

## NHS Sheffield CCG Emergency Preparedness, Resilience and Response (EPRR) Assurance 2017/18

Governing Body meeting

7 September 2017

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<b>Author(s)</b>	Sue Laing, Corporate Services Risk and Governance Manager
<b>Sponsor Director</b>	Brian Hughes, Director of Commissioning and Performance
<b>Purpose of Paper</b>	
To note the attached self-assessment and approve the proposed statement of compliance with national EPRR standards	
<b>Key Issues</b>	
The proposed level of compliance for 2017/18 is 'Substantial'	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting and Approval	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to: <ul style="list-style-type: none"> <li>• Note the self-assessment</li> <li>• Approve the proposed statement of compliance</li> </ul>	
<b>Governing Body Assurance Framework</b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b> 5. Organisational development to ensure CCG meets organisational health and capability requirement  Principal Risk 5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
None	
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>	
<b><i>Have you carried out an Equality Impact Assessment and is it attached?</i></b> No  <b><i>If not, why not?</i></b> No specific issues associated with this report	

***Have you involved patients, carers and the public in the preparation of the report?***

Not applicable

# **NHS Sheffield CCG Emergency Preparedness, Resilience and Response (EPRR) Assurance 2017/18**

## **Governing Body meeting**

**7 September 2017**

### **1 Introduction / Background**

The Emergency Preparedness, Resilience and Response (EPRR) is a strategic national framework containing principles for health emergency preparedness, resilience and response for the NHS in England at all levels including NHS provider organisations, providers of NHS-funded care, clinical commissioning groups (CCGs), GPs and other primary and community care organisations.

All NHS-funded organisations must meet the requirements of the Civil Contingencies Act 2004, the NHS Act 2006 as amended by the Health and Social Care Act 2012, the NHS standard contract, the NHS England Core Standards for EPRR and NHS England business continuity management framework. The purpose of the EPRR Annual Assurance Process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR Core Standards.

The South Yorkshire CCGs 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. Whilst there is considerable collaboration across South Yorkshire, it is proposed that following review of the standards for 2017/18, the level of compliance submitted is Substantial.

In summary the CCG is asked to:

- i) Undertake a self-assessment against the relevant individual NHS EPRR Core Standards and these individual ratings will then inform the overall organisational rating of compliance and preparedness.
- ii) Review the improvement plans developed as part of the 2016/17 assurance process, if applicable, and include further actions required from this year's self-assessment
- iii) Complete the Statement of Compliance (attached) identifying the organisation's overall level of compliance - full, substantial, partial, non-compliant.
- iv) Present the above outcomes to Governing Body
- v) Submit the Governing Body paper to the Local Health Resilience Partnership (LHRP) secretariat (by email [england.yorkshire-epr@nhs.net](mailto:england.yorkshire-epr@nhs.net)) by Friday 6 October 2017

### **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 by Sue Laing, Corporate Services Risk and Governance Manager

On behalf of Brian Hughes, Director of Commissioning and Performance

August 2017



**NHS England Core Standards for Emergency preparedness, resilience and response**  
**v5.0**

The attached EPRR Core Standards spreadsheet has 6 tabs:

- EPRR Core Standards tab:** with core standards nos 1 - 37 (green tab)
- Governance tab:-**with deep dive questions to support the EPRR Governance'deep dive' for EPRR Assurance 2017 -18(blue) tab)
- 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 ambulance service providers in core standard 43 (lilac tab)
- MTFA Core Standard:** designed to gain assurance against the MTFA service specification for ambulance service providers only (orange tab)
- HART Core Standards:** designed to gain assurance against the HART service specification for ambulance service providers only (yellow tab).

This document is V50. The following changes have been made :

- Inclusion of EPRR Governance questions to support the 'deep dive' for EPRR Assurance 2017-18

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
<b>Governance</b>									
1	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)		Y	<ul style="list-style-type: none"> <li>Ensuring accountaable 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</li> </ul>	Our Director of Commissioning and Performance, Mr Brian Hughes is our Emergency Accountable Officer. He is listed on our website as such, receives overarching assurance on our EPRR work programme, and signs our annual EPRR Statement of Assurance after it has been presented to Governing Body for approval. +F5 There is an annual EPRR Work Programme which is led by Rothram CCG on behalf of the South Yorkshire CCGs.	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.	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	Y	<ul style="list-style-type: none"> <li>Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible.</li> <li>Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles.</li> <li>Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles.</li> <li>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.</li> </ul>	<p>The work programme responds to the hazard analysis and risk assessment undertaken by the Local Health Resilience Partnership (LHRP). A number of specific risks that we may potentially have are listed in our EPRR policy (developed jointly across the South Yorkshire CCGs) alongside our planned response. Assurance is obtained through our established contracting routes with commissioned services, led by the Head of Contracting, and also via our local partnership emergency planning forum within our local geographic area.</p> <p>We 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. We participate in local exercises such as COMAH exercises, and learn any lessons from these.</p> <p>Our EPRR Policy confirms 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.</p> <p>The Corporate Governance Manager leads the development of our Business Continuity Policy and Plan, and supports individual teams to develop and test team-specific Business Continuity Plans. Plans are updated with any changes in organisational form or responsibilities.</p>	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.	Arrangements are put in place for emergency preparedness, resilience and response which: <ul style="list-style-type: none"> <li>Have a change control process and version control</li> <li>Take account of changing business objectives and processes</li> <li>Take account of any changes in the organisations functions and/ or organisational and structural and staff changes</li> <li>Take account of change in key suppliers and contractual arrangements</li> <li>Take account of any updates to risk assessment(s)</li> <li>Have a review schedule</li> <li>Use consistent unambiguous terminology,</li> <li>Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested;</li> <li>Key staff must know where to find policies and plans on the intranet or shared drive.</li> <li>Have an expectation that a lessons identified report should be produced following exercises, emergencies and business continuity.</li> </ul>	Y	<ul style="list-style-type: none"> <li>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.</li> </ul>	<p>Our Emergency Preparedness Resilience &amp; Response Policy covers all the core standards required of CCGs and is published on our website. The Policy:</p> <ul style="list-style-type: none"> <li>Has a change control process via the Corporate Governance Team which includes version control (see coversheet and following page).</li> <li>Takes account of changing business objectives and processes via annual review by the Accountable Emergency Officer and refresh if needed (delegated on coversheet).</li> <li>Takes into account any changes in our functions and/or organisational structural and staff changes by listing job titles rather than individuals (action cards).</li> <li>Makes clear our contracting responsibilities (section 3.2 of procedure).</li> <li>Takes account of any updates to risk assessment(s) by the LHRP or LRF (sections 3.4, 3.5 &amp; 3.6 of procedure).</li> <li>Has a maximum 3-year review schedule and was reviewed during 2016 (section 5.3.2 of the policy).</li> <li>Uses consistent EPRR terminology throughout.</li> <li>Makes clear the policy dissemination and review arrangements (section 5 of the policy).</li> <li>Is published on our website.</li> <li>Includes the requirement to review following an incident and learn lessons (section 6 of the procedure).</li> <li>Includes references to other sources of information and supporting documentation (section 2 of the policy).</li> </ul> <p>A Business Continuity Policy and overarching plan is in place within our organisation and published on our website. This is underpinned by team-specific procedures. The policy covers all the good practice areas of business continuity - hazard identification, mitigation, planning etc.</p>	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.	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.	Y		<p>Assurance Reports are presented to our Governing Body which capture EPRR assurance, including any response to incidents. A specific debrief on the NHS Cyber Attack was communicated to our Governing Body (confidential due to the sensitive nature of the ongoing criminal investigation into the cyber attack).</p> <p>Our annual EPRR assurance is received by Governing Body during summer each year, presented by the Emergency Accountable Officer.</p>	GREEN	N/A	N/A	N/A
<b>Duty to assess risk</b>									
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: <ul style="list-style-type: none"> <li>severe weather (including snow, heatwave, prolonged periods of cold weather and flooding);</li> <li>staff absence (including industrial action);</li> <li>the working environment, buildings and equipment (including denial of access);</li> <li>fuel shortages;</li> <li>surges and escalation of activity;</li> <li>IT and communications;</li> <li>utilities failure;</li> <li>response a major incident / mass casualty event</li> <li>supply chain failure; and</li> <li>associated risks in the surrounding area (e.g. COMAH and iconic sites)</li> </ul> <p>There is a process to consider if there are any internal risks that could threaten the performance of the organisation's functions in</p>	Y	<ul style="list-style-type: none"> <li>Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments</li> <li>Version control</li> <li>Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages</li> <li>Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans.</li> <li>Sharing appropriately once risk assessment(s) completed</li> </ul>	Our EPRR risk assessments take account of the community risk register as detailed within the LHRP feedback. We participate in local COMAH exercises and wider NHS and local health & social care economy EPRR exercises and embed any identified risks back within our internal processes. Our risk assessment of specific local risks is captured in our Emergency Preparedness, Resilience & Response Policy: Fuel shortage, Flooding, Evacuation & Shelter, Pandemic, Heatwave, Severe Winter Weather, Diverts. The policy is reviewed annually to identify any changes required. Our usual risk management processes allow us to consider if there are any further internal risks that could threaten the performance of the organisation's functions in an emergency - via the Assurance Framework and Risk Register.	GREEN	N/A	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.		Y		<p>Our Business Continuity Contingency Plan include plans and mitigation for the short term (under 72 hours) and the longer term for:</p> <ul style="list-style-type: none"> <li>Loss of key staff in the short or long term (Epidemic / pandemic illness, Industrial action, Simultaneous resignation of a number of staff (e.g. lottery syndicate win), School closures, Travel / transport disruption preventing staff getting to base or home)</li> <li>Loss of operating premises or access to operating premises (Contamination of premises or access to premises, Disruption of utility supply to premises, Fire, Flooding, Structural defect / failure, Terrorist or criminal attack, Cordon preventing access to premises)</li> <li>Loss of information technology support structure (Major electronic attacks, Severe disruption to the IT network and systems including loss of data network, major applications, Hardware failure, Loss of landline telephones including switchboard, Loss of mobile phone network)</li> <li>Data loss, affecting CCG service/function delivery (Electronic data stolen / lost, Destruction of paper files, Failure of back-up or failsafe, Temporary loss of connection to data)</li> <li>Supplier failure, affecting CCG service/function delivery (Supplier / provider contract breach, Supplier / provider industrial action, Stock management failure, Supplier goes into administration / supply chain collapse, Partner CCGs unable to delivery hosted functions)</li> </ul>	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
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant	Other relevant parties could include COMAH site partners, PHE etc.	Y			GREEN	N/A	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):	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))	Y	Relevant plans: • demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses	Our EPRR Policy supports us to respond to each of these areas.  Our EPRR Policy covers: - Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan)) - Severe Weather (heatwave, flooding, snow and cold weather) - Pandemic Influenza - Infectious Disease Outbreak (also supported by the Health Protection Agency (HPA) agreement) - Evacuation  Our Business Continuity Policy & Plan, underpinned by team-specific operational business continuity plans covers: - Corporate and service level Business Continuity - Fuel Disruption - Utilities, IT and Telecommunications Failure  Our weekly city-wide flow group and our Urgent Care Delivery Board which includes al key partners city wide, including Health and Social Care, between them cover: - Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)	GREEN	N/A	N/A	N/A
9		corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	Y	• identify locations which patients can be transferred to if there is an incident that requires an evacuation;					
10		HAZMAT/ CBRN - see separate checklist on tab overleaf		• outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation;					
11		Severe Weather (heatwave, flooding, snow and cold weather)	Y	• take into account how vulnerable adults and children can be managed to avoid admissions, and include appropriate focus on providing healthcare to displaced populations in rest centres;					
12		Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)	Y	• include arrangements to co-ordinate and provide mental health support to patients and relatives, in collaboration with Social Care if necessary, during and after an incident as required;					
13		Mass Countermeasures (eg mass prophylaxis, or mass vaccination)		• make sure the mental health needs of patients involved in a significant incident or emergency are met and that they are discharged home with suitable support					
14		Mass Casualties		• ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or radiation incident are met.					
15		Fuel Disruption	Y	• for each of the types of emergency listed evidence can be either within existing response plans or as stand alone arrangements, as appropriate.					
16		Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)	Y						
17		Infectious Disease Outbreak	Y						
18		Evacuation	Y						
19		Lockdown							
20		Utilities, IT and Telecommunications Failure	Y						
21		Excess Deaths/ Mass Fatalities							
22		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							
23		firearms incidents in line with National Joint Operating Procedures; - see MTFA core standard tab							
24	Ensure that plans are prepared in line with current guidance and good practice which includes:	• 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) <del>• Stand down procedures, including debriefing</del>	Y	• 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).	Our EPRR Policy and Business Continuity Plan is refreshed upon changing circumstances or changing national guidance and is based on NHS England guidance. • Our original EPRR Policy was 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. • Our EPRR Policy has been prepared to encompass our commissioning role and our role as statutory NHS Bodies. The policy includes 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 our Incident Co-ordination Centre (ICC) from which emergency or business continuity incidents will be managed is noted in our policy. If the building is compromised, mutual aid via partner CCGs has been agreed. • Generic roles of all parts of our organisation 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".  Our EPRR Policy is approved by our Governing Body. Approval of the Business Continuity Policy & Plan is delegated to the Governance Sub-committee. Both policies were last refreshed in 2016.	GREEN	N/A	N/A	N/A
25	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.	Enable an identified person to determine whether an emergency has occurred - Specify the procedure that person should adopt in making the decision - Specify who should be consulted before making the decision - Specify who should be informed once the decision has been made (including clinical staff)	Y	• Oncall Standards and expectations are set out • Include 24-hour arrangements for alerting managers and other key staff.	Our EPRR Policy contains an activation action card and an incident manager action card in the event of incidents.  Our Business Continuity Policy & Plan contains an activation flowchart.  Our On Call Procedure and supporting On Call Pack contains an activation and escalation framework.	GREEN	N/A	N/A	N/A
26	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.	Decide: - 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	Y		Our critical activities have been identified and captured in our Business Continuity Policy and Plan. An overarching Business Continuity Plan is in place for organisation-wide continuity. Individuals teams have clear operational plans in place for how these are managed - these have been refreshed in the last year.	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			
27	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
28	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"> <li>Specify who has been consulted on the relevant documents/ plans etc.</li> </ul>	Our EPRR Policy was developed as a shared framework policy across the South Yorkshire CCGs to support mutual aid arrangements and consistency in the local patch, and is updated by the Coordinating CCG for EPRR. The original template was peer-reviewed by the LHRP. Once localised, our Policy was consulted on and approved by our Governing Body.  Our Business Continuity Policy and Plan was developed by the South Yorkshire and Bassetlaw CCGs and is supported by the Corporate Governance team and approved within our governance structures.	GREEN	N/A	N/A	N/A
29	Arrangements include a debrief process so as to identify learning and inform future arrangements	Explain the de-briefing process (hot, local and multi-agency, cold) at the end of an incident.	Y		Section 6 of our EPRR procedures capture de-brief arrangements.  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.  6.2. Debriefs will be held as follows: <ul style="list-style-type: none"> <li>Hot debrief – immediately after the incident or period of duty</li> <li>Cold/Structured/Organisational debrief – within two weeks post incident</li> <li>Multi-agency debrief – within four weeks of the close of the incident</li> <li>Post incident reports – within six weeks of the close of the incident</li> </ul> 6.3. Any lessons learned from the incident will be fed back to staff and actioned appropriately.	GREEN	N/A	N/A	N/A
<b>Command and Control (C2)</b>									
30	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.	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Y	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	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 was coordinated for the first part of this year by NHS Doncaster CCG as the lead CCG for our EPRR policies and On Call arrangements, and from August 2017 this responsibility passed to NHS Rotherham CCG as part of the existing Health, Safety & Security Shared Service across the South Yorkshire & Bassetlaw CCGs. 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.  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, and though On Call outside of normal working hours.  The On Call system was particularly tested during the Cyber Attack in May 2017, and in a post-incident report evaluated positively with some learning recommendations for the future.  There is a generic EPRR email address used routinely for EPRR communications and this account is checked daily and auto-forwards to key senior staff.  We have access to the Resilience Direct service.	GREEN	N/A	N/A	N/A
31	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards .	Y	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.	All those individuals who are On Call as part of the South Yorkshire & Bassetlaw CCG shared on call rota have significant experience at Executive Level which they bring to the On Call role.  "Strategic Leadership in a Crisis" training was coordinated by NHS Doncaster CCG in July 2016 and accessed by On Call leads on the rota dependant on their own training and development needs assessment.  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.	GREEN	N/A	N/A	N/A
32	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 .	This should be proportionate to the size and scope of the incident	Y	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.	Our Incident Control Centre is 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.  Mutual aid arrangements with partner CCGs provide for additional or replacement Incident Control Centres if required.	GREEN	N/A	N/A	N/A
33	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.		Y		An action card is included in our EPRR procedure 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
34	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		Situation report arrangements are determined by the Incident Lead Executive in line with the escalation action card and the Incident Lead Executive action card.  E.g. Sit reps are provided to NHS England over bank holiday weekends as required, and in response to the NHS Cyber Attack in May 2017.	GREEN	N/A	N/A	N/A
35	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

Core standard		Clarifying information	COGS	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
36	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									
37	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: - 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: - 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"><li>• Have emergency communications response arrangements in place</li><li>• 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)</li><li>• 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</li><li>• Using lessons identified from previous information campaigns to inform the development of future campaigns</li><li>• Setting up protocols with the media for warning and informing</li><li>• Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'.</li><li>• Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple</li></ul>	<p>An Action Card for the Communications Lead is included in our EPRR Procedure. The majority of communications will be via Providers or via Category 1 Responders, who we will support as required.</p> <p>In respect of EPRR for incidents/risks that affect all multi-agency partners, the Yorkshire &amp; Humber Area Team provides strategic co-ordination of the local health economy and represent the NHS at the South Yorkshire Local Resilience Forum (LRF). The initial communication of an LRF/LHRP cross-footprint incident alert is to the first on-call officer of the Yorkshire &amp; Humber Area Team.</p> <p>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.</p> <p>These arrangements are complemented by our "business as normal" communications channels which include assessments of all key stakeholders.</p> <p>The On Call Pack has media liaison guidance, and suggested approaches for managing media communications.</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
38	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		Y	• Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk.	Our IT provider has resilience arrangements in place which are assessed through SLA Review meetings, and the Information Governance Toolkit.  Back-up mobile phones are available.	GREEN	N/A	N/A	N/A
Information Sharing – mandatory requirements									
39	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and include DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supercedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	Y	• 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.	As a Category 2 Responder, we have a duty to share information and cooperate. In the event of an incident, we use our generic email address used for EPRR as the main route of communication and the Incident Control Centre number as the main telephone number. The Communications Leads coordinates communications.  We share information via the Local Health Resilience Partnership and via our local health & social care Emergency Planning Meetings.  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.  We have a mutual aid agreement for premises with our partner CCGs.	GREEN	N/A	N/A	N/A
Co-operation									
40	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		Y	• 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 • Taking lessons learned from all resilience activities	We 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.  We are represented on the Local Health Resilience Partnership by the Coordinating CCG for EPRR (the Chief of Corporate Services from NHS Doncaster CCG from April to July 2017, and the Assistant Chief Officer from NHS Rotherham CCG from August 2017 onwards). Full post-meeting feedback is provided to CCG Accountable Emergency Officers and operational EPRR leads.  We are also represented on the Health Resilience Sub Group of the Local Health Resilience Partnership.	GREEN	N/A	N/A	N/A
41	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		Y	• 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	We have active EPRR engagement with partners through: • Attendance at our local health & social care Emergency Planning Meetings. • Representation at the LHRP. • Representation on the Health Resilience Sub Group. • 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. • Surge / System Resilience meetings. • Regular assurance meetings with the Area Team and inclusion of NHS England within our escalation flowchart.	GREEN	N/A	N/A	N/A
42	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	Y		Our EPRR Policy clearly details the processes for requesting mutual aid of our partner CCGs across South Yorkshire & Bassetlaw.  The decant plan, should the Incident Control Centre be compromised, is the premises of one of the other South Yorkshire & Bassetlaw CCGs. This has been agreed with the partner CCGs under mutual aid.	GREEN	N/A	N/A	N/A
43	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
44	Arrangements outline the procedure for responding to incidents which affect two or more regions.				N/A	N/A	N/A	N/A	N/A
45	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	Y		Our EPRR Policy clearly details the supportive role to NHS England in managing local incidents, if activated in a "support" role to NHS England as a Category 2 Responder. The CCG through our EAO has confirmed in the event of multiple SCCs being established we would sort on behalf of NHS England's procedures.	GREEN	N/A	N/A	N/A
46	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
47	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
48	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Y		We are represented on the Local Health Resilience Partnership by the Coordinating CCG for EPRR (the Chief of Corporate Services from NHS Doncaster CCG from April to July 2017, and the Assistant Chief Officer from NHS Rotherham CCG from August 2017 onwards). Full post-meeting feedback is provided to CCG Accountable Emergency Officers and operational EPRR leads.	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  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
49	Arrangements include a current training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	<ul style="list-style-type: none"><li>• Staff are clear about their roles in a plan</li><li>• A training needs analysis undertaken within the last 12 months</li><li>• Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type.</li><li>• Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate</li><li>• 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</li><li>• Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective</li></ul>	Y	<ul style="list-style-type: none"><li>• 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</li><li>• Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles</li><li>• Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises</li><li>• Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs.</li><li>• Developing and documenting a training and briefing programme for staff and key stakeholders</li><li>• Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward</li></ul>	<p>Our EPRR Policy (section 5.2) notes 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> <p>As a commissioner rather than a provider, we do not have a training plan other than each On Call team member accessing Strategic Leadership in a Crisis training, and the Emergency Accountable Officer or their delegated representative attending relevant workshops coordinated by NHS England.</p>	AMBER	N/A	N/A	N/A
50	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	<ul style="list-style-type: none"><li>• Exercises consider the need to validate plans and capabilities</li><li>• Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties.</li><li>• 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.</li><li>• If possible, these exercises should involve relevant interested parties.</li><li>• Lessons identified must be acted on as part of continuous improvement.</li><li>• Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective</li></ul>	Y	<ul style="list-style-type: none"><li>• Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate)</li><li>• Communications exercise every 6 months, table top exercise annually and live exercise at least every three years</li></ul>	<p>We run local desktop exercises where a "real" event has not already tested our resilience e.g. loss of power, IT failure. Where a "real" incident has tested our resilience, we write up learning. We have a forward plan of exercises.</p> <p>Our communications routes are regularly reviewed by our Communications Leads.</p>	GREEN	N/A	N/A	N/A
51	Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises		Y		<p>We have attended multiagency COMAH exercises in the past years and learn lessons from these.</p> <p>We are invited by our local Category 1 organisations to participate in exercises. We are taking part in an LHRP exercise relating to marauding terrorists in October 2017. We took part in Exercise Cygnus in October 2016.</p>	AMBER	N/A	N/A	N/A
52	Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		Y		<p>Those individuals nominated within our EPRR policy have been briefed on their roles and offered training via the LRF/LHRP if desired.</p> <p>Most of the individuals have undertaken a similar role in the past and have not needed further training.</p> <p>All those who may receive action cards in the event of an incident have received a pack with information.</p> <p>We have access to the NHS England guidance on roles and responsibilities to support team members.</p> <p>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
2017 Deep Dive									
DD1	The organisation's Accountable Emergency Officer has taken the result of the 2016/17 EPRR assurance process and annual work plan to a public Board/Governing Body meeting for sign off within the last 12 months.	<ul style="list-style-type: none"> <li>The organisation has taken the LHRP agreed results of their 2016/17 NHS EPRR assurance process to a public Board meeting or Governing Body, within the last 12 months</li> <li>The organisations can evidence that the 2016/17 NHS EPRR assurance results Board/Governing Body results have been presented via meeting minutes.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Organisation's public Board/Governing Body report</li> <li>Organisation's public website</li> </ul>	<p>Our 2016/17 EPRR Assurance submission was approved by the Governing Body for submission to the LHRP at our public meeting in September 2016.</p> <p>Our emergency preparedness, resilience &amp; response self-assessment was presented to the Local Health Resilience Partnership across Yorkshire &amp; Humber on 25th October 2016, and our self-assessed rating of 'green', full assurance, was noted.</p> <p>All Governing Body papers are available on our public website. <a href="http://www.sheffieldccg.nhs.uk/about-us/GB-meetings.htm">http://www.sheffieldccg.nhs.uk/about-us/GB-meetings.htm</a></p>	GREEN	N/A	N/A	N/A
DD2	The organisation has published the results of the 2016/17 NHS EPRR assurance process in their annual report.	<ul style="list-style-type: none"> <li>There is evidence that the organisation has published their 2016/17 assurance process results in their Annual Report</li> </ul>	Y	<ul style="list-style-type: none"> <li>Organisation's Annual Report</li> <li>Organisation's public website</li> </ul>	CCGs were not required to report this within their Annual Reports in 2016/17. The outcome was therefore not included. We will include a section on emergency preparedness in our annual report 2017/18.	AMBER	Publish EPRR outcome in 2017/18 Annual Report.	Director of Commissioning & Performance	31-Mar-18
DD3	The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation.	<ul style="list-style-type: none"> <li>The organisation has an identified Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio.</li> <li>The organisation has publicly identified the Non-executive Director/Governing Body Representative that holds the EPRR portfolio via their public website and annual report</li> <li>The Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the Board/Governing Body</li> <li>The organisation has a formal and established process for keeping the Non-executive Director/Governing Body Representative briefed on the progress of the EPRR work plan outside of Board/Governing Body meetings</li> </ul>	Y	<ul style="list-style-type: none"> <li>Organisation's Annual Report</li> <li>Organisation's public Board/Governing Body report</li> <li>Organisation's public website</li> <li>Minutes of meetings</li> </ul>	<p>The Director of Commissioning and Performance holds the EPRR portfolio and sits on the Governing Body</p> <p>The Chair of our Audit and Integrated Governance who is a Lay Member and Deputy Chair of our Governing Body, oversees EPRR as part of his broad governance role. He has been nominated as the formal Governing Body lead to support the Emergency Accountable Officer from 1 August 2017 and until an additional Lay Member is appointed and in post</p>	GREEN	N/A	N/A	N/A
DD4	The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function	<ul style="list-style-type: none"> <li>The organisation has an internal group that meets at least quarterly that agrees the EPRR work priorities and oversees the delivery of the organisation's EPRR function.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> </ul>	This function will be undertaken by our Governance Sub-committee which meets quarterly and reports directly to the Audit and Integrated Governance Committee. Progress updates as part of the Corporate Assurance Report will be provided. The Governance Sub-committee also approves our Business Continuity Policy & Plan.	GREEN	Update Terms of Reference to reflect role of the Committee	Corporate Services Risk and Governance Manager	N/A
DD5	The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group	<ul style="list-style-type: none"> <li>The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program.</li> <li>The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> </ul>	The Accountable Emergency Officer attends the Governance Sub-committee which provides oversight to the delivery of the EPRR work programme.	GREEN	N/A	N/A	N/A
DD6	The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings	<ul style="list-style-type: none"> <li>The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings</li> <li>The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> </ul>	We are represented on the Local Health Resilience Partnership by the Coordinating CCG for EPRR (the Chief of Corporate Services from NHS Doncaster CCG from April to July 2017, and the Assistant Chief Officer from NHS Rotherham CCG from August 2017 onwards). This approach has been fully agreed with and supported by the LHRP. Full post-meeting feedback is provided to CCG Accountable Emergency Officers and operational EPRR leads.	GREEN	N/A	N/A	N/A

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)  
Emergency Preparedness, Resilience and Response (EPRR) assurance 2017-2018**

**STATEMENT OF COMPLIANCE**

NHS Sheffield CCG has undertaken a self-assessment against required areas of the [NHS England Core Standards for EPRR v5.0](#).

Following assessment, the organisation has been self-assessed as demonstrating the Substantial 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 and the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however the organisation is not fully compliant with 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 the organisation is not fully compliant with 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)	7 June 2017 – Pearl Clyde
A desktop exercise (required at least annually)	18 October 2016 – Cygnus
A communications exercise (required at least every six months)	15 May 2017 – On Call test

I confirm that the relevant teams in my organisation have considered the debrief reports and actions required from the cyber incidents at North Lincolnshire and Goole NHS FT and Leeds Teaching Hospitals NHS Trust. A plan for the identified actions arising is available.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation's Accountable Emergency Officer

Date of Governing Body meeting

Date signed