

**NHS Sheffield CCG Emergency Preparedness, Resilience and Response (EPRR)
 Assurance 2018-19**

Governing Body meeting

6 September 2018

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Author(s)	Sue Laing, Corporate Services Risk and Governance Manager
Sponsor Director	Brian Hughes, Director of Commissioning and Performance
Purpose of Paper	
To note the attached EPRR Self-assessment and Deep Dive approve the proposed statement of compliance with national EPRR standards	
Key Issues	
<p>The proposed level of compliance for 2018/19 is 'Substantial'</p> <p>A number of actions have been identified as a result of the assessment and will be taken forward during 2018/19</p>	
Is your report for Approval / Consideration / Noting	
Noting and Approval	
Recommendations / Action Required by Governing Body	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Note the self-assessment and the actions identified • Approve the proposed overall assessment of Substantially Compliant 	
Governing Body Assurance Framework	
<i>Which of the CCG's objectives does this paper support?</i>	
<p>5. Organisational development to ensure CCG meets organisational health and capability requirement</p> <p>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</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
None	
Have you carried out an Equality Impact Assessment and is it attached?	
<p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> No</p> <p><i>If not, why not?</i> No specific issues associated with this report</p>	
Have you involved patients, carers and the public in the preparation of the report?	
Not applicable	

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1 Introduction / Background

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients. They 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 core standards are subject to annual review, the 2018/19 review includes minor amends and updates according to recent learning and changes in legislation and/or guidance.

Changes include:

- Expanded focus on Business Continuity
- Revised formatting
- Removal of the CBRN (decontamination) equipment list

2 Purpose

The purpose of the Core Standards for EPRR are to:

- Enable health agencies across the country to share a common approach to EPRR
- Allow coordination of EPRR activities according to the organisation's size and scope
- Provide a consistent and cohesive framework for EPRR activities
- Inform the organisation's annual EPRR work programme

3 Core Standards for EPRR Domains

The NHS England Core Standards for EPRR are split into 10 domains

- i) Governance
- ii) Duty to risk assess
- iii) Duty to maintain plans
- iv) Command and Control

- v) Training and Exercise
- vi) Response
- vii) Warning and informing
- viii) Cooperation
- ix) Business Continuity
- x) Chemical Biological Radiological Nuclear (DBRN) and Hazardous Material (HAZMAT) – not applicable to Clinical Commissioning Groups

The applicability of each domain and core standard is dependent on the organisation's function and statutory requirements.

4 Deep dive

The 2018-2019 EPRR annual assurance deep dive focusses on 'Command and Control'. The self-assessment of these deep dive statements does not contribute to the organisation's overall EPRR assurance rating, and will be reported separately.

5 South Yorkshire and Bassetlaw Approach to EPRR

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 2018/19, **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) Present the above outcomes to Governing Body
- iii) Submit the Governing Body paper to the LHRP secretariat (by email england.yorkshire-epr@nhs.net) by Wednesday 31 October 2018

6 Timetable

31 October 2018	Assurance returns to be made to Regional EPRR teams
31 December 2018	Regions to have completed confirm and challenge meetings, and submitted their Regional EPRR assurance report using the Regional Return template
28 February 2019	National EPRR team to have completed confirm and challenge meetings with Regional teams.
31 March 2019	National EPRR assurance reported to the NHS England Board

7 Recommendations

The Governing Body is asked to:

- Note the self-assessment and the actions identified
- Approve the proposed overall assessment of Substantially Compliant

Paper prepared by Sue Laing, Corporate Services Risk and Governance Manager
on behalf of Brian Hughes, Director of Commissioning and Performance

August 2018

Please select type of organisation:

Clinical Commissioning Group

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	9	9	0	0
Command and control	2	2	0	0
Training and exercising	3	3	0	0
Response	5	4	1	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	0	0	0	0
Total	43	42	1	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Incident Coordination Centres	4	2	2	0
Command structures	4	4	0	0
Total	8	6	2	0

Overall assessment:	Substantially compliant
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Instructions:

- Step 1: Select the type of organisation from the drop-down at the top of this page
- Step 2: Complete the Self-Assessment RAG in the 'EPRR Core Standards' tab
- Step 3: Complete the Self-Assessment RAG in the 'Deep dive' tab
- Step 4: Ambulance providers only: Complete the Self-Assessment in the 'Interoperable capabilities' tab
- Step 5: Click the 'Produce Action Plan' button below

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Self assessment RAG		Action to be taken	Lead	Timescale	Comments (including organisational evidence)
						Red = Not compliant with core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months.	Green = Fully compliant with core standard.				
1	Governance	Appointed AEO	<p>The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio.</p> <p>A non-executive board member, or suitable alternative, should be identified to support them in this role.</p>	Y	<ul style="list-style-type: none"> Name and role of appointed individual 		Fully compliant				<p>The Director of Commissioning and Performance is the CCG's Accountable Emergency Officer (AEO). He 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.</p> <p>The AEO is supported in this role by the Corporate Services Risk and Governance Manager.</p> <p>The CCG has identified a Lay Member who sits on the Audit and Integrated Governance Committee oversees EPRR as part of their broad governance role. The Lay Member was nominated as the formal Governing Body Lead to support the AEO with effect from November 2017</p>
2	Governance	EPRR Policy Statement	<p>The organisation has an overarching EPRR policy statement.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> Business objectives and processes Key suppliers and contractual arrangements Risk assessment(s) Functions and / or organisation, structural and staff changes. <p>The policy should:</p> <ul style="list-style-type: none"> Have a review schedule and version control Use unambiguous terminology Identify those responsible for making sure the policies and arrangements are updated, distributed and regularly tested Include references to other sources of information and supporting documentation. 	Y	<p>Evidence of an up to date EPRR policy statement that includes:</p> <ul style="list-style-type: none"> Resourcing commitment Access to funds Commitment to Emergency Planning, Business Continuity, Training, Exercising etc. 		Fully compliant				<p>The CCG has several policies in place to support the EPRR Policy statement and its commitment. These are up to date and available on our public website at:</p> <p>http://www.intranet.sheffieldccg.nhs.uk/policies.htm</p> <p>These policies consist of a Business Continuity Policy and Plan and a Emergency Preparedness, Resilience & Response Policy. The policies are complimented by our Health and Safety, Incident Reporting Policies together with our Risk Management Strategy.</p> <p>The CCG has local agreements in place with partners and providers which is overseen by Sheffield Health Emergency Planning Forum. References to treatment plans, exercises and funding are overseen by this group.</p> <p>The CCG has a wider on-call team covering South Yorkshire and Basselaw CCG's as part of the shared Health, Safety and Security Shared Services, that also share similar plans and provide access to training. The Responsible Officer for this Service is qualified in EPRR Management. The service is underpinned by a Memorandum of Understanding and hosted by Rotherham CCG.</p>
3	Governance	EPRR board reports	<p>The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually.</p> <p>These reports should be taken to a public board, and as a minimum, include an overview on:</p> <ul style="list-style-type: none"> training and exercises undertaken by the organisation business continuity, critical incidents and major incidents the organisation's position in relation to the NHS England EPRR assurance process. 	Y	<ul style="list-style-type: none"> Public Board meeting minutes Evidence of presenting the results of the annual EPRR assurance process to the Public Board 		Fully compliant				<p>Our 2017/18 EPRR Assurance Submission was approved by the Governing Body in September 2017.</p> <p>The 2018/19 submission is planned for approval by our Governing Body meeting in September 2018. All Governing Body meeting papers are available on the CCG's website at http://www.sheffieldccg.nhs.uk/about-us/GB-meetings.htm</p> <p>A quarterly assurance report on EPRR is provided to the Governance Sub-committee which is a sub-committee of the Audit and Integrated Governance Committee.</p>
4	Governance	EPRR work programme	<p>The organisation has an annual EPRR work programme, informed by lessons identified from:</p> <ul style="list-style-type: none"> incidents and exercises identified risks outcomes from assurance processes. 	Y	<ul style="list-style-type: none"> Process explicitly described within the EPRR policy statement Annual work plan 		Fully compliant				<p>We receive feedback via the LHRP with regard to local incidents so that lessons can be learned. Any learning for CCGs from the incidents is considered within the organisation. We participate in local exercises such as COMAH.</p> <p>A number of specific risks have been identified within our EPRR Policy which has been jointly developed across South Yorkshire and Bassetlaw CCGs alongside our planned response.</p> <p>We have developed an action plan following the Wannacry Cyber Attack and are working with our IT providers to ensure our systems and processes remain secure.</p>
5	Governance	EPRR Resource	<p>The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.</p>	Y	<ul style="list-style-type: none"> EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board Assessment of role / resources Role description of EPRR Staff Organisation structure chart Internal Governance process chart including EPRR group 		fully compliant				<p>The CCG has in place an EPRR Policy and local Business Continuity Policy and Plans which clearly defines the roles and responsibilities of staff should an incident occur or during an emergency event.</p> <p>The AEO is supported by the Corporate Services Risk and Governance Manager and is overseen by an identified Lay Member. The Role of the Governance Sub-committee is to review and monitor compliance with the standards as well as compliance with the civil contingencies Act 2004.</p> <p>Approval of the EPRR is reserved to the Governing Body. Approval of the Business Continuity Policy and Plan is delegated to the Governance Sub-committee.</p>

6	Governance	Continuous Improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	Y	<ul style="list-style-type: none"> Process explicitly described within the EPRR policy statement 	Fully compliant			<p>We receive feedback via the LHRP with regard to local incidents so that lessons can be learned eg Exercise Seven Hills; Exercise Nox, Exercise Accentua.</p> <p>We have developed an action plan following the Wannacy Cyber Attack which we are working with our IT Service Providers to ensure our IT systems and processes remain robust.</p> <p>We participate in local exercises such as COMAH and ensure that any lessons learned are fed back to the organisation.</p> <p>Our EPRR policy confirms the processes following an EPRR incident in order to ensure lessons are learned. We take responsibility for debriefing and providing support to staff where required via individual line managers which is coordinated via the EAO. Debriefing may also be on a multi-agency footprint.</p>
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	<ul style="list-style-type: none"> Evidence that EPRR risks are regularly considered and recorded Evidence that EPRR risks are represented and recorded on the organisations corporate risk register 	Fully compliant			<p>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, Divers, The policy is reviewed by the author 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.</p>
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	<ul style="list-style-type: none"> EPRR risks are considered in the organisation's risk management policy Reference to EPRR risk management in the organisation's EPRR policy document 	Fully compliant			<p>Our Business Continuity Contingency Plan includes plans and mitigation for the short term (under 72 hours) and the longer term for: - Loss of key staff in the short or long term (Epidemic/pandemic illness, industrial action, Simultaneous resignation of a number of staff (eg lottery syndicate win) , school closures, travel/transport disruption preventing staff getting to base or home), - Loss of operating premises or access to operating premises (contamination of premises or access to premises. Disruption is utility supply to premises, Fire, Flooding, Structural defect/failure. Terrorist or criminal attack, Cordon preventing access to premises) - 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. - Data loss affecting CCG service/function delivery (electronic data stolen/lost, Destruction of paper files, Failure of back up or failsafe. Temporary loss of data). - Supplier failure, affecting CCG service/function delivery (supplier/provider contract breach, Supplier/provider industrial action, Stock management failure, Supplier does into administration/ Supply chain collapse. Partner CCGs unable to deliver hosted functions).</p> <p>We have a risk on our corporate risk register relating to BCM</p>
9	Duty to maintain plans	Collaborative planning	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Y	Partners consulted with as part of the planning process are demonstrable in planning arrangements	Fully compliant			<p>We have active engagement with partners through:</p> <p>Attendance at local area-specific Emergency Planning Meetings</p> <p>Attendance at the LHRP meetings by the representative of South Yorkshire and Bassetlaw CCGs</p> <p>Taking lessons learned from all resilience activities and partner exercises</p> <p>Having a list of contracts amongst both Category 1 and Category 2 responders within South Yorkshire</p> <p>Strategic contracting meetings with those who commission where emergency planning issues can be raised</p> <p>Regular assurance meetings with NHS England Regional Team and inclusion of NHS England within our escalation flowchart</p> <p>Urgent Emergency Care transition Delivery Board</p>
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as per the EPRR Framework).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required 	Fully compliant			<p>Our EPRR Policy supported the CCG to respond to each of these areas.</p> <p>Our policy covers:</p> <ul style="list-style-type: none"> -incidents and emergencies (Incident Response Plan) (Major Incident Plan) - Severe weather (heatwave; flooding; snow and cold weather) - Pandemic Influenza - Infectious Diseases Outbreak (also supported by the Health Protection Agency (HPA) Agreement) - Evacuation <p>Our Business Continuity Policy and Action Plan underpinned by team specific operation plans covers:</p> <ul style="list-style-type: none"> - Corporate and service level business continuity - Fuel disruption - Utilities - IT and Telecommunications failures

12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as per the EPRR Framework).	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Fully compliant			<p>Our EPRR Policy supported us to respond to each of these areas.</p> <p>Our EPRR Policy covers:</p> <ul style="list-style-type: none"> - 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 <p>Our Business Continuity Policy & Plan, underpinned by team specific operational plans covers:</p> <ul style="list-style-type: none"> - Corporate and service level Business Continuity - Fuel Disruption - Utilities, IT and Telecommunications Failure
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heat wave on the population the organisation serves and its staff.	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Fully compliant			<p>Our overarching Business Continuity Policy and Plan and EPRR Policy supports the CCG in responding to heatwaves, underpinned by our Incident Weather Policy</p>
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Fully compliant			<p>Our overarching Business Continuity Policy and Plan and EPRR Policy supports the CCG in responding to cold weather underpinned by our Incident Weather Policy.</p> <p>All organisations have a winter plan in place, the identification of vulnerable groups and people at risk in severe weather forms part of the winter planning.</p>
15	Duty to maintain plans	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza as described in the National Risk Register.	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism 	Fully compliant			<p>Joint agreed Rotherham and Sheffield Pandemic Flu Plan</p> <p>Attendees at Health Protection Committee</p>
16	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3.	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Fully compliant			<p>Multi Agency Outbreak Plan - August 2017. This plan is maintained and updated by members of the Rotherham Health Protection Committee (HPC) chaired by the Director of Public Health. The Plan is reviewed on an annual basis.</p> <p>This Plan provides a framework for the multi-agency response to communicable disease incidents and outbreaks in Sheffield.</p>
18	Duty to maintain plans	Mass Casualty - surge	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to increase capacity by 10% in 6 hours and 20% in 12 hours.	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Fully compliant			<p>Sheffield System Wide Escalation Plan in place including actions in Severe Winter Weather.</p> <p>Sheffield has a Severe Winter Weather Framework which is an overarching document designed to deal with an extreme winter weather event at an authority level. It contains what is expected of Directorates, how this links in with Local Resilience Forum and national structures, and reporting routes. It has a series of trigger points based on the Cold Weather Alert Levels issued by the Met Office. It is reviewed annually to coincide with the annual publication of the PHE Cold Weather Plan, which historically is issued at the end of October. In particular there is a section on winter maintenance and transport.</p> <p>EPRR Policy</p> <p>The CCG is a partner in a number of specific plans which have been developed across the health community in order to respond to emergencies and escalate actions appropriately. These include:</p> <ul style="list-style-type: none"> NHS England Incident Response Plan Sheffield System Wide Escalation Plan Heatwave Plan Pandemic Flu Plan
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to place to shelter and / or evacuate patients, staff and visitors. This should include arrangements to perform a whole site shelter and / or evacuation.	Y	<ul style="list-style-type: none"> Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Fully compliant			<p>The CCG's overarching Business Continuity Policy and Plan and EPRR supports our response in this respect</p> <p>Sheffield CCG Fire Safety Policy has in place a Fire Safety Policy which is reviewed annually. The role of Responsible Person as defined by the Regulatory Reform (Fire Safety) Order 2005 is undertaken by the Assistant Chief Officer as part of the South Yorkshire and Bassetlaw CCGs Health, Safety and Security Shared Service.</p> <p>The Director of Finance is the nominated Officer and is responsible for the implementation of the Fire Safety Policy.</p>
24	Command and control	On call mechanism	A resilient and dedicated EPRR on call mechanism in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond or escalate notifications to an executive level.	Y	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement • On call Standards and expectations are set out • Include 24 hour arrangements for alerting managers and other key staff. 	Fully compliant			<p>There is a shared rota across the South Yorkshire & Bassetlaw CCGs which enables providers to contact a representative of their commissioning CCG in an urgent situation outside of normal business hours. The CCGs participating in the shared arrangement have clear authorisation to act on behalf of each other outside of normal business hours. This may include, but is not limited to, making decisions and committing expenditure on behalf of the other CCGs.</p> <p>Our EPRR Policy contains activation action cards and incident manager action cards in place in the event of incidents.</p> <p>Our Business Continuity Plan contains an activation flowchart.</p> <p>Our on-call procedure and supporting on-call pack contains an activation and escalation framework.</p>

25	Command and control	Trained on call staff	<p>On call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer.</p> <p>The identified individual:</p> <ul style="list-style-type: none"> • Should be trained according to the NHS England EPRR competencies (National Occupational Standards) • Can determine whether a critical, major or business continuity incident has occurred • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making • Should ensure appropriate records are maintained throughout. 	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement 	Fully compliant			<p>A shared rota across the South Yorkshire & Bassetlaw CCGs enables providers to contact a representative of their commissioning CCG in an urgent situation outside of normal business hours. CCGs participating in the shared arrangement (see below) have clear authorisation to act on behalf of each other outside of normal business hours. This may include, but is not limited to, making decisions and committing expenditure on behalf of the other CCGs.</p> <p>CCGs have agreed Surge & Escalation plans with Providers through System Resilience Groups (SRGs). In the event of a local resilience situation, these plans should be enacted and provider-to-provider management of the situation should ensue.</p> <p>Unanticipated situations may require additional Provider action beyond the limits of agreed Surge & Escalation Plans and require wider resources than can be accessed by the Provider. If urgent CCG input to a system resilience situation is required (e.g. committing additional expenditure or enacting other contracts) outside of normal business hours, the On Call system should be used.</p> <p>CCGs are Category 2 Responders and therefore the role of the CCGs in any emergency situation is likely to be focussed on cooperating with and supporting Category 1 Responders.</p> <p>The CCGs would generally expect providers to manage incidents either within the provider organisation (e.g. through Business Continuity or Emergency). Our 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 the Learning and Development Team. Training can be accessed via the Local Resilience Forum (LRF).</p> <p>The JESIP framework and Decision Making Tool is included within the On Call Packs as an aide memoire.</p> <p>Individuals involved in the on-call rota as part of the South Yorkshire and Bassetlaw CCG shared on-call rota have significant experience at executive level which they bring to the on-call role.</p> <p>'Strategic Leadership in a Crisis' training was coordinated by Doncaster CCG in July 2016 and accessed by on-call leads on the rota, dependant on their own training and development needs assessment.</p> <p>In 2017 on-call leads took part in a live exercise 'Seven Hills' which provided part of the training for the on-call team.</p> <p>As category 2 responders, the South Yorkshire and Bassetlaw CCG's have evaluated that further training beyond that already accessible through peer support with the local areas, table top and live exercises and the the LHRP is not necessary.</p>
26	Training and exercising	EPRR Training	<p>The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.</p>	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement • Evidence of a training needs analysis • Training records for all staff on call and those performing a role within the ICC • Training materials • Evidence of personal training and exercising portfolios for key staff 	Fully compliant			<p>The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.</p> <p>Organisations should meet the following exercising and testing requirements:</p> <ul style="list-style-type: none"> • a six-monthly communications test • annual table top exercise • live exercise at least once every three years • command post exercise every three years. <p>The exercising programme must:</p> <ul style="list-style-type: none"> • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. <p>Lessons identified must be captured, recorded and acted upon as part of continuous improvement.</p>
27	Training and exercising	EPRR exercising and testing programme	<p>The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.</p> <p>Organisations should meet the following exercising and testing requirements:</p> <ul style="list-style-type: none"> • a six-monthly communications test • annual table top exercise • live exercise at least once every three years • command post exercise every three years. <p>The exercising programme must:</p> <ul style="list-style-type: none"> • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. <p>Lessons identified must be captured, recorded and acted upon as part of continuous improvement.</p>	<ul style="list-style-type: none"> • Exercising Schedule • Evidence of post exercise reports and embedding learning 	Fully compliant			<p>We participate in local COMAH exercises and wider NHS and local health and social care economy EPRR exercises.</p> <p>The CCG and/or members of the hosted Health and Safety and Security Shared Service have attended a number of exercises over the past year including Exercise Mohawk, Chatter and Corvey.</p> <p>The CCG followed its Business Continuity Policy and Plan in February 2018 due to inclement weather.</p> <p>We receive feedback via the LHRP on local incidents so that lessons can be learned eg. WannaCry Cyber Attack. Any learning for CCGs from incidents is fed back to the organisation for internal action.</p> <p>Our EPRR Policy confirms the processes following the 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>6 month communications test for on-call officers Yearly communications test for all staff.</p>
28	Training and exercising	Strategic and tactical responder training	<p>Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation</p>	<ul style="list-style-type: none"> • Training records • Evidence of personal training and exercising portfolios for key staff 	Fully compliant			<p>MOU for Specialist Advice Shared Services. This Memorandum of Understanding (MOU) is based upon the premise of a shared collaborative approach to service delivery between NHS Doncaster CCG, NHS Barnsley CCG, NHS Bassetlaw CCG, NHS Rotherham CCG and NHS Sheffield CCG, specifically excluding performance management. It will confirm how the shared service will function including the aims and objectives and roles and responsibilities of the host employer and parties of the shared service.</p> <p>Category 2 Responder</p> <p>Our EPRR policy notes that all staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support are asked to raise with their line manager in the first instance. Training is also accessible through the LRF. Strategic Leadership in a Crisis training has been arranged within the last year.</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 organisation we do not have a training plan other than each on-call team member accessing training when required and the AEO or their delegated representative attending relevant workshops coordinated by NHS England.</p>

30	Response	Incident Co-ordination Centre (ICC)	The organisation has a preidentified an Incident Co-ordination Centre (ICC) and alternative fall-back location. Both locations should be tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.	Y	<ul style="list-style-type: none"> Documented processes for establishing an ICC Maps and diagrams A testing schedule A training schedule Pre identified roles and responsibilities, with action cards Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards 	Fully compliant				Incident Control Centre is identified in the EPRR Policy. The CCG Incident Control Centre is not kept on permanent stand-by and will be enacted by the Accountable Emergency Officer or their nominated Deputy. The CCG Incident Control Centre is located at: 722 Prince of Wales Road Darnall Sheffield S9 4EU The decant plan, should the Incident Control Centre be compromised, will be the premises of one of the South Yorkshire & Bassetlaw CCGs. This has been agreed with the partner CCGs under mutual aid.
31	Response	Access to planning arrangements	Version controlled, hard copies of all response arrangements are available to staff at all times. Staff should be aware of where they are stored; they should be easily accessible.	Y	Planning arrangements are easily accessible - both electronically and hard copies	Fully compliant				EPRR Policy and BCP and Plan are available on intranet and internet - staff notified that all policies are available on the website and via Weekly Round-Up. Staff are informed of any changes and new policy via Team Briefings. Copies of directorate Business Continuity Plans are available from the Directorate Business Continuity Lead.
32	Response	Management of business continuity incidents	The organisations incident response arrangements encompass the management of business continuity incidents.	Y	<ul style="list-style-type: none"> Business Continuity Response plans 	Fully compliant				The CCG has a specific Business Continuity Policy and Action Plan that clearly identifies our Business Continuity Statement of Intent
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents.	Y	<ul style="list-style-type: none"> Documented processes for accessing and utilising loggists Training records 	Partially compliant	Continue to review and keep in focus number of trained Loggists within the organisation	BH	Feb-19	The CCGs EPRR Policy includes documented processes for accessing and utilising Loggists. The function is delivered through a record of trained volunteers who are willing to be called should an incident occur. Whilst our Loggists are not on-call we are confident of our ability to field a trained Loggist should the need arise
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	<ul style="list-style-type: none"> Documented processes for completing, signing off and submitting SitReps Evidence of testing and exercising 	Fully compliant				Situation report arrangements for the South Yorkshire & Bassetlaw CCGs are determined by the Incident Lead Executive in line with the escalation action card and the Incident Lead Executive action card. Reports on the local situation will be made, as required, to NHS England. If an incident is prolonged, the CCG may be asked to support the Strategic Coordinating Group (SCG) or the Tactical Coordinating Group (TSC) led by the lead agency. Eg Sitreps are provided to NHS England over Bank holiday weekends as required.
37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	<ul style="list-style-type: none"> Have emergency communications response arrangements in place Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response Using lessons identified from previous major incidents to inform the development of future incident response communications 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 Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work 	Fully compliant				Communication Strategy included in the Business Continuity Policy and Plan. SY&B CCG On Call System Pack A&E Delivery Board - all the partners across the health and social care network attend. <ul style="list-style-type: none"> Emergency communications response arrangements in place Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response Using lessons identified from previous major incidents to inform the development of future incident response communications 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 Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public and staff during major incidents, critical incidents or business continuity incidents.	Y	<ul style="list-style-type: none"> Have emergency communications response arrangements in place Be able to demonstrate consideration of target audience when 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 major incidents to inform the development of future incident response communications Setting up protocols with the media for warning and informing 	Fully compliant				Communication Strategy included in the Business Continuity Policy and Plan. The CCG has a Deputy Director of Communications that would be responsible for communicating to the partners and our providers during a business continuity incident. 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 will support as required. The initial communication of an LRF/LHRP cross-footprint incident alert is to the first on-call officer of the Yorkshire and Humber Area Team.
39	Warning and informing	Media strategy	The organisation has a media strategy to enable communication with the public. This includes identification of and access to a trained media spokesperson able to represent the organisation to the media at all times.	Y	<ul style="list-style-type: none"> Have emergency communications response arrangements in place Using lessons identified from previous major incidents to inform the development of future incident response communications 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 spokespersons and 'talking heads' 	Fully compliant				Communication Strategy included in the Business Continuity Policy and Plan. Cascade Tests undertaken to inform all staff. These exercises are to test the ability of the organisation to contact key staff and other NHS and partner organisations, 24/7. They include testing telephone, email, paging and other communications methods in use. The communications exercise is conducted both during the in-hours period and the out-of-hours period on a rotational basis and is unannounced. Accountable Officer and senior team have all received media training.

40	Cooperation	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.	Y	<ul style="list-style-type: none"> Minutes of meetings 	Fully compliant			<p>We are represented at the Health Resilience Partnership meeting by NHS Rotherham CCG as part of the hosted Health and Safety and Security Shared Service for South Yorkshire and Bassetlaw CCGs</p> <p>Post-meeting feedback is provided to the CCG AEO and operational EPRR Leads.</p>
41	Cooperation	LRF / BRF attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with other responders.	Y	<ul style="list-style-type: none"> Minutes of meetings Governance agreement if the organisation is represented 	Fully compliant			We are represented at the Local Resilience Forum by the Yorkshire and Humber Area Team for NHS England
42	Cooperation	Mutual aid arrangements	<p>The organisation has agreed mutual aid arrangements in place outlining the process for requesting, co-ordinating and maintaining resource eg staff, equipment, services and supplies.</p> <p>These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA).</p>	Y	<ul style="list-style-type: none"> Detailed documentation on the process for requesting, receiving and managing mutual aid requests Signed mutual aid agreements where appropriate 	Fully compliant			Mutual Aid Agreements are in place with partner organisations across South Yorkshire and Bassetlaw CCG's. Our EPRR Policy clearly details the processes for requesting mutual aid of our partner CCG's across South Yorkshire and Bassetlaw.
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders.	Y	<ul style="list-style-type: none"> Documented and signed information sharing protocol Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'. 	Fully compliant			<p>As Category 2 Responders, we 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.</p> <p>We have a mutual aid agreement for premises with our partner CCGs. SY LRF information sharing protocol for Cat 1 & 2 Responders - Approved May 2018</p>
47	Business Continuity	BC policy statement	The organisation has in place a policy statement of intent to undertake Business Continuity Management System (BCMS).	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement	Fully compliant			The CCG has a specific Business Continuity Policy and Plan that clearly identifies our Business Continuity Management Statement of Intent. Full details of the plan can be found on our website at: http://www.intranet.sheffieldccg.nhs.uk/policies.htm
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS, specifying the risk management process and how this will be documented.	Y	<p>BCMS should detail:</p> <ul style="list-style-type: none"> Scope e.g. key products and services within the scope and exclusions from the scope Objectives of the system The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties Specific roles within the BCMS including responsibilities, competencies and authorities. The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process Resource requirements Communications strategy with all staff to ensure they are aware of their roles Stakeholders 	Fully compliant			<p>The CCG has a specific Business Continuity Policy and Plan that clearly identifies our Business Continuity Management Statement of Intent. Full details of the plan can be found on our website at: http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm</p>
49	Business Continuity	Business Impact Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Y	<p>Documented process on how BIA will be conducted, including:</p> <ul style="list-style-type: none"> the method to be used the frequency of review how the information will be used to inform planning how RA is used to support. 	Fully compliant			The CCG's Business Impact Analysis process is clearly defined within the Business Continuity Policy and Plan. http://www.intranet.sheffieldccg.nhs.uk/policies.htm
50	Business Continuity	Data Protection and Security Toolkit	Organisation's IT department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance	Fully compliant			Compliance received through our IT provider and assured through Information Governance Group and Governance Sub-committee
51	Business Continuity	Business Continuity Plans	<p>The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:</p> <ul style="list-style-type: none"> people information and data premises suppliers and contractors IT and infrastructure <p>These plans will be updated regularly (at a minimum annually), or following organisational change.</p>	Y	<ul style="list-style-type: none"> Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation 	Fully compliant			<p>The CCG has an over arching Business Continuity Policy and Plan overseen by the Director of Commissioning and Performance and supported by the Corporate Services Risk and Governance Manager.</p> <p>The BCP supports the overall CCG whilst each directorate has their own localised BCP. Each plan details business critical functions and there minimum tolerable periods of disruption.</p>
52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against the Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	<ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers 	Fully compliant			<p>Business Continuity Policy and Plan November 2017 - Reviewed and approved at Governance Sub-committee in August 2017</p> <p>EPRR Policy March 2016 - To be reviewed by Governance Sub-committee March 2019</p> <p>Exercises and learning are reported through the Quarterly Governance Sub-committee through to the Audit and Integrated Governance Committee.</p> <p>Our EPRR assurance is received by Governing Body annually, presented by the Emergency Accountable Officer.</p>
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	<ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers Audit reports 	Fully compliant			<ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Governing Body papers Governance Sub-committee minutes and reports Audit reports
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess and take corrective action to ensure continual improvement to the BCMS.	Y	<ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers Action plans 	Fully compliant			<p>EPRR Policy - Reviewed every 3 years</p> <p>BCM Policy and Plan - Reviewed every 2 years</p> <ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Governing Body papers Governance Sub-committee minutes and reports Action plans

55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers arrangements work with their own.	Y	<ul style="list-style-type: none"> • EPRR policy document or stand alone Business continuity policy • Provider/supplier assurance framework • Provider/supplier business continuity arrangements 	Fully compliant	Review process requirements for BCM Plans of our providers and include update reports to Governing Body where appropriate			Providers are required to provide this information as part of the core standard NHS Contract. Assurance is received by contract monitoring Delivery Board meetings
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Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Self assessment RAG Red = Not compliant with core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months. Amber = Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months. Green = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
Deep Dive - Command and control										
Domain: Incident Coordination Centres										
1	Incident Coordination Centres	Communication and IT equipment	The organisation has equipped their ICC with suitable and resilient communications and IT equipment in line with NHS England Resilient Telecommunications Guidance.	Y		Partially compliant	As part of current refurbishment of offices on ground floor review current arrangements within ICC			Incident Control Centre is identified in the EPRR Policy. The CCG Incident Control Centre is not kept on permanent stand-by and will be enacted by the Accountable Emergency Officer or their nominated Deputy. The CCG Incident Control Centre is located: Ground floor 722 Prince of Wales Road Darnall Sheffield S9 4EU The decant plan, should the ICCentre be compromised, will be the premises of one of the South Yorkshire & Bassetlaw CCGs. This has been agreed with the partner CCGs under mutual aid.
2	Incident Coordination Centres	Resilience	The organisation has the ability to establish an ICC (24/7) and maintains a state of organisational readiness at all times.	Y	Up to date training records of staff able to resource an ICC	Fully compliant				The CCG Incident Coordination Centre is not kept on permanent standby and will be enacted by the AEO or their nominated deputy. The AEO and/or their deputy has out of hours access if required. A decant procedure under mutual aid agreement is in place should the ICC at Doncaster be compromised.
3	Incident Coordination Centres	Equipment testing	ICC equipment has been tested every three months as a minimum to ensure functionality, and corrective action taken where necessary.	Y	Post test reports Lessons identified EPRR programme	Partially compliant	Further testing of arrangements	BH	Feb-19	The Incident Coordination Centre is in daily use as a working office and can be vacated immediately upon an incident occurring. Therefore, all systems are regularly used and tested. The emergency phone has been tested within the last three months and is tested regularly. The emergency boxes are maintained and regularly reviewed to ensure hard copies of information and BCP's are up to date.
4	Incident Coordination Centres	Functions	The organisation has arrangements in place outlining how it's ICC will coordinate it's functions as defined in the EPRR Framework.	Y	Arrangements outline the following functions: Coordination Policy making Operations Information gathering Dispersing public information.	Fully compliant				The Incident Coordination Centre functions and its arrangements are identified in section 4.11 of the EPRR policy available at the following link: http://www.intranet.sheffieldccg.nhs.uk/Downloads/Policies/Emeergency%20Preparedness%20Resilience%20and%20Responsiveness%20Policy.pdf
Domain: Command structures										

5	Command structures	Resilience	The organisation has a documented command structure which establishes strategic, tactical and operational roles and responsibilities 24 / 7.	Y	Training records of staff able to perform commander roles EPRR policy statement - command structure Exercise reports	Fully compliant				<p>The South Yorkshire & Bassetlaw CCGs have a shared On Call system across 5 CCGs which has been in place since 1 April 2014 and has been successfully tested throughout the year. The system was co-ordinated for the first part of this year by NHS Doncaster CCG as the lead CCG for the 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.</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, and through On Call outside of normal working hours.</p> <p>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. We have a generic EPRR email address used routinely to EPRR communications and this account is checked daily and auto-forwards to key senior staff.</p> <p>We have access to Resilience Direct service.</p>
6	Command structures	Stakeholder interaction	The organisation has documented how its command structure interacts with the wider NHS and multi-agency response structures.	Y	EPRR policy statement and response structure	Fully compliant				<p>The CCG's Business Continuity Policy and Plan and the EPRR policy sets out its internal and external command structure. The policies can be found at the following link: http://www.intranet.sheffieldccg.nhs.uk/policies.htm</p> <p>Further details for multi-organisational response structures are detailed within the On Call pack.</p>
7	Command structures	Decision making processes	The organisation has in place processes to ensure defensible decision making; this could be aligned to the JESIP joint decision making model.	Y	EPRR policy statement inclusive of a decision making model Training records of those competent in the process	Fully compliant				<p>The CCG's Business Continuity Policy and Plan clearly defines the national decision making tool as the preferred option of decision making. The JESIP framework and decision making tool is included within the On Call pack as an aide memoire.</p>
8	Command structures	Recovery planning	The organisation has a documented process to formally hand over responsibility from response to recovery.	Y	Recovery planning arrangements involving a coordinated approach from the affected organisation(s) and multi-agency partners	Fully compliant				<p>The CCG's Business Impact Analysis defines recovery time objectives. The relevant Executive Director has responsibility for ensuring that recovery plans are in place with regard to internal incidents. The EPRR further defines our objectives for recovery.</p>

Overall assessment:			Substantially compliant						
Ref	Domain	Standard	Detail	Evidence - examples listed below	Self assessment RAG Red = Not compliant with core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months. Amber = Not compliant with core standard. The organisation's EPRR work programme demonstrates an action plan to achieve full compliance within the next 12 months. Green = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents.	<ul style="list-style-type: none"> Documented processes for accessing and utilising loggists Training records 	Partially compliant	Continue to review and keep in focus number of trained Loggists within the organisation	BH	Feb-19	The CCGs EPRR Policy includes documented proceses for accessing and utilising Loggists. The function is delivered through a record of trained volunteers who are willing to be called should an incident occur. Whilst our Loggists are not on-call we are confident of our ability to field a trained Loggist should the need arise
1	Incident Coordination	Communication and IT equipment	The organisation has equipped their ICC with suitable and resilient communications and IT equipment in line with NHS England Resilient Telecommunications Guidance.		Partially compliant	As part of current refurbishment of offices on ground floor review current arrangements within ICC			Incident Control Centre is identified in the EPRR Policy. The CCG Incident Control Centre is not kept on permanent stand-by and will be enacted by the Accountable Emergency Officer or their nominated Deputy. The CCG Incident Control Centre is located: Ground floor 722 Prince of Wales Road Darnall Sheffield S9 4EU The decant plan, should the ICCentre be compromised, will be the premises of one of the South Yorkshire & Bassetlaw CCGs. This has been agreed with the partner CCGs under mutual aid.
3	Incident Coordination	Equipment testing	ICC equipment has been tested every three months as a minimum to ensure functionality, and corrective action taken where necessary.	Post test reports Lessons identified EPRR programme	Partially compliant	Further testing of arrangements	BH	Feb-19	The Incident Coordination Centre is in daily use as a working office and can be vacated immediately upon an incident occurring. Therefore, all systems are regularly used and tested. The emergency phone has been tested within the last three months and is tested regularly. The emergency boxes are maintained and regularly reviewed to ensure hard copies of information and BCP's are up to date.