

WOLVERHAMPTON CCG

Governing Body Meeting, Tuesday 10th May 2016

Agenda item 8a

Title of Report:	Emergency Preparedness, Resilience and Response (EPRR)
Report of:	Mike Hastings, Accountable Emergency Officer
Contact:	Andy Smith, Emergency Planning Manager
Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	The purpose of the report is to update the Governing Body around the EPRR workstream
Public or Private:	Public
Relevance to CCG Priority:	Planning
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	The CCG is both resilient and compliant in line with statutory and regulatory requirements
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	The CCG has a suite of plans in place to enable it to respond to a full range of incidents, both internal and external.



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Civil Contingencies Act 2004 (CCA) is the legislative framework for governmental/public sector response to incidents. The CCA designated public, and some private sector, organisations with either category 1 or Category 2 responder status with Category 1 being the most onerous. CCG's have been designated as category 2 with a statutory requirement to:
- Share information (with other responders); and
 - Cooperate (with other responders).
- 1.2. NHS guidance however gives a wider range of duties to CCG more or less commensurate with that of a category 1 NHS responder. The detail is contained within the NHS EPRR Framework Oct 2015 and the annual NHS EPRR Core Standards self-assessment and assurance exercise.
- 1.3. A report was brought to Governing Body in July 2015 summarising the WCCG 2015 submission for EPRR Core Standards, subsequently agreed by NHS England as "substantially compliant".
- 1.4. The 2016 EPRR Core Standards process is likely to start at the end of May 2016 with a predicted submission deadline of end of July, assuming it mirrors previous process, with a further deadline expected of 31.8.16 to review RWT and BCPFT submissions.

2. MAIN BODY OF REPORT

- 2.1. WCCG have secured 0.5 WTE EPRR support through a formal arrangement with Public Health at City of Wolverhampton Council.
- 2.2. The revised work program for 2016/17 is attached at Appendix 1 to this report.
- 2.3. The work programme has been drafted in consultation with the CCGs Accountable Emergency Officer and aims to further improve both compliance and capability across the EPRR and Prevent agendas.
- 2.4. The 2016 EPRR Core Standards submission will require Governing Body approval prior to submission and, to that end, a further report will be brought to Governing Body in July 2016.
- 2.5. Pandemic Influenza is currently considered to be the highest risk nationally and the CCG has ratified its Pandemic Plan (Appendix 2). WCCG is also supporting the development of a wider Wolverhampton City multi-agency approach through the



Wolverhampton Health Protection Forum and is taking a report to the HPF in May 2016.

- 2.6 Communications are a critical element of incident response and a Crisis Communications Plan has been ratified (Appendix 3). The plan was tested in November 2015, in concert with media training for the executive team.
- 2.7 Whilst Pandemic is the highest national risk, the risk of a catastrophic terrorist attack remains significantly high. In line with CONTEST, the national counter terrorism strategy, WCCG participates in a local CONTEST Board, chairs a Wolverhampton Resilience Group and is compliant with the Prevent Agenda and statutory requirements outlined within the Counter-Terrorism and Security Act 2015. A Prevent awareness mandatory training pack has been rolled out, due for completion by 30 April 2016. In addition a Prevent policy, as part of the wider WCCG safeguarding strategy, is currently undergoing consultation and ratification. In addition, given the now statutory requirements around Prevent, WCCG is ensuring that all commissioned services are both aware of, and meet, their expectations.
- 2.8 Mass casualty planning is a key NHS workstream currently and is undergoing revision against latest risk and threat intelligence. WCCG is inputting into a regional workshop currently being delivered to help shape the national approach. This is taking place on 9 May 2016. WCCG will also seek to ensure that its own preparedness, and that of its commissioned services, is as integrated and assured as possible.
- 2.9 Business Continuity is a priority for WCCG during 2016/17 and this is reflected in the work programme attached.
- 2.10 The NHS England EPRR Framework was revised in October 2015 and impacts upon the roles and responsibilities of CCGs requiring a greater degree of command and control, by the CCG, in the event of an incident. To this end a paper will be prepared for the Accountable Emergency Officer, by the end of May 2016, identifying the increased responsibilities and proposing options to ensure WCCG meets those requirements.

3. RISKS AND IMPLICATIONS

Key Risks

- 3.1. Whilst the EPRR Core Standards is a barometer of compliance it doesn't capture, or represent, all the EPRR activity undertaken by, or required of, WCCG. The revised NHS EPRR Framework has amended incident levels and triggers and this will need to be agreed with NHS England West Midlands and reflected in both plans and training locally.



- 3.2. WCCG is part of a wider “out of hours on call” structure across the Black Country. Whilst WCCG continues to prioritise and engage within the EPRR agenda, locally, regionally and nationally, the same degree of engagement will need to be demonstrated by the other 3 CCGs within the Black Country to be fully assured particularly “out of hours”.
- 3.3. The EPRR work undertaken by WCCG during 2015 puts it “ahead of the game” however EPRR, and by its very nature risk and threat, are a moving feast. Consequently EPRR is a focus of continuous preparedness, adaptation and improvement and the CCG must strive to ensure that it remains prepared to respond, proactively or reactively, to any incident.

Financial and Resource Implications

- 3.4. The Business Continuity process, to be commenced shortly seeks to identify the critical areas of WCCG business and ensure that such activities are able to continue, despite and throughout, any disruption or incident. The identification of appropriate strategies to support business need may lead to a resource requirement.
- 3.5. WCC Meeting room 4 is currently being upgraded and this will support a better equipped and enabled “Incident Control Centre” for WCCG in the event of an incident. Once complete this will be incorporated within WCCG major incident response.

Quality and Safety Implications

- 3.6. At the present time WCCG is deemed substantially compliant, against 2015 Core Standards requirements, and has addressed the areas it needs to complete to improve its assessment. In addition WCCG continues to work externally to ensure it remains prepared for future threats.
- 3.7. The Royal Wolverhampton Trust and Black Country Partnership Foundation Trust also have EPRR requirements and the EPRR Manager works with providers to ensure their organisational compliance and inter agency cooperation. Work is also being undertaken to support Vocare and the integration with existing RWT Major Incident response. Moving forward there are Primary Care EPRR requirements expected within the NHS EPRR Core Standards, albeit no date yet agreed for compliance, and the CCG would have a similar assurance role as co-commissioner.
- 3.8. There are also Prevent requirements for Primary Care and consideration should be given as to how this area will be assured going forwards.

Legal and Policy Implications

- 3.9. Whilst WCCG remains well placed in terms of both regulatory and statutory requirements the continued development of EPRR needs to be maintained to ensure on-going preparedness and compliance.



4. RECOMMENDATIONS

- To **Receive** and discuss this report
- To **Approve** the actions being undertaken
- To **Agree** to receive a further EPRR Core Standards report in July 2016

Name: Andy Smith
Job Title: EPRR Manager
Date: 19 April 2016

Appendix 1. 2016/17 EPRR Work Programme

Appendix 2. WCCG Pandemic Influenza Plan

Appendix 3. WCCG Crisis Communications Plan



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Signed off by Report Owner (Must be completed)	A Smith	19.4.2016

