

**WOLVERHAMPTON CCG**  
**Governing Body Meeting**  
**Tuesday 13<sup>th</sup> September 2016**

**Agenda item 8a**

<b>Title of Report:</b>	<b>Emergency Preparedness, Resilience and Response (EPRR)</b>
<b>Report of:</b>	Mike Hastings, Accountable Emergency Officer
<b>Contact:</b>	Andy Smith, Emergency Planning Manager
<b>Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	The purpose of the report is to brief the Governing Body on the WCCG 2016 WCCG EPRR Core Standards return.
<b>Public or Private:</b>	Public
<b>Relevance to CCG Priority:</b>	Planning
<b>Relevance to Board Assurance Framework (BAF):</b>	
<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	The CCG is both resilient and compliant in line with statutory and regulatory requirements
<ul style="list-style-type: none"> <li>• <b>Domain 4:</b> Planning (Long Term and Short Term)</li> </ul>	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, outlined in Appendix 1, commenced with a submission time/date of 1700 hours 29 July 2016 which WCCG met. Whilst a presentation at Governing Body had been previously scheduled for the July meeting this was missed due to a period of compassionate leave for the EPRR Manager. The submission was agreed with the WCCG Accountable Emergency Officer (AEO), Mike Hastings, and a report was taken to WCCG Senior Management Team in July to ensure corporate endorsement of the response. This report outlines the submission for Governing Body oversight.

## **2. MAIN BODY OF REPORT**

- 2.1. Each EPRR Core Standards self-assessment is comprised of a number of key standards accompanied by a "deep dive" into a particular area. The 2016 self-assessment "deep dive" is business continuity planning.
- 2.2. Summaries of the 2016 self-assessment ratings and the WCCG return are shown in tabular form below with the full return included at Appendix 2.
- 2.3. The self-assessment ratings are categorised as follows:



Compliance Level	Evaluation and Testing Conclusion
<b>Full</b>	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement
<b>Substantial</b>	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed
<b>Partial</b>	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed
<b>Non-compliant</b>	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance

Wolverhampton CCG has RAG rated its 2016 EPRR Core Standards self-assessment and this is shown in tabular form below:

RAG Rating	EPRR Core Standards	Business Continuity Core Standards	Total
Red	0	0	0
Amber	2	2	4
Green	36	3	39

2.4. WCCG has a total of 4 Core Standards assessed as amber and it is therefore deemed to be substantially compliant.

2.5. The standards assessed as amber are:

- That WCCG has corporate and service level Business Continuity (aligned to current nationally recognised BC standards)
- That all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident/exercise participation
- That there is a plan in place for the organisation to follow to maintain critical functions and restore other functions following a disruptive event; and



- The AEO has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
- 2.6. Based upon the areas above the main work priority area is Business Continuity. This has been agreed with the Accountable Emergency Officer, has already commenced and is detailed in the 2016/17 work plan included at Appendix 3.
- 2.3 The overall 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 Although previously signed off by the WCCG Senior Management Team, the 2016 EPRR Core Standards submission requires Governing Body approval and this report will be submitted to NHS England (BSBC Locality) as the final part of the 2016 EPRR Core Standards self-assessment process. A presentation on this return will be delivered by Mike Hastings (WCCG AEO) at the September meeting of the Local Health Resilience Partnership (LHRP).
- 2.5 Whilst this year's self-assessment has identified Business Continuity as the "deep dive" work is continuing on Pandemic Influenza. This has included developing a model for implementation across the BSBC LHRP footprint.
- 2.6 Communications are a critical element of incident response and a Crisis Communications Plan has been exercised in concert with expert media training for the executive team. A table top exercise for 2016/17 will be devised and delivered in the current financial year and, at the current juncture, is expected to be pandemic based and will be in a multi-agency environment.
- 2.7 Whilst Pandemic remains 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.
- 2.8 Mass casualty planning is a key NHS workstream currently and is undergoing revision against latest risk and threat intelligence. WCCG is fully engaged with expectations and planning against this particular workstream. WCCG is also proactively supporting Vocare in ensuring that a seamless model for Major Incident response exists at the W'ton Urgent Care Centre. These arrangements will be exercised in a "live" environment, utilising volunteers as casualties, in partnership with the Royal Wolverhampton Trust, currently planned for January 2017.
- 2.9 The NHS England EPRR Framework was revised in October 2015 and impacts upon the roles and responsibilities of CCGs requiring a greater degree of coordination, command and control, by the CCG, in the event of an incident. To this end a paper has been submitted to the Accountable Emergency Officer outlining a number of key



issues. This is generic across all CCGs and was been tabled at the LHRP July meeting and is an element of discussion going forwards as the overall NHS England Incident Response Plan is reviewed.

2.10 WCCG is also expected to review, and report on, the EPRR Core Standards returns of its main providers, Royal Wolverhampton Trust (RWT) and Black Country Partnership Foundation Trust (BCPFT). Both providers have submitted their returns and have self-assessed as follows:

- **RWT – Fully compliant**
- **BCPFT – Substantially compliant**

Both providers have shown an improvement based upon the 2015 return and neither gives any cause for concern, or for increased oversight, by WCCG in its role as Commissioner.

### 3. RISKS AND IMPLICATIONS

#### *Key Risks*

- 3.1. At the present time WCCG is well placed in terms of its level of preparedness and planning and continues to make progress in this area. WCCG has a dedicated EPRR capability, albeit 0.5 WTE, and is well represented in terms of external engagement.
- 3.2. Failure to progress however would leave WCCG exposed both in terms of compliance and also in its key role in managing the local health economy, as the commissioning organisation, and, in extremis, as the tactical tier for supporting NHS England in a major incident environment.
- 3.3. Business continuity is the most significant risk currently and has accordingly been prioritised for delivery as detailed in the 2016/17 work program.

#### *Financial and Resource Implications*

- 3.4. The Business Continuity process will confirm 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.

#### *Quality and Safety Implications*

- 3.5. Based on the 2016/17 EPRR Core standards self-assessment WCCG maintains its “substantially compliant” assessment and has identified the areas for progression in the attached work programme.



***Legal and Policy Implications***

3.6. 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 self-assessment; and
- To **Approve** the accompanying work programme.

**Name: Andy Smith**  
**Job Title: EPRR Manager**  
**Date: 22 August 2016**

**Appendix 1. 2016/17 EPRR Core Standards Assurance Letter**

**Appendix 2. 2016/17 EPRR Core Standards Self-assessment**

**Appendix 3. 2016/17 WCCG EPRR Work Programme**



**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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>N/A</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Medicines Management Implications discussed with Medicines Management team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>A Smith</b>	<b>22.8.2016</b>

