

Please select type of organisation:

Clinical Commissioning Group

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	4	2	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	2	1	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	8	1	0
CBRN	0	0	0	0
Total	43	39	4	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Incident Coordination Centres	4	3	1	0
Command structures	4	4	0	0
Total	8	7	1	0

Overall assessment:	Substantially 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	Self assessment RAG			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.	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.			
1	Governance	Appointed AEO	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 Fully compliant						Hazel Buchanan (Strategy and Partnership Director) Gary Thompson (Chief Operating Officer) AEO - Greater Nottingham Elaine Moss - AEO - Mid-Notts
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 making sure the 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.		Write a policy	Hazel Buchanan	End October,		The CCGs annual report to the Governing Body covers the relevant information as well as the incident response plan. There is no separate policy.
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 • business continuity, critical incidents and major incidents • the organisation's position in relation to the 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						The CCGs have reported annually to the Governing Bodies. Due to new GB arrangements, the 2018 report will be presented in October.
4	Governance	EPRR work programme	The organisation has an annual EPRR work programme, informed by lessons identified from: • incidents and exercises • identified risks • outcomes from assurance processes. 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	• Process explicitly described within the EPRR policy statement • Annual work plan		Write a policy	Hazel Buchanan	End October,		Annual exercise plan is agreed with LHRP partners. Risks are agreed through the LHRP on the basis on the LRF register. This detail isn't written into a policy.
5	Governance	EPRR Resource		Y	• 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						1 x VSM Director of Strategy and Planning (EPRR lead), 1 X Band 7 Head of EPRR 1 x Band 5 EPRR Officer. Additional resource has been provided for EPRR with a band 7 manager joining the team in Sept 2018.
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						Lessons learnt documents are signed off at Board level and are reflected in the EPRR handbook and Business Continuity Plans.
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	• Evidence that EPRR risks are regularly considered and recorded • Reference to EPRR risk management in the organisation's EPRR policy document						Risk assessments are carried out through the LHRP and in each organisation, through the annual review of the Business Continuity Plan. The LRF has produced a Community Risk Register which has been incorporated into the LHRP risk register and supporting work programme. With respect to CCGs, a commitment to business continuity has been provided by NHS and in relation to premises leases or MOUs. Consultation takes place in relation to assessing risk through the LRF and LHRP. LHRP meetings now focus on testing scenarios and lessons learned from actual events. CCGs would be part of the LHRP risk assessment except for their own internal business continuity plan. The memorandum of understanding (MOLU) sets out the agreed contribution to emergency preparedness, resilience and response (EPRR) within Nottinghamshire between the NHSE North Midlands who leads on EPRR acting, in its EPRR functions, on behalf of the NHS at the Nottinghamshire local resilience forum (LRF) and the CCG. The EPRR Manager or Director of Strategy & Partnerships sits on the LRF Risk Working Group.
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	• EPRR risks are considered in the organisation's risk management policy • Reference to EPRR risk management in the organisation's EPRR policy document						See above
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						Through the LHRP and HEPOG the CCGs work with partners. The CCGs have worked with all partners on the local Mass Casualty Con Ops and any plans are sent to partners for comment ie CCG incident response plan, Cyber Attack framework which will be incorporated into Business Continuity Plans across providers.
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	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						CCG Incident Response Plan updated and written as a separate document in 2018. CCGs have business continuity plans that have been updated during 2018.
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	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						The role of CCGs is fundamentally that of supporting NHS England in its role and ensuring that adequate commissioned services are available to deal with the issue and, particularly in the recover phase of any incident where patient services may have significantly affected or cause delay ie waiting lists cancelled. Details outlined in the Handbook, CCG Incident Response Plan and Multi-agency Mass Casualty Con Ops.
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	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						Outlined in the Handbook and Business Continuity Plan. CCG supporting role to communicate messages via Comms.
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	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						Outlined in the Handbook and Business Continuity Plans. CCG supporting role to communicate messages via Comms.
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	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						The role of CCGs is fundamentally that of supporting NHS England and PHE in its role and ensuring that adequate commissioned services are available to deal with the issue and, particularly in the recover phase of any incident where patient services may have significantly affected or cause delay ie waiting lists cancelled. Details outlined in the Handbook and Incident Response Plan

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.				
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: <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 	Fully compliant					The role of CCGs is fundamentally that of supporting NHS England and PHE in its role and ensuring that adequate commissioned services are available to deal with the issue and, particularly in the recover phase of any incident where patient services may have significantly affected or cause delay ie waiting lists cancelled. Details outlined in the Handbook. CCG has a health protection MOU and a Health Protection Response Group.
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: <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 	Fully compliant					The CCG is included in the local Mass Casualty Con Ops, and this is covered by the incident response plan.
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 perform a whole site shelter and / or evacuation.	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 	Fully compliant					The role of CCGs is fundamentally that of supporting NHS England and will be chairing the TCG and/or HETCG as relevant. The relevant information is included in the CCG Incident Response Plan.
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. 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.	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					The CCGs have on call arrangements 24/7
25	Command and control	Trained on call staff	The identified individual: <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 	Fully compliant					On call staff join the LRF training and annual training is provided to on call staff. During 2018 training was provided on the Incident Response Plan.
26	Training and exercising	EPRR Training	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.	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 	Fully compliant					The CCG maintains training records.
27	Training and exercising	EPRR exercising and testing programme	The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements. Organisations should meet the following exercising and testing requirements: <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. The exercising programme must: <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. Lessons identified must be captured, recorded and acted upon as part of continuous improvement.	Y	<ul style="list-style-type: none"> Exercising Schedule Evidence of post exercise reports and embedding learning 	Fully compliant					Annual exercise plan is agreed with LHRP partners. Lessons learnt are reviewed and plans updated accordingly.
28	Training and exercising	Strategic and tactical responder training	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. The organisation has a pre-identified incident Co-ordination Centre (ICC) and alternative fall-back location.	Y	<ul style="list-style-type: none"> Training records Evidence of personal training and exercising portfolios for key staff 	Partially compliant	Exercise Portfolios for key staff	Hazel Buchanan	End Jan 2019		Impacted by restructure x 2
30	Response	Incident Co-ordination Centre (ICC)	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 networks Planning arrangements are easily accessible - both electronically and hard copies 	Fully compliant					Have Handbook and Incident Response Plan.
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	<ul style="list-style-type: none"> Documented processes for completing, signing off and submitting SIRReps Evidence of testing and exercising 	Fully compliant					Hard copies are held with the EPRR Officer. On call staff asked to hold a hard copy and all documents are on Resilience Direct on CCG pages.
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					CCGs have business continuity plans.
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 	Fully compliant					CCGs have 14 trained Loggists. Processes documented in Incident Response Plan.
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SIRReps) and briefings during the response to business continuity incidents, critical incidents and major incidents. 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"> Documented processes for completing, signing off and submitting SIRReps Evidence of testing and exercising 	Fully compliant					Done through Resilience Direct. Included in Incident Response Plan. Tested through Diamond IV
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					The CCGs have a combined comms team with the STP allowing for a robust Nottingham & Nottinghamshire approach. Co-ordination of messages will take place with affected organisations and where relevant the lead may be taken by the provider organisations. The Incident Response forms will be used to track information flows and information requests. Incident Response Plan. Also have Cyber Attack/IT Incident framework for communicating with partners.

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.	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.						
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					<ul style="list-style-type: none"> Have emergency communications response arrangements in place - emerg comms response will be co-ordinated as a system. In Nottingham & Nottinghamshire there is a single Comms & Engagement Team and this is also linked to the STP. As such, the comms directors and leads across providers, Local Authority and commissioners work collectively, including in the event of an emergency. The Business Continuity Plans and Incident Response Plans include communication. Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies) - this would be co-ordinated as part of the response and is included in the business continuity plan. The single comms team allows for a robust approach due to comms working across the system. 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 - as above Using lessons identified from previous major incidents to inform the development of future incident response communications - the cyber attack and recent exercises have provided lessons learnt which have been incorporated into the Incident Response Plan and the multi-agency mass casualty plan. Setting up protocols with the media for warning and informing - protocols are in place through NHSE, providers and LRF partners. 	
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					The role of the CCGs in EPRR is supporting category 1 responders and as such, will apply the media strategies of NHS England and/or the Providers. Nottingham & Nottinghamshire have a single comms team allowing for resilience in this function.	
40	Cooperation	LHRP 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					LHRP is the key NHS Forum. CCGs are represented by the Chief Operating Officer and Director of Strategy & Partnerships.	
41	Cooperation	LRP / 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					NHSE North Midlands is the representative on the LRF. Through the Director of Strategy & Partnership the CCGs deputise for NHSE at the LRF. Through the Director of Strategy & Partnerships the CCG sits on the LRF RWG.	
42	Cooperation	Mutual aid arrangements	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. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA).	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					Not relevant	
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					The CCGs have information sharing protocols in place and processes for FOIs.	
47	Business Continuity	BC policy statement	The organisation has in place a policy statement of intent to undertake Business Continuity Management System (BCMS). The organisation has established the scope and objectives of the BCMS, specifying the risk management process and how this will be documented.	Y	<ul style="list-style-type: none"> Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement 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 	Fully compliant						
48	Business Continuity	BCMS scope and objectives		Y		Partially compliant	Business Continuity Plan to be updated to reflect move to a single management structure.	Hazel Buchanan	Dec-18	Business Continuity Plan is being updated to reflect the single staffing structure and four sites in Greater Nottingham. There are no changes for Mid-Notts.		
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	<ul style="list-style-type: none"> 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 BIA is used to support Statement of compliance 	Fully compliant					BIA has been carried out and remains the same.	
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		Fully compliant					Confirmation on IG toolkit compliance and security compliance was completed by the CCGs according to the annual requirements	
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 updated regularly (at a minimum annually), or following organisational change.	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					Plans were updated in 2018	
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					A paper goes to Governing Bodies annually. This will be in October for 2018	
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					A paper goes to Governing Bodies annually. This will be in October for 2018	
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					A paper goes to Governing Bodies annually. This will be in October for 2018	
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					Reviewed via contracting teams	

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		Fully compliant				Room equipped at Birch House.
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				Will be actioned through the Accountable Officers
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	Fully compliant				
4	Incident Coordination Centres	Functions	The organisation has arrangements in place outlining how its ICC will coordinate its functions as defined in the EPRR Framework.	Y	Arrangements outline the following functions: Coordination Policy making Operations Information gathering Dispersing public information.	Partially compliant	Would like to do an operational doc for ICC to sit alongside the incident response plan			Included in incident response plan.
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				
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				Included in incident response plan, LRF document on roles and responsibilities and multi agency mass casualty plan.
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				Included in incident response plan, On call staff were trained on incident response which included decision making model
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				Included in incident response plan

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

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 	<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. 	Partially compliant	Write a policy	Hazel Buchanan	End October,	The CCGs annual report to the Governing Body covers the relevant information as well as the incident response plan. There is no separate policy.
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. 	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement • Annual work plan 	Partially compliant	Write a policy	Hazel Buchanan	End October,	Annual exercise plan is agreed with LHRP partners. Risks are agreed through the LHRP on the basis of the LRF register. This detail isn't written into a policy.
28	Training and exercise	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 	Partially compliant	Exercise Portfolios for key staff	Hazel Buchanan	End Jan 2019	Impacted by restructure x 2
48	Business Continuity	BCMS scope and objectives	<p>The organisation has established the scope and objectives of the BCMS, specifying the risk management process and how this will be documented.</p>	<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 	Partially compliant	Business Continuity Plan to be updated to reflect move to a single management structure.	Hazel Buchanan	Dec-18	Business Continuity Plan is being updated to reflect the single staffing structure and four sites in Greater Nottingham. There are no changes for Mid-Notts.
4	Incident Coordination	Functions	<p>The organisation has arrangements in place outlining how its ICC will coordinate its functions as defined in the EPRR Framework.</p>	<p>Arrangements outline the following functions:</p> <ul style="list-style-type: none"> Coordination Policy making Operations Information gathering Dispersing public information. 	Partially compliant	Would like to do an operational doc for ICC to sit alongside the incident response plan			Included in incident response plan.