The Royal Wolverhampton NHS Trust

Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2019/2020

7 October 2019

Agenda Item No: 8.4

The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	7 October 2019
Title:	Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2019/2020.
Executive Summary:	As part of the Health and Social Care Act 2012, the Trust is required to undertaken a yearly self-assessment against the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) standards to determine its level of compliance. The Trust self-assessment is assessed externally by the Local Health Resilience Forum, who also undertake a 'deep dive' in to a specific area for attention. The level of self-assessment for each area has been reviewed and approved by the Trust Emergency Planning Forum. This report sets out the EPRR Core Standards Self-Assessment and the Trust's position in relation to achieving these standards for 2019/2020, along with the 'Deep Dive' outcome for Adverse Weather. The Trust's overall rating for 2019/2020 is 'Fully' compliant
Action Requested:	To receive and note the report for assurance.
For the attention of the Board	To provide an update on the Trust's position in relation to achievement of the EPRR Core standards for 2019/2020.
Assure	To provide assurance to the Board of the Trust's resilience in the event of an emergency incident occurring.
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Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	None
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Equality and Diversity Impact	None
Risks: BAF/ TRR	1542 – Green
Risk: Appetite	N/A
Public or Private:	Public
Other formal bodies involved:	
References	N/A
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Report Details	
1	In line with the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) and national requirements, which NHS organisations and providers of NHS Funded care must meet as part of the Health and Social Care Act 2012, the Trust has undertaken its yearly self-assessment for 2019/20 against the standards to determine its level of compliance. The EPRR core standards for 2019/20 were issued in July 2019. This year's EPRR 'deep dive' assurance was focused on 'Adverse Weather'. The core standards for this year have been split into ten domains: • Governance • Duty to risk assess • Duty to maintain plans • Command and control • Training and Exercising • Response • Warning and informing • Co-operation • Business Continuity • Chemical Biological Radiological Nuclear (CBRN) The Trust has undertaken the self-assessment against the core standards. The Trust's assessment has resulted in it being **'fully compliant'**. The self-assessment has been reviewed by the Trust's Accountable Emergency Officer (AEO). The self-assessment is set out in Appendix 1. The 'deep dive' is also attached in Appendix 1 for information; this is not a requirement of the EPRR Core Standard ratings. The assessment and supporting evidence was required to be submitted by the Trust to NHS England Midlands by the 9 August 2019 and Wolverhampton Clinical Commissioning Group. The Trust Board are asked to note the report and supporting Appendix 1.

Appendices

1	Self- assessment Core Standards 2019/20 including Deep dive

APPENDIX 1

EPRR Core Standards 2019/20

eprr core standards 2019.xlsb

Please select type of organisation: **Acute Providers**

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	14	14	0	0
Command and control	2	2	0	0
Training and exercising	3	3	0	0
Response	7	7	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	14	14	0	0
Total	64	64	0	0

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

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 & 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

Ref	Domain	Standard	Detail	Acute Providers	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
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	Gwen Nuttall - Chief Operating Officer/AEO who is the Board level director responsible for EPRR. The non-Executive Director is Roger Dunshea.	Fully compliant				
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.	The Trust has an EPRR Strategy V5.1 - due to go to Trust Policy Group 2nd August 2019 - this has a 3 year review cycle.	Fully compliant				
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	The Trust has an established Emergeny Planning Group, supported by 2 sub groups, Major incident planning and Business Continuity. Trust Management Committee receives report on 6 monthly basis and the Trust Board on a yearly basis or when ad hoc reports are required for assurance purposes. along with the annual report for EPRR	Fully compliant				
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	Plan for 2019/2020 attached	Fully compliant				
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 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	Part of EPRR strategy V 5.1	Fully compliant				
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 framework attached. - see the learning framework that has been recently published	Fully compliant				
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 • Evidence that EPRR risks are represented and recorded on the organisations corporate risk registe	risk register monitored monthly basis and is an going agenda item at EPG.	Fully compliant				
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	risk register monitored monthly basis and is an going agenda item at EPG.	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	Partners consulted with as part of the planning process are demonstrable in planning arrangements	Shared with Wolverhampton Council Resilience Group, WMAS.	Fully compliant				
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	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	A Trust has a SOP in place which outlines, the different types of incidents that may occur. Attached.	Fully compliant				
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	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Major incident & Mass Casualty Plan V11 Nov 2018 now in place.	Fully compliant				
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	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Heatwave plan V11 June 2019	Fully compliant				
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 • outline any staff training required	Cold Weather Plan V6 May 2018	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.	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 • outline any staff training required	Pandemic Flu Plan V6 - currently under review as part of 3 yearly review cycle - working locally with Wolverhampton Health Protection Forum, Wolverhampton LA Reslience Group and Wolverhampton CCG.	Fully compliant				
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	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	The Trust has an Outbreak Policy IP13 V5 Feb 2019 and Isolation Policy for infectious diseases IP 10, Viral haemorrhagic Fever IP 07	Fully compliant				

17	**Duty to maintain plans**	**Mass countermeasures**	In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including arrangement for administration, reception and distribution of mass prophylaxis and mass vaccination. There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop or support Mass Countermeasure distribution arrangements. Organisations should have plans to support patients in their care during activation of mass countermeasure arrangements. CCGs may be required to commission new services to support mass countermeasure distribution locally, this will be dependant on the incident.	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 • outline any staff training required	The Trust contributed to an outline plan which was produced for the Olympics 2012, by the CCG. Confirmation has been received from the CCG that they will still support the originally documented mitigation to support mass counter measures. (2 Aug 2019)	Fully compliant				
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	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	MI/Mass Casualty Plan V 11 Nov 2018	Fully compliant				
19	**Duty to maintain plans**	**Mass Casualty - patient identification**	The organisation has arrangements to ensure a safe identification system for unidentified patients in an emergency/mass casualty incident. This system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number and capture patient sex.	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 • outline any staff training required	Recently reviewed and udpated in line with NHS Improvement Paitient Safety Alrt produced in Dec 2018	Fully compliant				
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	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Plan available.	Fully compliant				
21	**Duty to maintain plans**	**Lockdown**	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.	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 • outline any staff training required	Trust has a lockdown plan/procedure and forms part of OP Security Policy OP26.	Fully compliant				
22	**Duty to maintain plans**	**Protected individuals**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond and manage 'protected individuals'; Very Important Persons (VIPs), high profile patients and visitors to the site.	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 • outline any staff training required	Trust OP Security Policy OP26	Fully compliant				
23	**Duty to maintain plans**	**Excess death planning**	The organisation has contributed to, and understands, its role in the multiagency arrangements for excess deaths and mass fatalities, including mortuary arrangements. This includes arrangements for rising tide and sudden onset events.	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 • outline any staff training required	The Trust has its own Business Continuity plan for mortuary provision and forms part of the Pathology risk register - this has been reviewed in line with recommendations in HTA-Licensed establishments. The Trust is yet to see other organisations plans in the event of multi-agency planning for excess deaths including mortuary arrangements.	Fully compliant				Black Country Excess Deaths Planning group resilience leads of local authorities, updating current excess deaths arrangements. CWC to liaise with New Cross Mortuary to ensure planning arrangements for excess deaths and local emergency mortuary are correct. These will then need to be tested. West Midlands Conurbation Local Resilience Forum working on West Mids and Warwickshire Mass Fatality Plan and Regional Planning also taking place. Liaison with the Coroner ongoing.
24	**Command and control**	**On-call mechanism**	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. This should provide the facility to respond to or escalate notifications to an executive level.	Y	• 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.	Trust operates 24/7 on call provision, Control rooms established, action cards in place; communication and alert process in place.	Fully compliant				
25	**Command and control**	**Trained on-call staff**	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. The identified individual: • 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	• Process explicitly described within the EPRR policy statement	As per domain 25	Fully compliant				
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	• 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	Training is given both on a 1:1 basis to on call managers and directors on call. Mandatory e-learning package available for Trust on call mgrs and direcrors on call. Group training undertaken twice a year where a scenario is given for staff to respond toa nd is undertaken in the control rooms. All the Training is reocrd on the Trust's Kite database.	Fully compliant				
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: • 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: • 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	• Exercising Schedule • Evidence of post exercise reports and embedding learning	Exercising schedule attached for 2019/2020 , along with some post exercise reports.	Fully compliant				
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	Y	• Training records • Evidence of personal training and exercising portfolios for key staff	As per domain 26	Fully compliant				
30	**Response**	**Incident Co-ordination Centre (ICC)**	The organisation has a preidentified Incident Co-ordination Centre (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	• 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	Forms part of mandatory elearning package for Strategic & Tactical command. Standard Operating Procedure Incident Control Centre (ICC) set up and activation see attached.	Fully compliant				

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	Plans are available on the EP intranet site; BC sharepoint,hard copies EP Office, 'Grab packs' which are issued to Directors and Trust on call managers.	Fully compliant				
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	BC Policy OP104v, plus localised plans on BC share-point, which is monitored by EP and updated by local plan owners. SOP to manage buisness continuity incidents - Dec 2018	Fully compliant				
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	E Learning Loggist training in place - training records are held as part of the Trust's kite training database.	Fully compliant				
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	Forms part of 'Grab pack information' to Directors & Trust on call managers. Situation reporting is a normal process for the Trust	Fully compliant				
35	Response	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events'	Key clinical staff (especially emergency department) have access to the 'Clinical Guidelines for Major Incidents and Mass Casualty events handbook.	Y	Guidance is available to appropriate staff either electronically or hard c	This is readily available in Emergency Department & Emergency Planning Office. This also forms part of ED's intranet site for staff to access.	Fully compliant				
36	Response	Access to 'CBRN incident: Clinical Management and health protection'	Clinical staff have access to the PHE 'CBRN incident: Clinical Management and health protection' guidance.	Y	Guidance is available to appropriate staff either electronically or hard c	As per ref 35	Fully compliant				
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 plan generally and one specifically for a MII/incident response. There is a social media protocol available on the intranet fo staff to follow. When a major incident occurs, a record is kept as to what information has been sent to who.	Fully compliant				
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	Communication plan generally and one specifically for a MII/incident response. When communications are needed, thought is given to which channel is required, i.e. intranet for staff, social media for patients.	Fully compliant				
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 spokespeople 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'	Communication plan generally and one specifically for a MII/incident response. When communications are needed, thought is given to which channel is required, i.e. intranet for staff, social media for patients. The communications team work with the media and if the media are on site they are asked to stay in particular area and regular updates will be provided. Key spokespeople are identified in all emergency situations and a full briefing is given.	Fully compliant				
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	Attended by AEO/ or nominated representative Head of Emergency Planning	Fully compliant				
41	Cooperation	LRF / BRF attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Y	• Minutes of meetings • Governance agreement if the organisation is represented	This is attemded by Pete Jefferson for the region, and Wolverhampton Local Authority Resilience Team, who also share information from the LRF as appropriate.	Fully compliant				
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	Mutual Aid Handbook v3 June 2018, which covers areas across the West Midlands, Bham, Solihull and the Black Country, Coventry, Warwickshire, Herefordshire & Worcestershire Locality - for which RWT contributes to.	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'.	The Trust has a policy OP13 Information Governance and Data Protection, which includes: • Information Risk Management • Confidentiality • Data Protection • Freedom of information • Information Sharing • Transferring information safely • • Information Security	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 Continutiy Management System (BCMS) in alignment to the ISO standard 22301.	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement	The Trust as a BC Policy OP 104 V1.1 .	Fully compliant				
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: • 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	as per ref 47	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.	as per ref 47.	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	Standard 7 refers of DPST process & compliance in place - a table top exericse has been undertaken Ex Replevin July 2019.	Fully compliant				
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: • 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	• Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation	All service areas have BIAs, BDRAs, BCPs in place. A sharepoint ha been established for Plan owners to share their plans, which is gatekeepered by Emergency Planning Team, and is monitored at the Business Continuity Sub Group. To support service areas adn to give the Trust assurance, the Trust has produced a Business Continuity Review Process attached.	Fully compliant				
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	• EPRR policy document or stand alone Business continuity policy • Board papers	EP Strategy V 5.1; Business Continuity Policy OP 104; monitored and evaluated through Business Continuity Sub Group.	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	Forms part of Trust's internal audit programme - recent one was Oct 2018.	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	BC Review Process in place, along with a self assessment for service areas to complete on an annual basis or when service changes take place.	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 • Provider/supplier assurance framework • Provider/supplier business continuity arrangements	This forms part of the business continuity plans, along with a process undertaken by procurement with suppliers.	Fully compliant				

56	CBRN	Telephony advice for CBRN exposure	Key clinical staff have access to telephone advice for managing patients involved in CBRN incidents.	Y	Staff are aware of the number / process to gain access to advice through appropriate planning arrangements	All ED Staff are aware of the process to access advice, information is accessible and available on the relevant ED CBRN Action Cards. Information is also available on the ED Intranet page.	Fully compliant				
57	CBRN	HAZMAT / CBRN planning arrangement	There are documented organisation specific HAZMAT/ CBRN response arrangements.	Y	Evidence of: • command and control structures • procedures for activating staff and equipment • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • interoperability with other relevant agencies • plan to maintain a cordon / access control • arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies	The Trust has an upto date CBRN plan (V4 Approved Sept 2018) which links into the Major Incident plan. All emergency plans are available as hard copies within ED and on the Trust Intranet. A set of action cards are available in the ED department for both a chemical or a radiaton incident, giving staff clear guidance for them to initiate a safe response.	Fully compliant				
58	CBRN	HAZMAT / CBRN risk assessments	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation. This includes: • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste	Y	• Impact assessment of CBRN decontamination on other key facilities	Risk assessments are in place as a trust we also have the following facilities where patients may self present, Cannock Chase MIU, Phoenix Centre and UTC at New Cross each of these areas have an appropriate action card for guidance.	Fully compliant				
59	CBRN	Decontamination capability availability 24 /7	The organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week.	Y	Rotas of appropriately trained staff availability 24 /7	The department has appropriately trained staff on shift 24/7 to deal with an incident should it arise.	Fully compliant				
60	CBRN	Equipment and supplies	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients. • Acute providers - see Equipment checklist: https://www.england.nhs.uk/ourwork/eprr/hm/ • Community, Mental Health and Specialist service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/eprr-chemical-incidents.pdf • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	Completed equipment inventories; including completion date	We hold adequate equipment for patients to be decontaminated 18 PRPS suits, 3 Ramgene's, 20 Dis-Robe Packs, 20 Re-Robe Packs, 2 Loud hailers, 30 Interim Tychem PPE, Tabards for staff, Scissors. An inventory is available in the CRBN cupboard within ED. ED, Cannock and Phoenix also have an acid grab bag available.	Fully compliant				
61	CBRN	PRPS availability	The organisation has the expected number of PRPS (sealed and in date) available for immediate deployment. There is a plan and finance in place to revalidate (extend) or replace suits that are reaching their expiration date	Y	Completed equipment inventories; including completion date	As a department ED currently hold 18 PRPS suits which are stored within ED's Major Incident Cupboard making the suits easily accessible. There is a plan in place to extend / revalidate the suits. The suits have recently been recertified and have expiry dates of February and April 2020.	Fully compliant				
62	CBRN	Equipment checks	There are routine checks carried out on the decontamination equipment including: • PRPS Suits • Decontamination structures • Disrobe and rerobe structures • Shower tray pump • RAM GENE (radiation monitor) • Other decontamination equipment. There is a named individual responsible for completing these checks	Y	Record of equipment checks, including date completed and by whom.	The decontamination unit is checked weekly by the Trust's Estates team and the water is flushed daily as it is set on an automated timer. There is a signature sheet for the weekly check that is carried out. Ramgenes are checked by the Trust's medical Physics department. The CBRN lead Sr Helen Nevett ensures the unit is functionalble eacl time training takes place. A record of PRPS serial numbers and expiry dates are also maintained.	Fully compliant				
63	CBRN	Equipment Preventative Programme of Maintenance	There is a preventative programme of maintenance (PPM) in place fo the maintenance, repair, calibration and replacement of out of date decontamination equipment for: • PRPS Suits • Decontamination structures • Disrobe and rerobe structures • Shower tray pump • RAM GENE (radiation monitor) • Other equipment	Y	Completed PPM, including date completed, and by whom	A list of PRPS expiry dates are held in the CBRN cupboard, but all suits are within a visable area where by staff would be able to see the expiry dates. We have a static Decontamination facility which is maintained by the Trust estates department. The Ram-gene's are closely monitored by Medical Physics.	Fully compliant				
64	CBRN	PPE disposal arrangements	There are effective disposal arrangements in place for PPE no longer required, as indicated by manufacturer / supplier guidance.	Y	Organisational policy	Should the need arise we are aware of the guidance for the correct disposal of no longer required PPE.	Fully compliant				
65	CBRN	HAZMAT / CBRN training lead	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training	Y	Maintenance of CPD records	The current CBRN lead is appropriately trained and attends any relevant work shops / training required to ensure training is maintaine at a high level for the trus	Fully compliant				
66	CBRN	Training programme	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programmes should include training for PPE and decontamination.	Y	Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • A range of staff roles are trained in decontamination techniques • Lead identified for training • Established system for refresher training	Training is ongoing within the Emergency department, all new starters have appropriate PRPS / Decontamination and Ramgene training delivered, sessions usually take place February, May and September of each year. From May - November each year every staff member is allocated an ED study day whereby updates are given to staff regarding CBRN. Emails would be sent to staff if required regarding updated information.	Fully compliant				
67	CBRN	HAZMAT / CBRN trained trainers	The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.	Y	Maintenance of CPD records	The department currently has 3 trainers able to deliver PRPS training	Fully compliant				
68	CBRN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Y	Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011). Found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf • A range of staff roles are trained in decontamination techniqu	All nursing staff are fully upto date with current practice, and are aware of the need to isolate patients to prevent the spread of contamination. Reception staff have an action card in their front office with specific instructions for self presenting contaminated patients, and nursing staff have access to relevant action cards for both patients presenting from either a chemical or radiological incident. We have an IOR box set up in the Decontamination unit and main ED reception have a grab box for self presenting patients. Cannock MIU, Phoenix and the Urgent Treatment centre also have a grab box for self presenters.	Fully compliant				
69	CBRN	FFP3 access	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to, and are trained to use, FFP3 mask protection (or equivalent) 24/7.	Y		The Trust has a FFP3 training programme in place, along with service areas , whnich is organised by the Clinical Services Department . The Trust currently has 145 fit testers across the Trust.	Fully compliant				

Ref	Domain	Standard	Detail	Acute Providers	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
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.	The Trust has an up-to-date Heatwave Plan V 11 July 2019, which includes a Temperature check chart for areas to complete along with service actions. Estates have established service agreements in place. Working with Wolverhampton Local Authority, we also have access to the Wolverhampton Severe Weather Plan which depicts actions to be taken within the City, as well as within the Local Authority to assist other organisations and residents	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.	This is monitored though the Estates Department - Building Management system, which monitors clinical areas The Estates Dept also has an established helpline & escalation on call process in place for users to use.	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 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	The Trust has an inclement weather policy HR07 for staff to follow. The Estates Department has gritting teams, 24 hour and an on call team. There is a Trust alert process in place, which is activiated to all service areas, highlighting the different cold, heatwave weather alerts, and any flooding issues. Inconjunction with Wolverhampton Local Authority as part of their business continuity planning the Local Authority ensures support to health care services is included. Arrangements in place with organisations such as Jaguar Landrover to support in the event of severe weather. Mechanism to activate both Wolverhampton Resilience Group and the Local Resilience Forum through the Local Authority.	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 midwifery in the community, mental health services, district nursing etc)	Y	The organisations arrangements identify how staff will prioritise patients during periods of severe weather, and alternative delivery methods to ensure continued patient care	This forms part of the adult community services business continuity plans and action cards. The Estates department has also available a 4 x 4 available for external use for internal purposes	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-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	This is part off our normal business. The Trust has an integrated team including social services; the conversations with supporting agencies occur all the time and they do include when the weather is heading to extremes. Discharge lounge and wards as a norm ensure patients are dressed appropriately for the climate outside for their transfer out of hospital. As part of supporting discharge Estates department has 2 estate members of staff who provide external support (therapy services) for retro-fitting in homes to support early discharge.	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.	The Estates Department grits on site, including the Trust's multi-storey car park for staff and a 3rd party provider will grit other areas for the Trust ie Cannock Chase Hospital. The main roads up to the main hospital site is gritted by the local authority. Routes are checked regularly, with initial drives taking place as early as 4am.	Fully compliant				
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.	As a norm emergency planning & the communications department sends out weather alerts to service providers who make assessments for their local areas. The Estates department also has an in house estates monitors for temperature and rain fall rates, which support the actions needed to be undertaken.	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	New Cross Hospital is in an area at low risk of flooding. Estates action plans for local flooding, below ground are already identified which are prone to rain flooding are in place. The Estates Dept operates an on call system.	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.	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	Advised that this needs to be discused at Wolverhampton Resiliencee Forum. Mechanism for activation would be through the Emergency Response Officer for the Council.	Fully compliant				
10	Severe Weather response	Warning and informa	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.	The Trust operates a 24/7 on call system, Directors and Trust On Call Managers, which includes the Communications Team, who would issue messages etc. The Trust also has a Cold and heatwave plans and appropriate action processes/cards.	Fully compliant				
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).	The local authority has shared with the Trust local flood plans for areas near to the hospital. New Cross is classed as Flood Zone 1, so nothing expected other surface water flooding which should dissipate quickly. The Multi-Agency Flood Plan (MAFP) for Wolverhampton is under review.	Fully compliant				West Midlands Conurbation (WMC) Local Resilience Forum (LRF) have detailed multi-agency flood planning and response arrangements. These are maintained by the seven local authority resilience groups within the Conurbation. This local planning and response approach is in line with exisiting Local Resilience Forum (LRF) agreement for each of the seven resilience groups to maintain its own multi-agency flood plan. This reflects the National Flood framework which takes into account the recommendations of the Pitt Review and subsequent Flood and Water Management Act 2010 that local authorities take on a local leadership role in flood risk in their respective areas. In May 2019 Department of Environment Flood & Rural Affairs (Defra) published revised guidance for Multi-Agency Flood Plans. This has been released on Reslilience Direct and the local arrangements have been adapted to incorporate the new guidance. The aim of local plans is to ensure co-ordinated, multi
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.	No risks has been identified, the Trust would follow HTM 06 recommendations for electrical services for critical functions. For any other risks the Trust's risk mati would be used.	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.	There is currently no specific documented process in terms of severe weather supply chain disruption. This will be raised/addressed as part of the Procurement integration with UHNM and consolidation of BC Plans.	Fully compliant				The procurement function was intergated with UHNM effective 1 July 2019 and the service is undergoing a re-structure.

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.	The Trust has tested a serious of tests which it continues to do in relation to any flood alarms as part of the Protection system for risk areas, along with continuous generating testing, and checking boilers running on oil. As part of multi-agency exercises the Trust will be part of the WRG Exercise being planned for all partners in 2019/2020 - date to TBC by the Wolverhampton Resilience Group.	Fully compliant				
15	**Severe Weather response**	**ICT BC**	The organisations ICT Services have been thoroughly exercised and equipment tested which allows for remot 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	The Trust has spare capacity built in to our remote access licensing to allow for circumstances such as this.	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	This would be taken forward by the Sustainability & Carbon Reduction Group, which includes members from clincial areas. Including new buildings.	Fully compliant				
17	**Long term adaptation planning**	**Overheating risk**	The organisation has identified and recorded those part 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 higherachy.	Y	The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk	The Trust has set up a Sustainability Group & Carbon Reduction Group, along with a Ventilation Audit Compliance Maintenance Programme carried out by a 3rd party, where this is will be monitored.	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	The Trust has evidence of adaptations that has taken place recently completed; ED department and Pathology. On pathology, the design adopted phase change and whole building environmental design. Passive measures are utilised where possible reducing demand on energy. Other projects have adopted SUDS and water attenuation to reduce surface water run-off. The Trust continues to adapt existing buildings meet the various needs plus pressures put on the Organisation.	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	The Trust has a series of attentiation tanks in place for managing heavy rain fall which leak to the drains	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	The Trust considers relevant adaptation plans for long term climate change on new build projects where relevant and applicable. This is undertaken on a project by project basis.	Fully compliant				