Please select type of organisation:

Clinical Commissioning Group

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	4	0	2
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	3	2	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	38	3	2

Total standards applicable	Fully compliant	Partially compliant	Non compliant
14	14	1	0
5	5	0	0
19	19	1	0
	standards applicable 14 5	standards applicableFully compliant141455	standards applicableFully compliantPartially compliant14141550

Publishing Approval Reference: 000719

Overall assessment:	Substantially compliant	
Instructions:		
Step 1: Select the type of orga	nisation from the drop-down at the top of this page	e

Step 2: Complete the Self-Assessment RAG & remaining columns in the 'EPRR Core Standards' tab Step 3: Complete the Self-Assessment RAG & remaining columns 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

						Self assessment RAG						
Ref		Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Organisational Evidence	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 romanisation's EPRR work in roomsmore demonstrates	Action to be taken	Lead	Timescale	Comments
								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.				
				The organisation has appointed an Accountable Emergency Officer		Name and role of appointed individual	Director of Operations - Mike Hastings/ Non Executive Director - Les Trigg/ EPRR Lead - Tally Kalea					
1	Governa	ance	Senior Leadership	(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.	Y		Trigg/ EPRR Lead - Tally Kalea	Fully compliant				
				A non-executive board member, or suitable alternative, should be identified to support them in this role. The organisation has an overarching EPRR policy statement.		Evidence of an up to date EPRR policy statement that includes:	EPRR policy is being drafted, final version will need to be approved at					
2	Governa	ance	EPRR Policy Statement	This should lake it to account the organisation's: Builvaines objectives and processes - Key suppliers and contractual arrangements - Rick assessment - Rick assessment - Rick assessment - Rick assessment - Use and Provide and Version control - Use unanhopuos terminology - Merkilly hose responsible for ensuing policies and arrangements are updated, additude and regularly teted	¥	- Resourcing commitment - Access to fund - Access to fund - Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.	board level	Non comptant	Completed draft to be reviewed by Sandwell AWest Birmingham EPRK lead and further approval will be ablained from Coverning Docy	Mike Hastings/Tally Kalea	3 months	
				documentation. The Chief Executive Officer / Clinical Commissioning Group		Public Board meeting minutes	EPRR updates are verbally given at Operations Meetings. Minutes					
3	Governa	ance	EPRR board reports	Accountable Officier ensures that the Accountable Enkingemcy 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 • unimary of any bunness confinuity, ortical incidents and maior	¥	 Public board meeting minutes Evidence of presenting the results of the annual EPRR assurance process to the Public Board 	and reports of Governing Body and Quality and Safety Committee are attached.	Fully compliant				
				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. The organisation has an annual EPRR work programme, informed by:		Process explicitly described within the EPRR policy statement Annual work plan	Work Programme attached					
4	Governa	ance	EPRR work programme	lessons identified from incidents and exercises identified risks outcomes of any assurance and audit processes.	Y	Serior rock from		Fully compliant				
5	Governa	ance	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 chant - Organisation structure chant	Chart structure attached EPRR policy is being drafted, final version will need to be approved at board level.	Fully compliant				
6	Governa	ance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future	Y	Internal Governance process chart including EPRR group Process explicitly described within the EPRR policy statement	EPRR policy is being drafted, final version will need to be approved at board level	Non compliant	Completed draft to be reviewed by Sandwell &West Birmingham EPRR lead and further approval will be abtained from Governing Body	Mike Hastings/Tally Kalea	3 months	
7	Duty to	risk assess	Risk assessment	EPRR arrangements. 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 Evidence that EPRR risks are represented and recorded on the organisations corporate risk register	Risk team have risk assessement docuements and process in place and will be used if necessary	Fully compliant	Body			
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 rolling document	Through Commissioning Operatiosn Team escalted to board level where required	Fully compliant				
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	policy document Partners consulted with as part of the planning process are demonstrable in planning arrangements	collaborative group meeting with Partner trust and LA take place but not minuted. EU EXIT group has been formed and have met Quarterly	Fully compliant				
11	Duty to	maintain plans	Critical incident	In line with current guidence and legislation, the organisation has effective anrangements in place to respond to a critical incident (as defined within the EPIRR Framework).	¥	Arangements should be: - one with current national guidance - in line with risk assessment - listed argography - stated agrography with those required to use them - outline any statif training required - outline any statif training required	MIRP	Fully compliant				
12	Duty to	maintain plans	Major incident	In line with current gudance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	¥	Arangements should be: - current - in fine with current national guidance - in fine with rick assessment - tested regularly - signed off by the appropriate mechanism - shared appropriately with those required to use them - uniting any extimated requires the test of tes	MIRP	Fully compliant				
13	Duty to	maintain plans		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.	¥	-outline any staff scaning required Arrangements should be: Auranti Control and any staff scaning scaning Control and any scaning scaning Control and any scaning scaning Control any scaning scaning Control any scaning scaning Control any scaning required	Heathwave plan updated 2019	Fully compliant				
14	Duty to	maintain plans	Cold weather	In line with current guidence and legislation, the organisation has infective anrangements in place to respond to the impact of anow and code weather (not internal business continuity) on the population the organisation serves.	¥	Arrangements should be: - current - in fine with current national guidance - in fine with rick assessment - tested regularly - signed df by the appropriate mechanism - shared appropriately with those required to use them - unifies any exclimant environments	Within Cold Weather Plan	Fully compliant				
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.	¥	- outline wy staff ranning required Arrangements hound be: - ournet - sease execution - sease execution - sease of explaining execution - sease of explaining execution - outline any staff inning required - outline any staff inning required - outline -	Previously attended working group in accordance with providers. Work closely with Lon Its glanning, WCCG has its own Pan Flu Plan - to be updated in Q3 2019	Fully compliant				
16	Duty to	maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has effective arrangements in place to record to an infectious disease outbreak within the organisation or the community it serves, covering a range of disease including high Consequence Infectional Diseases such as Viral Haemonthagic Fever. These arrangements should be made in conjunction with Infection Control teams, including supply of adaptional records with the control control teams, including againstational risk.	¥	Arrangements should be: - current - in line with cases assessment - failed the sessment - tested regularly - shared appropriately with those requirements - outline any equipment requirements - outline any equipment requirements - outline any equipment requirements	Previously attended working group in accordance with providers. Work closely with Trust and LA on infecious desease control	Fully compliant				

				In line with current guidance and legislation, the organisation has		Arrangements should be: • current	MIRP					
				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		in line with current national quidance						
18	Duty to maintai	ain plans N	Mass Casualty		Y	in line with risk assessment tested regularly		Fully compliant				
				with level 3 ITU bed).		 signed off by the appropriate mechanism shared appropriately with those required to use them 						
						outline any squipment requirements outline any staff training required Arrangements should be:						
				In line with current guidance and legislation, the organisation has		Arrangements should be:	As part of CCG BC plans					
				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		current in line with current national guidance						
20	Duty to maintai	ain plans S	Shelter and evacuation	evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	in line with risk assessment tested regularly		Fully compliant				
						shared appropriately with those required to use them outline any equipment requirements outline any staff training required						
				A resilient and dedicated EPRR on-call mechanism is in place 24 / 7			On call rota is mainatined with operations team					
24	Command and		On-call mechanism	to receive notifications relating to business continuity incidents, critical incidents and major incidents.	v	On call Standards and expectations are set out Include 24 hour arrangements for alerting managers and other key		Fully compliant				
	Command and		on-can meenanism	This should provide the facility to respond to or escalate notifications		staff.		r uny compliant				
						Process explicitly described within the EPRR policy statement	No critical incidente have taken nisce. Director on call refresher					
				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.		- Troccas expressive described mean are Error policy addement	No critical incidents have taken place. Director on-call refresher training is due in 2020. previously deleivered by NHSE in 2017. CCG in house and OOO rota attached within documents					
				The identified individual:			in nouse and 000 rota attached within documents					
				Should be trained according to the NHS England EPRR								
25	Command and	d control T	Trained on-call staff	Should be trained according to the NHS England EPRR competencies (National Occupational Standards) Can determine whether a critical, major or business continuity	Y			Fully compliant				
				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.								
				The experience and training in Franklik a testation of		Process explicitly described within the EPRR policy statement			TNA required for all staff- this will be followed up with a schedule of			
				The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records		Evidence of a training needs analysis			TNA required for all staff- this will be followed up with a schedule of training for necessary staff			
26	Training and ex	exercising E	EPRR Training	are kept to demonstrate this.	Y	Training records for all staff on call and those performing a role within the ICC		Partially compliant		Mike Hastings/Tally Kalea	12 month plan	suppoert from NHSE collegaues may be required
						Training materials Evidence of personal training and exercising portfolios for key staff						
				The organisation has an exercising and testing programme to safely		Exercision Schedule	Regional Comms exercise took place in July - CCG was fully active in					
				test major incident, critical incident and business continuity response arrangements.		Evidence of post exercise reports and embedding learning	the process where required - schedule attached in submission folder					
				Organisations should meet the following exercising and testing								
				requirements: • a six-monthly communications test								
				annual table top exercise								
27	Training and ex	exercising to	EPRR exercising and testing programme	 live exercise at least once every three years command post exercise every three years. 	Y			Fully compliant				
				The exercising programme must: • identify exercises relevant to local risks								
				identify exercises relevant to local risks meet the needs of the organisation type and stakeholders								
				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								
			0	Strategic and tactical responders must maintain a continuous		Training records Evidence of personal training and exercising portfolios for key staff						
28	Training and ex	exercising re	Strategic and tactical responder training	Part of confinement. Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise	Y	Evidence of personal training and exercising portfolios for key staff	Key on call staff staff have had on call training (email attached in subm	Fully compliant				
				participation The organisation has a preidentified Incident Co-ordination Centre		Documented processes for establishing an ICC	Process attached. Testing and lessons learned are still required.					
							Process auacrieu. Testing and lessons learned are suit required.					
		Ir	Incident Co-ordination	(ICC) and alternative fall-back location(s).		Maps and diagrams A testing schedule	Process autorieu. Tesung and ressons rearried are sur required.		Testing of ICC is required and lessons learned need identifying and			
30	Response		Incident Co-ordination Centre (ICC)	(ICC) and alternative fail-back location(s). Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its	Y	Maps and diagrams A testing schedule A training schedule Pre identified roles and responsibilities, with action cards	Process autorieu. Tesung and essons realized are sin required.	Partially compliant	Testing of ICC is required and lessons learned need identifying and sharing	Mike Hastings/Tally Kalea	12 month plan	
30	Response			(ICC) and alternative fall-back location(s). Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.	Y	Maps and diagrams A testing schedule A training schedule Pre-identified roles and responsibilities, with action cards Demenstrations ICC leaders in realized to lead of difficient induction		Partially compliant	Testing of ICC is required and lessons learned need identifying and sharing	Mike Hastings/Tally Kalea	12 month plan	
	Response	C	Centre (ICC) Access to planning	(ICC) and alternative fail-back location(s). Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation. Version controlled, hard copies of all response arrangements are available to relevant taff at all fines. Staff should be available or levaes of where	Y	Maps and diagrams A testing schedule A training schedule Pre identified roles and responsibilities, with action cards		Partially compliant	Testing of ICC is required and lessons learned need identifying and sharing	Mike Hastings/Tally Kalea	12 month plan	
		C A a	Centre (ICC) Access to planning arrangements	(ICC) and alternative fail-back location(s). Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation. Versition controlled, host copies of all response arrangements are were and bo inclement staff and limits. Staff should be name of where were and shore and should be notify correspine.		Maps and diagrams A testing schedule A training schedule A training schedule Pre identified roles and responsibilities, with action cards Demonstration ICC location is resilient to lose of utilities, including Meximum and the schedule actions, and external harads Meximum actions, and external harads Mard copies both electronically and hard copies	Via shared drive, hard copy in ICC		Testing of ICC is required and lessons learned need identifying and sharing	Mike Hastings/Tally Kalea	12 month plan	
31		C A a b	Centre (ICC) Access to planning arrangements Management of business continuity	(ICC) and alternative fail-back location(s). Both locations should be annually tested and exercised to ensure they are fit of puppes, and supported with documentation for its advation and operation. Version controlled, had colose soft accession and and and available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible. In line with current guidance and legislation, the organisation has effective annigneemist in place for response to a business continuity	Y Y Y	Maps and diagrams A testing schedule A testing schedule A training schedule Pre identified roles and responsibilities, with action cards Demonstration (CC location is realient to loss of utilities, including telecommunications, and external hazards Planning arrangements are easily accessible - toch electronically and	Via shared drive, hard copy in ICC BC plans have been updated early 2019		Testing of ICC is required and lessons learned need identifying and sharing	Mike Hastings/Tally Kalea	12 month plan	
31	Response	C A a b	Centre (ICC) Access to planning arrangements	(ICC) and alternative fail-back location(s). Both locations should be annually tested and exercised to ensure they are fit of puppes, and supported with documentation for its advation and operation. Version controlled, had colose soft accession and and and available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible. In line with current guidance and legislation, the organisation has effective annigneemist in place for response to a business continuity		Maps and diagrams Alstring structure Alstring Alst	Via shared drive, hard copy in ICC BC plans have been updated early 2019	Fully compliant	Testing of ICC is required and lessons learned need identifying and sharing	Mike Hastings/Tally Kalea	12 month plan	
31 32	Response	C A a b ir	Centre (ICC) Access to planning arrangements Management of business continuity	(ICC) and alternative fail-back location(s). Both locations should be annually tested and exercised to ensure they are fit of puppes, and supported with documentation for its advation and operation. Version controlled, had colose soft accession and and and available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible. In line with current guidance and legislation, the organisation has effective annigneemist in place for response to a business continuity		Maps and diagrams A testing schedule A paining schedule A paining schedule A paining schedule A paining schedule Costanti ne seallers, with action cards Demonstration ICIC cotation in realitient to loss of utilities, including teccommunications, and external hazards Planning anangements are easily accessible - both electronically and hard copies Business Continuity Response plans	Via shared drive, hard copy in ICC	Fully compliant	Testing of ICC is required and lessons learned need identifying and sharing	Mike Hastings/Tally Kalea	12 month plan	
31 32	Response	C A a b ir	Centre (ICC) Access to planning arrangements Management of business continuity incidents	(IICC) and alternative fail-back location(s). Both locations should be annually leaded and exercised to ensure they are 16 or purpose, and supported with documentation for its advationan and operation. Version controlled, that' copies of all response anrangements are asable to releave that all all times. Staff should be aware of where they are stored and should be easily accessible. Includent (as defined within the EPRR Framework), includent (as defined within the EPRR Framework). Includent can define a very and the stored be aburented so that and major incidents. New response staff are aware of the response of the one periodic records and logs to be required incidents and major incidents. New response staff are aware of the required for warms of the required matching of the required incident is and major incidents. New response and rags to be required to a start of the required matching of the required matching of the required incident is and major incidents. New response and rags to be required to a start of the required matching of the required matching of the required to a start of the required matching of	Y	Maps and diagrams Autors and diagrams Autors and diagrams Pre-like Institute of the second	Via shared drive, hand copy in ICC. BC plans have been updated early 2019 documented in INICP action cords in attached. Re-training is resulted or previous staff and for new staff which as interested. This will be addressed in the TNA as part of the work programme.	Fully compliant Fully compliant	Testing of ICC is required and lessons learned need identifying and sharing	Mike Hastings/Tally Kalea	12 month plan	
31 32	Response Response Response	A a b ir L	Centre (ICC) Access to planning arrangements Management of business continuity incidents Loggist	(IICC) and alternative fail-back location(s). Both locations should be annually leaded and exercised to ensure they are 16 or purpose, and supported with documentation for its advationan and operation. Version controlled, that' copies of all response anrangements are asable to releave that all all times. Staff should be aware of where they are stored and should be easily accessible. Includent (as defined within the EPRR Framework), includent (as defined within the EPRR Framework). Includent can define a very and the stored be aburented so that and major incidents. New response staff are aware of the response of the one periodic records and logs to be required incidents and major incidents. New response staff are aware of the required for warms of the required matching of the required incident is and major incidents. New response and rags to be required to a start of the required matching of the required matching of the required incident is and major incidents. New response and rags to be required to a start of the required matching of the required matching of the required to a start of the required matching of	Y Y	Maps and diagrams Maps and diagrams Astrong school Astrong Schol Astrong School Astrong School Astrong Schol Astrong School Astr	Via shared drive, hard copy in ICC BC plans have been updated early 2019	Fully compliant Fully compliant Fully compliant Fully compliant	Testing of ICC is required and lessons learned need identifying and sharing	Mixe Hastings/Tally Kalea	12 month plan	
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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	Agreement in place with Trust for mutual aid. Email agreement in place. Document in progress	Fully compliant		
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	 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'. 	Contained within MIRP	Fully compliant		
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 comitmement 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 - Policy Statement	Business Continuity policy in place to be reviewed in Q4 2019	Fully compliant		
48	Business Continuity	BCMS scope and objectives	The origination has established the scope and objectives of the BGKs in relation to the organization, seeklying the risk management process and how this will be documented.	¥	BCAS should deal: Scope c2, why products and services within the scope and exclusions from the scope exclusions from the scope the scope c2, why products and services within the scope scope contractual duties Competencies and authorities. If the capanismet of document (c2, 67, 464, Register), he acceptable level of risk and risk review and monitoring process - Resource requirements - Communications altabley with staff to ensure they are aware of - Stakeholders		Fully compliant		
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: • the method to be used • the frequency of review • how the information will be used to inform planning • how RA is used to support.	Contained within BC Plans	Fully compliant		
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	Held electronically on shared CCG Drive	Fully compliant		
51	Business Continuity	Business Continuity Plans	The organisation has established business continuity plans for the management of normals. Beaking how will respond, recover and repeak will be a straight of the straight of the repeak will be a straight of the straight of the straight of the of straight of strai	Y	 Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation 	Contained within BC plans	Fully compliant		
52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMIs 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	EPRR policy document or stand alone Business continuity policy Board papers	Contained within BC policy and BC Plans attached	Fully compliant		
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	EPRR policy document or stand alone Business continuity policy Board papers Audit reports	Contained within BC policy and BC Plans	Fully compliant		
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectivness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	EPRR policy document or stand alone Business continuity policy Board papers Action plans	Contained within BC policy and BC Plans	Fully compliant		
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	EPRR policy document or stand alone Business continuity policy Providen/supplier assurance framework Providen/supplier business continuity arrangements	Contained within BC policy and BC Plans	Fully compliant		

							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.				
Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Organisational Evidence	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.	Action to be taken	Lead	Timescale	Comments
							Green (fully compliant) = Fully compliant with core standard.				
	Severe Weather						with core standard.				
omain: Sev	vere Weather Response		The organisation's heatwave plan allows for the		The monitoring processes is explicitly						
1	Severe Weather response	Overheating	International and a statistical and a statistica	Y	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.	Contained within Heatwave plan	Fully compliant				
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.	Cooling units and relaxed office atire in place	Fully compliant				
3	Severe Weather response	Staffing	The organisation has plans to ensure staff can attend work during a period of severe weather (snow, flooding of heatware), and has suitable arrangements should transport fail and staff need to remain on sites. (Includes provision of 4x4 where needed)	Y		Management aware of advice/guidance to offer to staff. Busines continuity arragements made if necessary	Fully compliant				
4	Severe Weather response	Service provision	Organisations providing services in the community have arrangements to allow for caseloads to be clinically prioritised and alterative support delivered during periods of severe weather disruption. (This includes midwflery 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	ensure patient care is supported during any disruption	Fully compliant				
5	Severe Weather response	Discharge	The organisation has polices 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-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	CCG communicates with Providers to ensure patient care is supported during any disruption	Fully compliant				
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.	Tennancy agreement	Fully compliant				
7	Severe Weather response	Assessment	The organisation has arrangements to assess the impact of National Severe Weather Warnings (including Met Office Colad and Heatware 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.	Weather warnigsare received and considered within the Operations teama nd information is cascaded to staff where necessary	Fully compliant				
8	Severe Weather response	Flood prevention	The organisation has planned preventative maintenance programmes are 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	in line with LA arrangements	Fully compliant				
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.		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		Fully compliant				
10	Severe Weather response	Warning and informi	The organisation's communications arrangements include working with the LRF and multiagency partners to warn and inclum, 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.	screen messages VIA 'Jayex'	Fully compliant				

			The organisation has plans in place for any		The organisation has evidence that it	in line with LA arrangements					
11	Severe Weather response	Flood response	The organisation has plants in place to 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).		Fully compliant				
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.	Risks recorded within Risk teams logs	Fully compliant				
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 maintain the organisation has alternative documented mitigating arrangements in place.	Verbal agreement in place	Partially compliant	Verbal agreemeent in place - documentation needs to be completed and approved	Mike Hastings/Tally Kalea	6-9 months	
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.	CCG works with Wolverhampton Science Park to ensure building and occupants are aware of testing procedures and that lessons learned are shared	Fully compliant				
15	Severe Weather response	ICT BC	The organisations ICT Services have been throughly 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 nsk.	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	CCG works with Wolverhampton Science Park to ensure building and occupants are aware of testing procedures and that lessons learned are shared	Fully compliant				
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 the there is an entry in the organiations risk register detailing climate change risk and any mitigating actions		Fully compliant				
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 mitgation 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 higherachy.	Y	The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk	In line with tennancy agreement and regular meetings with landlord	Fully compliant				
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		Fully compliant				
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	in line with LA arrangements	Fully compliant				
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	In line with tennancy agreement and regular meetings with landlord	Fully compliant				

						Self assessment RAG				
Re	f Domain	Standard	Detail	Evidence - examples listed below	Organisation Evidence	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	Load	Timescale	Comments
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 supplers 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 arrangements are updated.	Resourcing commitment Access to funds Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.	EPRR policy is being drafted, final version will need to be approved at board level	Partially compliant	Completed draft to be reviewed by Sandwell &West Birmingham EPRR lead and further approval will be abtained from Governing Body	Mike Hastings/Tally Kalea	3 months	
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.	Process explicitly described within the EPRR policy st	EPRR policy is being drafted, final version will need to be approved at board level	Partially compliant				
20	Training and ex	ercisi EPRR Training	out training in line with a	Evidence of a training needs analysis Training records for all staff on call and those performing a role within the ICC			TNA required for all staff- this will be followed up with a schedule of training for necessary staff	Mike Hastings/Tally Kalea	12 month plan	suppoert from NHSE collegaues may be required
3(Response	Incident Co- ordination Centre (ICC)	preidentified Incident Co- ordination Centre (ICC) and alternative fall-back location(s).	A testing schedule A training 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	Process attached. Testing and lessons learned are still required.	Partially compliant	Testing of ICC is required and lessons learned need identifying and sharing	Mike Hastings/Tally Kalea	12 month plan	

34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SiReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	 Documented processes for completing, signing off and submitting SitReps Evidence of testing and exercising 	documented in MRPP action cards in attached. No exercising has taken place therefore testing has not been completed	Non compliant				
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.		Verbal agreement in place		Verbal agreemeent in place - documentation needs to be completed and approved	Mike Hastings/Tally Kalea	6-9 months	