CCGs have active EPRR engagement with partners through:</p> <ul style="list-style-type: none"> Attendance at local area-specific Emergency Planning Meetings. The Chief of Corporate Services of NHS Doncaster CCG attending the LHRP as the representative of all South Yorkshire & Bassetlaw CCGs. Representation on the Health Resilience Sub Group across South Yorkshire & Bassetlaw. Taking lessons learned from all resilience activities and partner exercises. Having a list of contacts among both Category 1 and Category 2 responders within South Yorkshire. Strategic contracting meetings with those we commission where emergency planning issues can be raised. System Resilience Group meetings. Regular assurance meetings with the Area Team and inclusion of NHS England within our escalation flowchart. 	GREEN	N/A	N/A	N/A
27	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	Y	<ul style="list-style-type: none"> Having a list of contacts among both Cat. 1 and Cat 2 responders with in the Local Resilience Forum(s) / Borough Resilience Forum(s) area 	<p>The South Yorkshire CCG's EPRR Policies clearly detail the processes for requesting mutual aid of their partner CCGs.</p> <p>The decant plan, should the Incident Control Centre be compromised, will be the premises of one of the other South Yorkshire & Bassetlaw CCGs. This has been agreed with the partner CCGs under mutual aid.</p>	GREEN	N/A	N/A	N/A
28	Arrangements outline the procedure for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.			N/A	N/A	N/A	N/A	N/A
29	Arrangements outline the procedure for responding to incidents which affect two or more regions.			N/A	N/A	N/A	N/A	N/A
30	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Y	<ul style="list-style-type: none"> Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc. 	<p>The South Yorkshire CCG's EPRR Policies clearly detail the supportive role to NHS England in managing local incidents, if activated in a "support" role to NHS England as a Category 2 Responder.</p>	GREEN	N/A	N/A	N/A
31	Plans define how links will be made between NHS England, the Department of Health and PHE. Including how information relating to national emergencies will be co-ordinated and shared			N/A	N/A	N/A	N/A	N/A
32	Arrangements are in place to ensure an Local Health Resilience Partnership (LHRP) (and/or Patch LHRP for the London region) meets at least once every 6 months			N/A	N/A	N/A	N/A	N/A
33	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level	Y		<p>The Chief of Corporate Services of NHS Doncaster CCG attends the LHRP as the representative of all South Yorkshire CCGs and feeds back action points to Emergency Accountable Officers after each meeting.</p>	GREEN	N/A	N/A	N/A
Training And Exercising								

Core standard	Clarifying information	CCGs	Suggested evidence of assurance	Actual evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
					<p>Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.</p> <p>Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.</p> <p>Green = fully compliant with core standard.</p>			
34	<p>Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents</p>	<ul style="list-style-type: none"> Staff are clear about their roles in a plan Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective 	<ul style="list-style-type: none"> Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. Developing and documenting a training and briefing programme for staff and key stakeholders Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) Communications exercise every 6 months, table top exercise annually and live exercise at least every three years 	<p>The South Yorkshire CCGs' EPRR Policies (section 5.2) note that all staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support are asked to speak to their line manager in the first instance. Support may also be obtained through their HR Department. Training can be accessed via the Local Resilience Forum (LRF).</p> <p>We have also arranged Strategic Leadership in a Crisis training across the LHRP patch in the last year - this is linked to the Occupational Standards.</p> <p>The JESIP framework and Decision Making Tool is included within the On Call Packs as an aide memoire.</p>	GREEN	N/A	N/A	N/A
35	<p>Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.</p>	<ul style="list-style-type: none"> Exercises consider the need to validate plans and capabilities Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years. If possible, these exercises should involve relevant interested parties. Lessons identified must be acted on as part of continuous improvement. Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective 	<ul style="list-style-type: none"> Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. Developing and documenting a training and briefing programme for staff and key stakeholders Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) Communications exercise every 6 months, table top exercise annually and live exercise at least every three years 	<p>As statutory organisations the South Yorkshire CCGs learn lessons from all resilience activities (e.g. the North Yorkshire Boxing Day floods) and use the Local Resilience Forum and the Local Health Resilience Partnership and network meetings to share good practice.</p> <p>The South Yorkshire are invited by our local Category 1 organisations to participate in exercises and took part in Exercise Albireo in April 2015. We take part in all NHS England led exercises, and in the past year have participated in the Blackout Exercise. We plan to participate in the re-organised Exercise Cygnus in October 2016.</p> <p>The South Yorkshire CCGs run local exercises where a "real" event has not already tested our resilience e.g. loss of power.</p> <p>Our communications routes are tested by our Communications Leads.</p>	GREEN	N/A	N/A	N/A
36	<p>Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises</p>			<p>As statutory organisations the South Yorkshire CCGs learn lessons from all resilience activities (e.g. the North Yorkshire Boxing Day floods) and use the Local Resilience Forum and the Local Health Resilience Partnership and network meetings to share good practice.</p> <p>The South Yorkshire are invited by our local Category 1 organisations to participate in exercises and took part in Exercise Albireo in April 2015. We take part in all NHS England led exercises, and in the past year have participated in the Blackout Exercise. We plan to participate in the re-organised Exercise Cygnus in October 2016.</p> <p>The South Yorkshire CCGs run local exercises where a "real" event has not already tested our resilience e.g. loss of power.</p> <p>Our communications routes are tested by our Communications Leads.</p> <p>On On Call Leads are given feedback from exercises to use within their roles, and also have access to Strategic Leadership in a Crisis training.</p>	GREEN	N/A	N/A	N/A
37	<p>Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.</p>			<p>Those individuals nominated within the South Yorkshire CCGs' policies have been briefed on their roles and offered training via the LRF if desired. Most of the individuals have undertaken a similar role in the past and have not needed further training. All those who may receive action cards in the event of an incident have received a pack with information. We have access to the NHS England guidance on roles and responsibilities to support team members. All training needs and training accessed are recorded in annual Personal Development Reviews.</p>	GREEN	N/A	N/A	N/A

Core standard		Clarifying information	CCGs	Suggested evidence of assurance	Actual evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
2016 Deep Dive									
DD1	Organisation has undertaken a Business Impact Assessment	<ul style="list-style-type: none"> The organisation has undertaken a risk based Business Impact Assessment of services it delivers, taking into account the resources required against staffing, premises, information and information systems, supplies and suppliers The organisation has identified interdependencies within its own services and with other NHS organisations and 3rd party providers Risks identified through the Business Impact Assessment are present on the organisations Corporate Risk Register 	Y	<ul style="list-style-type: none"> updated Business Impact Assessment corporate risk register 	The South Yorkshire CCGs all have a Business Continuity Plan which includes a Business Impact Assessment. Any business continuity risks assessed as significant for the organisation are cross-referenced in the organisational Risk Register.	GREEN			
DD2	Organisation has explicitly identified its Critical Functions and set Minimum Tolerable Periods of disruption for these	<ul style="list-style-type: none"> The organisation has identified their Critical Functions through the Business Impact Assessment. Maximum Tolerable Periods of Disruption have been set for all organisational functions - including the Critical Functions 	Y	<ul style="list-style-type: none"> Business Continuity plan explicitly details the Critical Functions Business Continuity plan explicitly outlines all organisations functions and the maximum tolerable period of disruption 	The South Yorkshire CCGs all have a Business Continuity Plan which includes identification of Critical Functions and the maximum periods over which these can be disrupted without adverse consequences. CCGs have fewer critical functions than providers - with the main ones being EPRR and payment of healthcare invoices to ensure stability of providers.	GREEN			
DD3	There is a plan in place for the organisation to follow to maintain critical functions and restore other functions following a disruptive event.	<ul style="list-style-type: none"> The organisation has an up to date plan which has been approved by its Board/Governing Body that will support staff to maintain critical functions and restore lost functions The plan outlines roles and responsibilities for key staff and includes how a disruptive event will be communicated both internally and externally 	Y	<ul style="list-style-type: none"> an organisation wide Business Continuity plan that has been updated in the last 12 months and agreed the Board/Governing Body 	The South Yorkshire CCGs all have a Business Continuity Plan which has been reviewed in the last 12 months. The Governing Body may have delegated its approval to one of its Sub Committees.	GREEN			
DD4	Within the plan there are arrangements in place to manage a shortage of road fuel and heating fuel	<ul style="list-style-type: none"> The plan details arrangements in place to maintain critical functions during disruption to fuel. These arrangements include both road fuel and where applicable heating fuel. 	Y	<ul style="list-style-type: none"> detail within the plan that explicitly makes reference to shortage of fuel and its impact on the business. 	The South Yorkshire CCGs' Business Continuity Plan include reference to fuel shortages. Remote working is in place to enable critical functions to continue in this circumstance, because CCGs do not receive guaranteed fuel supplies.	GREEN			
DD5	The Accountable Emergency Officers has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this .	EPRR Framework 2015 requirement, page 17	Y		Assurance is sought within the CCG through Business Continuity Leads in each directorate. Assurance is sought from providers through existing Strategic Contracting Meetings.	GREEN			
DD6	Review of Critical Services Fuel Requirement Data Collection Programme (F1:F18)	Please complete the data collection below - this data set does not count towards the RAG score for the organisations. Please provide any additional information in the "Other comments" free text box.		<ul style="list-style-type: none"> NHS Ambulance Trusts have already provided this information in a national collection in May 2016. 	N/A	N/A			

**Yorkshire and the Humber Emergency Preparedness, Resilience and Response (EPRR)
assurance 2016-2017**

STATEMENT OF COMPLIANCE

NHS Sheffield Clinical Commissioning Group has undertaken a self-assessment against required areas of the NHS England Core Standards for EPRR v4.0.

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

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

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

I confirm that the organisation has undertaken the following exercises on the dates shown below:

A live exercise (required at least every three years)	21 April 2015
A desktop exercise (required at least annually)	16 May 2016
A communications exercise (required at least every six months)	6 June 2016

I confirm that the above level of compliance with the core standards has been confirmed by the organisation's board / governing body.

Signed by the organisation's Accountable Emergency Officer

06/10/2016
Date of board / governing body meeting

Date signed