

NHS Rotherham Clinical Commissioning Group

Operational Executive – 16th August 2019

AQUA – 3rd September 2019

Clinical Commissioning Group Governing Body – 2nd October 2019

Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Process for 2019-20

| | |
|-----------------|--|
| Lead Executive: | Chris Edwards, Chief Officer |
| Lead Officer: | Ruth Nutbrown, Assistant Chief Officer Alison Hague, Corporate Services Manager |
| Lead GP: | Dr Jason Page, GP Lead |

Purpose:

To inform Governing Body of the annual assurance process for NHS England against the EPRR Core Standards.

Background:

The letter attached at 'Appendix 1' outlines the annual assurance process for EPRR required by NHS England. Stage 1 relates to the self-assessment which has been completed by NHS Rotherham CCG 'Appendix 2' and requires sign off by Governing Body in October to allow us to hit the 31st October 2019 deadline for submission.

Analysis of key issues and of risks

Wording of a number of the core standards has changed slightly but in the main, added clarity rather than changed the meaning or focus of the standard.

This year's the Deep Dive element to the assurance process focusses on Severe Weather Response.

The full self-assessment document is attached at 'Appendix 2' the table below shows the summary, and narrative.

| 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 | 5 | 0 | 0 |
| Warning and informing | 3 | 3 | 0 | 0 |
| Cooperation | 4 | 4 | 0 | 0 |

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|---------------------|----|----|---|---|
| Business continuity | 9 | 9 | 0 | 0 |
| CBRN | 0 | 0 | 0 | 0 |
| Total | 43 | 43 | 0 | 0 |

The recommendation for EPRR Core Standards is **fully compliant**.

| Deep Dive | Total standards applicable | Fully compliant | Partially compliant | Non-compliant |
|-------------------------------|----------------------------|-----------------|---------------------|---------------|
| Severe weather response | 15 | 15 | 0 | 0 |
| Long term adaptation planning | 5 | 5 | 0 | 0 |
| Total | 20 | 20 | 0 | 0 |

Patient, Public and Stakeholder Involvement:

NA

Equality Impact:

NA

Financial Implications:

NA

Human Resource Implications:

NA

Procurement Advice:

NA

Data Protection Impact Assessment

NA

Approval history:

NA

Recommendations:

Governing Body is asked to:

- Approve the self-assessment Emergency Preparedness, Resilience and Response Core Standards as fully compliant.

Paper is for Approval

Please select type of organisation:

Clinical Commissioning Group

Publishing Approval Reference: 000719

| 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 | 5 | 0 | 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 | 43 | 0 | 0 |

| Deep Dive | Total standards applicable | Fully compliant | Partially compliant | Non compliant |
|-------------------------------|----------------------------|-----------------|---------------------|---------------|
| Severe Weather response | 14 | 15 | 0 | 0 |
| Long Term adaptation planning | 5 | 5 | 0 | 0 |
| Total | 19 | 20 | 0 | 0 |

Overall assessment:

Fully compliant

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 | Organisational Evidence | Self assessment RAG | | | Action to be taken | Lead | Timescale | Comments |
|-----|------------|--------------------------------|--|------------------------------|---|--|--|---|---|---------------------------------------|------|---|----------|
| | | | | | | | Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. | Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. | Green (fully compliant) = Fully compliant with core standard. | | | | |
| 1 | Governance | Senior Leadership | The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role. | Y | • Name and role of appointed individual | EPRR Policy | Fully compliant | NA | | Chief Officer/Assistant Chief Officer | NA | Our Chief Officer Chris Edwards is our Emergency Accountable Officer. 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. Mrs Ruth Nutbrown - Assistant Chief Officer - has responsibility for ensuring EPRR requirements are embedded within provider contracts. | |
| 2 | Governance | EPRR Policy Statement | The organisation has an overarching EPRR policy statement. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation. | Y | Evidence of an up to date EPRR policy statement that includes: • Resourcing commitment • Access to funds • Commitment to Emergency Planning, Business Continuity, Training, Exercising etc. | EPRR Policy GB Minutes - Policy Review | Fully compliant | NA | | Chief Officer/Assistant Chief Officer | NA | Our emergency preparedness resilience & Response Policies cover all the core standards required of CCGs and are published on our websites. The Policy: • Has a change control process via the Corporate Governance Teams which includes version control (see coversheet and following page). • Takes account of changing business objectives and processes via annual review by the Accountable Emergency Officer and refresh if needed (delegated on coversheet). • Takes into account any changes in our functions and/or organisational structural and staff changes by listing job titles rather than individuals (action cards). • Makes clear our contracting responsibilities (section 3.2 of procedure). • Takes account of any updates to risk assessment(s) by the LHRP or LRF (sections 3.4, 3.5 & 3.6 of procedure). • Has a maximum 3-year review schedule (section 5.3.2 of the policy). • Use consistent EPRR terminology throughout. • Makes clear the policy dissemination and | |
| 3 | Governance | EPRR board reports | 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. These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process. | Y | • Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board | GB Minutes 5th June 2019 - EPRR Policy Reviewed GB Minutes 5th June 2019 - EPRR Year End Report - Summary of how RCCG carried out its duties in relation to EPRR NHSE Core Standards Self Assessment GB 5th September 2018 | Fully compliant | NHSE Core Standard to go to public governing body | | Chief Officer/Assistant Chief Officer | NA | Corporate Governance/Assurance Reports are received by our Governing Body on a Quarterly basis which capture EPRR assurance, including any response to incidents. Our annual EPRR assurance is received by Governing Body during summer each year, presented by the Emergency Accountable Officer. Our EPRR policy is reviewed on an annual basis and a summary of how RCCG carried out its duties in relation to EPRR also received by Governing Body 5th June 2019. | |
| 4 | Governance | EPRR work programme | The organisation has an annual EPRR work programme, informed by: • lessons identified from incidents and exercises • identified risks • outcomes of any assurance and audit processes. | Y | • Process explicitly described within the EPRR policy statement • Annual work plan | EPRR Policy Governance Work Plan EPRR Annual Report | Fully compliant | NA | | Chief Officer/Assistant Chief Officer | NA | We have an annual EPRR work programme which is embedded within the Corporate Governance Work Plan. The Work Plan is led by the Assistant Chief Officer with progress reported to the Governing Body through the quarterly Corporate Assurance Report. We receive feedback via the LHRP on local incidents so that lessons can be learned. 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. 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 | |
| 5 | Governance | EPRR Resource | 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. | Y | • EPRR Policy identifies resources required to fulfil 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 | EPRR Policy GB Minutes - Policy Review 5th June 2019 | Fully compliant | NA | | Chief Officer/Assistant Chief Officer | NA | EPRR Policy - Approved at GB 5th June 2019 Roles and Responsibilities are defined in the policy with action cards. The AEO is supported by the Assistant Chief Officer. Approval of the EPRR Policy is through Governing Body. We receive feedback via the LHRP on local incidents so that lessons can be learned eg. Exercise Crystal-Blaze, Exercise Touchstone. 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. | |
| 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 | • Process explicitly described within the EPRR policy statement | EPRR Policy | Fully compliant | NA | | Chief Officer/Assistant Chief Officer | NA | 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 | |

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|----|------------------------|------------------------|---|---|--|---|-----------------|----|---------------------------------------|----|--|
| 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 | EPRR Policy LRF Community Risk Register Rotherham CCG System Wide Escalation Plan | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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 is 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 by the author annually to identify and change as required. Our usual risk management processes allow us to consider if there are any further internal risks that would threaten the performance of the organisation's functions in an emergency - via the Assurance Framework and Risk Register.</p> <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"> - 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, |
| 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 | EPRR Policy Risk Management Policy Risk Register | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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 is 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 by the author annually to identify and change as required. Our usual risk management processes allow us to consider if there are any further internal risks that would threaten the performance of the organisation's functions in an emergency - via the Assurance Framework and Risk Register.</p> <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"> - 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, |
| 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 | MOU BCM EPRR Policy LHRP Minutes | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <p>We have active engagement with partners through:</p> <ul style="list-style-type: none"> Attendance at local area-specific Emergency Planning Meetings. The Assistant Chief Officer, Rotherham CCG attending the LHRP as the representative of all South Yorkshire CCGs. 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. Regular assurance meetings with the Area Team and inclusion of NHS England within our escalation flowchart. <p>Local Health Economy Co-ordination Meeting</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 defined within 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 | EPRR Policy BCM Plans | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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 |
| 12 | Duty to maintain plans | Major incident | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework). | 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 | EPRR Policy BCM Plans Major Incident Plan EPRR Annual Report | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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 heatwave on the population the organisation serves and its staff. | Y | <ul style="list-style-type: none"> Arrangements should be: <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 | NHS England National Heatwave Plan - on CCG Website RMBC Heatwave Plan TRFT Heatwave Plan BCM Policy and Plan Public Health MOU | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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>The CCG will seek assurance that commissioned services have plans in place to manage local heatwave incidents, will cascade local heatwave communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local Risk identified will be escalated appropriately. The CCG will work with and through the A&E Delivery Board to manage unplanned care as a result of heatwave and will manage normal local surge and escalation.</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: <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 | Public Health MOU RCCG System Wide Escalation Plan EPRR Policy | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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>BCM Policy and Plan</p> <p>Rotherham CCG System Wide Escalation Plan includes severe winter weather framework - 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. The Plan incorporates Rotherham's response to the national Cold Weather Plan.</p> <p>Rotherham CCG System Wide Escalation Plan went to the Health and Wellbeing Board where all local partners attend.</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. | Y | <ul style="list-style-type: none"> Arrangements should be: <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 | Rotherham and Sheffield Pandemic Flu Plan EPRR Policy | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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>Rotherham and Sheffield Pandemic Flu Plan Attendees at Health Protection Committee. Rotherham CCG System Wide Escalation Plan - incorporates Rotherham's response to the National Cold Weather Plan.</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 High Consequence Infectious Diseases such as Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams, including supply of adequate FFP3 and PPE trained individuals commensurate with the organisational risk. | Y | <ul style="list-style-type: none"> Arrangements should be: <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 | Rotherham Multi Agency Outbreak Plan RCCG System Wide Escalation Plan EPRR Policy | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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>Multi Agency Outbreak Plan. This plan is maintained and updated by members of the Rotherham Health Protection Committee (HPC) chaired by the Assistant Director of Public Health, RMBC. 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 Rotherham.</p> <p>This is referenced in the Rotherham CCG System Wide Escalation Plan.</p> |
| 18 | Duty to maintain plans | Mass Casualty | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed). | Y | <ul style="list-style-type: none"> Arrangements should be: <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 | A&E Delivery Board RMBC Severe Winter Weather Framework NHS England Incident Response Plan Rotherham CCG System Wide Escalation Plan - signed off at Health and Wellbeing Board which all health and social care partners attend. Heatwave Plan Pandemic Flu Plan | Fully compliant | NA | Deputy Chief Officer | NA | <p>Rotherham 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> <p>NHS England Incident Response Plan Rotherham CCG System Wide Escalation Plan - signed off at Health and Wellbeing Board which all health and social care partners attend.</p> |
| 20 | Duty to maintain plans | Shelter and evacuation | In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary. | Y | <ul style="list-style-type: none"> Arrangements should be: <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 | RCCG Fire Safety Policy NHS PS Fire Action procedure RCCG Risk Assessment GS minutes BCM Policy and Plan | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <p>Rotherham CCG Fire Safety Policy - The Assistant Chief Officer is the Responsible Person as defined by the Regulatory Reform (Fire Safety) Order 2005 and is responsible for the implementation of the Fire Safety Policy. Evac Chair in situ in the building. Property Service have issued a Fire Action procedure for NHS Rotherham CCG for Oak House - this is included in the RCCG Fire Safety Policy.</p> |

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| 24 | Command and control | On-call mechanism | <p>A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents.</p> <p>This should provide the facility to respond to or escalate notifications to an executive level.</p> | 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. | SY&B CCG On Call Procedure BCM Plans EPRR Policy | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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. 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. Our EPRR Policy contains activation action cards and incident manager action cards in place in the event of incidents. Our Business Continuity Plan contains an activation flowchart. 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. | Y | <ul style="list-style-type: none"> Process explicitly described within the EPRR policy statement | SY&B CCG On Call - Decision making model training 20th September 2019 National Occupational Standards | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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. The 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</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> | Y | <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 | SY&B CCG On Call - Decision making model training 20th September 2019 | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <p>Our EPRR Policy confirms that all on-call 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>The JESIP framework and Decision Making Tool is included within the On Call Packs as an aide memoire. SY&B CCG On Call Staff Decision Making Model Training in September 2019</p> <p>As a commissioner rather than a provider, we do not have a training plan other than each On Call team member assessing Strategic Leadership in a Crisis training, and the Emergency Accountable Officer or their delegated representative attending relevant workshops co-ordinated by NHS England.</p> <p>Rotherham CCG undertakes a Training Analysis via the PDR process for the whole organisation and identifies training needs. This</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> | Y | <ul style="list-style-type: none"> Exercising Schedule Evidence of post exercise reports and embedding learning | EPRR Year End Summary Report OE Reports 6 monthly communication tests Cascade Tests - Reported to GB | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <p>We participate in local COMAH exercises and wider NHS and local health & social care economy EPRR exercises.</p> <p>We receive feedback via the LHRP on local incidents so that lessons can be learned. 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 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 oncall staff. Cascade Test for all staff and lessons learned reported through Governing Body.</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> | Y | <ul style="list-style-type: none"> Training records Evidence of personal training and exercising portfolios for key staff | SY&B CCG On Call - Decision making model training 20th September 2019 | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <p>We participate in local COMAH exercises and wider NHS and local health & social care economy EPRR exercises/training. We receive feedback via the LHRP on local incidents so that lessons can be learned eg. WannaCry Cyber Attack. 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>20th September Decision Making Model training for SY&B CCG On Call Staff</p> |
| 30 | Response | Incident Co-ordination Centre (ICC) | <p>The organisation has a preidentified Incident Co-ordination Centre (ICC) and alternative fall-back location(s).</p> <p>Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.</p> | 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 | EPRR Policy | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <p>Incident Control Centre is identified in the EPRR Policy.</p> <p>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.</p> <p>The CCG Incident Control Centre is located in: 2nd Floor Oak House Moorhead Way Bramley Rotherham S66 1YY</p> <p>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 partner CCGs under mutual aid.</p> |

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| 31 | Response | Access to planning arrangements | Version controlled, hard copies of all response arrangements are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible. | Y | Planning arrangements are easily accessible - both electronically and hard copies | All policies available on the CCG website SY&B CCG On Call Pack hard copy stored in ICC | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | EPRR Policy on intranet and internet - staff notified that all policies are available on the website. Staff are informed of any changes at All Staff Meetings which take place on a monthly basis. SY&B CCG On Call Pack hard copy in ICC |
| 32 | Response | Management of business continuity incidents | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework). | Y | • Business Continuity Response plans | BCM Policy and Plan | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | BCM Policy and Plan refreshed 2019 |
| 33 | Response | Loggist | The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards. | Y | • Documented processes for accessing and utilising loggists • Training records | CCG to undertake Loggist Training October 2019 RCCG Currently has 4 Loggists EPRR Policy BCM Policy and Plan SY&B CCG On Call Pack | Fully compliant | NA | Assistant Chief Officer | NA | The CCG on call pack refers to on call managers log sheets which are completed by the on call leaders during out of hours issues. During working hours the CCG has fully trained loggists which will be utilised. In the event of a large scale incident loggists will be utilised by Gold command if applicable. |
| 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 | • Documented processes for completing, signing off and submitting SitReps • Evidence of testing and exercising | EPRR Policy | Fully compliant | NA | Deputy Chief Officer | NA | 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 Sit reps 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 | • 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 | 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 attend. Public Health MOU | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | 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 attend. Public Health MOU Emergency communications response arrangements in place. |
| 38 | Warning and informing | Warning and informing | The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents. | Y | • 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 | Cascade Tests BCM Policy and Plan Communications Strategy included in the BCM Policy and Plan SY&B CCG On Call Procedure/Pack EPRR Policy | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | 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. SYB On Call rota There is no communication staff oncall 24/7. This would not be cost effective for the CCG. The Communications Lead is available to contact on a voluntary basis out of hours. Belong to a SY Warning and Informing Group and are signed up to South Yorkshire Warning and Informing Plan which include informing public and staff. |
| 39 | Warning and informing | Media strategy | The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a trained media spokesperson able to represent the organisation to the media at all times. | Y | • 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 spokespeople and 'talking heads' | Communications Strategy included in BCM Policy and Plan EPRR Policy EPRR Annual Report | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | 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. The Cascade test is reported to Governing Body with any lessons learned. The senior team have received media training. The Communications Lead is available to contact on a voluntary basis out of hours. Head of Communications also provides Media Training on a 1:1 basis. |
| 40 | Cooperation | LRHP attendance | The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings. | Y | • Minutes of meetings | LHRP Attendance - Minutes | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | The Assistant Chief Officer attends the LHRP on behalf of SY&B CCGs There is an MOU across South Yorkshire & Bassetlaw for Rotherham CCG to attend LHRP on behalf of SY&B CCGs. |
| 41 | Cooperation | LRF / BRP attendance | The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders. | Y | • Minutes of meetings • Governance agreement if the organisation is represented | CCGs are not members of the LRF so cannot attend. NHSE attend and feedback through the LHRP to CCG representative who then feeds back to SY&B CCGs. NHSE have confirmed 100% attendance at the LRF. CCG attend the BCM LRF Meetings | Fully compliant | NA | NA | NA | CCGs are not members of the LRF so cannot attend. NHSE attend and feedback through the LHRP to CCG representative who then feeds back to SY&B CCGs. NHSE have confirmed 100% attendance at the LRF. |
| 42 | Cooperation | Mutual aid arrangements | The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England. | Y | • Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Signed mutual aid agreements where appropriate | MOU Mutual Aid CCG's Formal request for military support go to NHSE | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | 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. |

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| 46 | Cooperation | Information sharing | The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents. | 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'. | 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 West Yorkshire, South Yorkshire and Bassetlaw Inter Agency Information Sharing Agreement - High level public sector information sharing agreement. | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <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.</p> <p>SY LRF information sharing protocol for Cat 1 & 2 Responders - Approved May 2018</p> <p>West Yorkshire, South Yorkshire and Bassetlaw Inter Agency Information Sharing Agreement - High level public sector</p> |
| 47 | Business Continuity | BC policy statement | The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301. | Y | Demonstrable a statement of intent outlining that they will undertake BC | BCM Policy and Plan March 2019 - Policy Statement on page 5 | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | BCM Policy and Plan March 2019 - Policy Statement on page 5 |
| 48 | Business Continuity | BCMS scope and objectives | The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented. | Y | BCMS should detail: <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 | Business Continuity Policy and Plan | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | Business Continuity Policy and Plan March 2019 |
| 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 | Documented process on how BIA will be conducted, including: <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. | Process documented in the Business Continuity Policy and Plan. | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | Process documented in the Business Continuity Policy and Plan. |
| 50 | Business Continuity | Data Protection and Security Toolkit | Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis. | Y | Statement of compliance | IG Toolkit Satisfactory Score Contract with Embed | Fully compliant | NA | Deputy Chief Officer | NA | Embed provide Information Governance Support and undertake the IG Toolkit on behalf of the CCG IG Toolkit Scores - Satisfactory |
| 51 | Business Continuity | Business Continuity Plans | The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: <ul style="list-style-type: none"> people information and data premises suppliers and contractors IT and infrastructure These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises. | 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 | BCM Policy and Plan | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | BCM Policy and Plan |
| 52 | Business Continuity | BCMS monitoring and evaluation | The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board. | Y | <ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers | EPRR Policy BCM Policy and Plan GB Minutes Corporate Assurance Reports | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | <p>Business Continuity Policy and Plan EPRR Policy June 2019 - Reviewed and Approved at Governing Body 5th June 2019.</p> <p>Exercises and learning are reported through the Quarterly Corporate Assurance Report to Governing Body.</p> <p>Corporate Governance/Assurance Reports are received by our Governing Body which capture EPRR assurance, including any response to incidents.</p> <p>Our annual EPRR assurance is received by Governing Body each year, 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 | GB Minutes Corporate Assurance Reports EPRR Annual Report | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | Our annual EPRR assurance is received by Governing Body each year, presented by the Emergency Accountable Officer. |
| 54 | Business Continuity | BCMS continuous improvement process | There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS. | Y | <ul style="list-style-type: none"> EPRR policy document or stand alone Business continuity policy Board papers Action plans | EPRR Policy BCM Policy and Plan EPRR Annual Report Corporate Assurance Reports | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | EPRR Policy and BCM Policy and Plan - Reviewed every 3 years in line with the Policy on Procedural Documents. Learning from exercises / event is reviewed by GB in the Corporate Assurance Report which goes to GB on a Quarterly basis. |
| 55 | Business Continuity | Assurance of commissioned providers / suppliers BCPs | The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own. | 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 | EPRR Policy BCM Policy and Plan NHS Standard Contract | Fully compliant | NA | Deputy Chief Officer | NA | Providers are required to submit their business continuity plans as part of the annual contracting round and these are embedded in the contract between Commissioner and Provider. There's also a section in the NHS Standard Contract that is very clear in terms of what the Provider has to comply with in terms of Emergency Preparedness, Resilience and Response and from a TRFT perspective they have an Accountable Emergency Officer. |

| Ref | Domain | Standard | Detail | Clinical Commissioning Group | Evidence - examples listed below | Organisational Evidence | Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard. | Action to be taken | Lead | Timescale | Comments |
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| Deep Dive - Severe Weather | | | | | | | | | | | |
| Domain: Severe Weather Response | | | | | | | | | | | |
| 1 | Severe Weather response | Overheating | The organisation's heatwave plan allows for the identification and monitoring of inpatient and staff areas that overheat (For community and MH inpatient area may include patients own home, or nursing/care home facility) | Y | The monitoring processes is explicitly identified in the organisational heatwave plan. This includes staff areas as well as inpatient areas. This process clearly identifies relevant temperature triggers and subsequent actions. | HS PS Control the temperature of the building. There is a NHS PS system in place to report high temperatures. There is a dedicated regional Facilities management helpdesk which offers 24/7, 365 days per year help with all FM matters including non-urgent/routine and out of hours jobs. NHS PS provide scheduled time-bound maintenance to the building. | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | |
| 2 | Severe Weather response | Overheating | The organisation has contingency arrangements in place to reduce temperatures (for example MOUs or SLAs for cooling units) and provide welfare support to inpatients and staff in high risk areas (For community and MH inpatient area may include patients own home, or nursing/care home facility) | Y | Arrangements are in place to ensure that areas that have been identified as overheating can be cooled to within reasonable temperature ranges, this may include use of cooling units or other methods identified in national heatwave plan. | NHS PS Control the temperature of the building. There is a NHS PS system in place to report high temperatures. There is a dedicated regional Facilities management helpdesk which offers 24/7, 365 days per year help with all FM matters including non-urgent/routine and out of hours jobs. NHS PS provide scheduled time-bound maintenance to the building. | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | |
| 3 | Severe Weather response | Staffing | The organisation has plans to ensure staff can attend work during a period of severe weather (snow, flooding or heatwave), and has suitable arrangements should transport fail and staff need to remain on sites. (Includes provision of 4x4 where needed) | Y | The organisations arrangements outline: - What staff should do if they cannot attend work - Arrangements to maintain services, including how staff may be brought to site during disruption - Arrangements for placing staff into accommodation should they be unable to return home | BCM Policy and Plan Inclement Weather Procedure for staff EPRR Policy Key members of staff have Birdstep - Remote working LRF/LHRP 4x4 Plan for key staff | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | Inclement Weather Procedure for Staff Key staff have access to Birdstep so can access CCG IT Systems from home or wherever located |
| 4 | Severe Weather response | Service provision | Organisations providing services in the community have arrangements to allow for caseloads to be clinically prioritised and alternative support delivered during periods of severe weather disruption. (This includes midwifery in the community, mental health services, district nursing etc) | | The organisations arrangements identify how staff will prioritise patients during periods of severe weather, and alternative delivery methods to ensure continued patient care | We do not provide community service | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | |

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| 5 | Severe Weather response | Discharge | The organisation has policies or processes in place to ensure that any vulnerable patients (including community, mental health, and maternity services) are discharged to a warm home or are referred to a local single point-of-contact health and housing referral system if appropriate, in line with the NICE Guidelines on Excess Winter Deaths | Y | The organisations arrangements include how to deal with discharges or transfers of care into non health settings. Organisation can demonstrate information sharing regarding vulnerability to cold or heat with other supporting agencies at discharge | A&E Delivery Board Rotherham System Wide Escalation Plan (includes discharge planning) SY LRF information sharing protocol for Cat 1 & 2 Responders - Approved May 2018 West Yorkshire, South Yorkshire and Bassetlaw Inter Agency Information Sharing Agreement - High level public sector information sharing agreement. H&SC Winter Resilience Plan 2019/20 - system wide plan | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | Our EPRR Policy supported 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 BCM Policy and Plan Rotherham CCG System Wide Escalation Plan includes severe winter weather framework - 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. The Plan incorporates Rotherhams response to the national Cold Weather Plan, Rotherham CCG System Wide Escalation Plan went to the Health and |
| 6 | Severe Weather response | Access | The organisation has arrangements in place to ensure site access is maintained during periods of snow or cold weather, including gritting and clearance plans activated by predefined triggers | Y | The organisation arrangements have a clear trigger for the pre-emptive placement of grit on key roadways and pavements within the organisations boundaries. When snow / ice occurs there are clear triggers and actions to clear priority roadways and pavements. Arrangements may include the use of a third party gritting or snow clearance service. | NHS PS maintenance programme | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | NHS PS maintain the building on behalf of tenants which includes gritting etc |
| 7 | Severe Weather response | Assessment | The organisation has arrangements to assess the impact of National Severe Weather Warnings (including Met Office Cold and Heatwave Alerts, Daily Air Quality Index and Flood Forecasting Centre alerts) and takes predefined action to mitigate the impact of these where necessary | Y | The organisations arrangements are clear in how it will assesses all weather warnings. These arrangements should identify the role(s) responsible for undertaking these assessments and the predefined triggers and action as a result. | EPRR Policy BCM Policy and Plan NHSE Cascade severe weather reports | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | |
| 8 | Severe Weather response | Flood prevention | The organisation has planned preventative maintenance programmes in place to ensure that on site drainage is clear to reduce flooding risk from surface water, this programme takes into account seasonal variations. | Y | The organisation has clearly demonstratable Planned Preventative Maintenance programmes for its assets. Where third party owns the drainage system there is a clear mechanism to alert the responsible owner to ensure drainage is cleared and managed in a timely manner | NHS PS - logging system NHS PS Planned Maintenance Schedule | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | NHS PS conduct scheduled time-bound maintenance of their building systems, and assesses as per the requirements of legislation and in line with best practice and manufacturers guidance, to ensure that their buildings remain compliant and to reduce the amount of reactive maintenance visits. |
| 9 | Severe Weather response | Flood response | The organisation is aware of, and where applicable contributed to, the Local Resilience Forum Multi Agency Flood Plan. The organisation understands its role in this plan. | Y | The organisation has reference to its role and responsibilities in the Multi Agency Flood Plan in its arrangements. Key on-call/response staff are clear how to obtain a copy of the Multi Agency Flood Plan | SY&B CCG On Call Pack Multi Agency plans EPRR Policy | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | Our EPRR Policy supported 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 BCM Policy and Plan Rotherham CCG System Wide Escalation Plan includes severe winter weather framework - 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. The Plan incorporates Rotherhams response to the national Cold Weather Plan, Rotherham CCG System Wide Escalation Plan went to the Health and |
| 10 | Severe Weather response | Warning and inform | The organisation's communications arrangements include working with the LRF and multiagency partners to warn and inform, before and during, periods of Severe Weather, including the use of any national messaging for Heat and Cold. | Y | The organisation has within is arrangements documented roles for its communications teams in the event of Severe Weather alerts and or response. This includes the ability for the organisation to issue appropriate messaging 24/7. Communications plans are clear in what the organisations will issue in terms of severe weather and when. | SY&B CC On Call Procedure RCCG Communications Strategy BCM Policy and Plan incorporates Communications Strategy | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | There is no communication staff oncall 24/7. This would not be cost effective for the CCG. The Communications Lead is available to contact on a voluntary basis out of hours. SY&B CCG On Call 24/7 |

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| 11 | Severe Weather response | Flood response | The organisation has plans in place for any preidentified areas of their site(s) at risk of flooding. These plans include response to flooding and evacuation as required. | Y | The organisation has evidence that it regularly risk assesses its sites against flood risk (pluvial, fluvial and coastal flooding). It has clear site specific arrangements for flood response, for known key high risk areas. On-site flood plans are in place for at risk areas of the organisations site(s). | NHS PS Building | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | NHS PS carry out surveys and risk assessments of their buildings to ensure they are compliant with the relevant legislation |
| 12 | Severe Weather response | Risk assess | The organisation has identified which severe weather events are likely to impact on its patients, services and staff, and takes account of these in emergency plans and business continuity arrangements. | Y | The organisation has documented the severe weather risks on its risk register, and has appropriate plans to address these. | BCM Policy and Plan EPRR Policy South Yorkshire LRF Community Risk Register | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | |
| 13 | Severe Weather response | Supply chain | The organisation is assured that its suppliers can maintain services during periods of severe weather, and periods of disruption caused by these. | Y | The organisation has a documented process of seeking risk based assurance from suppliers that services can be maintained during extreme weather events. Where these services can't be maintained the organisation has alternative documented mitigating arrangements in place. | NHS Contract NHS Supply Chain Business Continuity Plan | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | NHS Supply Chain - BCP - As the management function of the NHS Supply Chain, Supply Chain Coordination Ltd operates Crisis Management Planning (CMP), Business Continuity Planning (BCP) and has both an Incident Management Plan (IMP) and a Corporate Business Continuity Plan (BCP) applicable to all NHS Supply Chain sites supported by site specific Business Continuity Plans and a Corporate Pandemic Plan. The primary objective of the business continuity management system (BCMS) is the continued provision of critical services to NHS trusts. These plans contain contingencies for various scenarios including major incidents and H1N1 swine flu. |
| 14 | Severe Weather response | Exercising | The organisation has exercised its arrangements (against a reasonable worst case scenario), or used them in an actual severe weather incident response, and they were effective in managing the risks they were exposed to. From these event lessons were identified and have been incorporated into revised arrangements. | Y | The organisation can demonstrate that its arrangements have been tested in the past 12 months and learning has resulted in changes to its response arrangements. | Year End Report BCM Incident Reports | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | EPRR Year End Report BCM Incident Reports |
| 15 | Severe Weather response | ICT BC | The organisations ICT Services have been thoroughly exercised and equipment tested which allows for remote access and remote services are able to provide resilience in extreme weather e.g. are cooling systems sized appropriately to cope with heatwave conditions, is the data centre positioned away from areas of flood risk. | Y | The organisations arrangements includes the robust testing of access services and remote services to ensure the total number of concurrent users meets the number that may work remotely to maintain identified critical services | Key members of staff have Birdstep - remote working on their laptops. BCM Plans TRFT IT Contract TRFT BC Plans Located on 1st Floor of NHS Property Services Building | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | Birdstep - Remote working for key members of staff |
| Domain: long term adaptation planning | | | | | | | | | | | |
| 16 | Long term adaptation planning | Risk assess | Are all relevant organisations risks highlighted in the Climate Change Risk Assessment are incorporated into the organisations risk register. | Y | Evidence that there is an entry in the organisations risk register detailing climate change risk and any mitigating actions | EPRR Policy Heatwave Plan Section 1.4.2 - Re Risks Eric Returns - NHS PS - done on annual basis include Climate UK Climate Risk Assessment is in the Heatwave Plan. | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | South Yorkshire Community Risk Register. Like anywhere in the UK, South Yorkshire has a number of natural and manmade hazards. To ensure we are prepared for these hazards the South Yorkshire Local Resilience Forum (LRF) has created a Community Risk Register which identifies the wide range of risks and emergencies we could potentially face. This Risk Register is then used by the forum to inform priorities for planning, training and exercising. |
| 17 | Long term adaptation planning | Overheating risk | The organisation has identified and recorded those parts of their buildings that regularly overheat (exceed 27 degrees Celsius) on their risk register. The register identifies the long term mitigation required to address this taking into account the sustainable development commitments in the long term plan. Such as avoiding mechanical cooling and use of cooling hierarchy. | Y | The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk | RCCG are tenants in a NHS PS Building. NHS PS Control the temperature of the building. We can report/Log high temperature but cannot control this. Climate Change Risk Assessment can be found in the Heatwave Plan for England 2019 Section 1.3.2 | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | NHS PS Control the temperature of the building. We can report/Log high temperature but cannot control this. |

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| 18 | Long term adaptation planning | Building adaptations | The organisation has in place an adaptation plan which includes necessary modifications to buildings and infrastructure to maintain normal business during extreme temperatures or other extreme weather events. | Y | The organisation has an adaptation plan that includes suggested building modifications or infrastructure changes in future | RCCG are tenants in a NHS PS building. NHS PS has an Assets and Investment Committee which advises the Board and Asset Management Function on policy and strategic approaches and execution. The Committee: - reviews and approves property and portfolio strategy and policy. - oversees compliance with property and portfolio policy. - ensures guidelines determined by Board are actions through policy and strategy. - reviews and escalates significant issues and risks. Climate Change Risk Assessment can be found in the Heatwave Plan for | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | RCCG are tenants in a NHS PS building. |
| 19 | Long term adaptation planning | Flooding | The organisations adaptation plans include modifications to reduce their buildings and estates impact on the surrounding environment for example Sustainable Urban Drainage Systems to reduce flood risks. | Y | Areas are identified in the organisations adaptation plans that might benefit drainage surfaces, or evidence that new hard standing areas considered for SUDS | RCCG are tenants in a NHS PS building. Climate Change Risk Assessment can be found in the Heatwave Plan for England 2019 Section 1.3.2 | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | RCCG are tenants in a NHS PS building. NHS PS has an Assets and Investment Committee which advises the Board and Asset Management Function on policy and strategic approaches and execution. The Committee: - reviews and approves property and portfolio strategy and policy. - oversees compliance with property and portfolio policy. - ensures guidelines determined by Board are actions through policy and strategy. - reviews and escalates significant issues and risks. |
| 20 | Long term adaptation planning | New build | The organisation considers for all its new facilities relevant adaptation requirements for long term climate change | Y | The organisation has relevant documentation that it is including adaptation plans for all new builds | RCCG are tenants in a NHS PS building. Climate Change Risk Assessment can be found in the Heatwave Plan for England 2019 Section 1.3.2 | Fully compliant | NA | Chief Officer/Assistant Chief Officer | NA | RCCG are tenants in a NHS PS building. NHS PS has an Assets and Investment Committee which advises the Board and Asset Management Function on policy and strategic approaches and execution. The Committee: - reviews and approves property and portfolio strategy and policy. - oversees compliance with property and portfolio policy. - ensures guidelines determined by Board are actions through policy and strategy. - reviews and escalates significant issues and risks. |