

WOLVERHAMPTON CCG

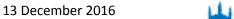
Governing Body Meeting Tuesday 13th December 2016

Agenda item 9

Title of Report:	Emergency Preparedness, Resilience and Response (EPRR)	
Report of:	Mike Hastings, Accountable Emergency Officer	
Contact:	Tally Kalea, Commissioning Operations Manager	
Action Required:	□ Decision	
Purpose of Report:	The purpose of the report is to brief the Governing Body on the EPRR status in WCCG	
Public or Private:	Public	
Relevance to CCG Priority:	Planning	
Relevance to Board Assurance Framework (BAF):		
Domain 1: A Well Led Organisation	The CCG is both resilient and compliant in line with statutory and regulatory requirements	
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.	

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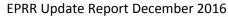


1. BACKGROUND AND CURRENT SITUATION

- 1.1. 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".
- 1.2. Business continuity work within WCCG commenced however due to the CCG EPRR leads limited capacity and subsequently leaving the organisation, the CCG will need additional resource to complete the programme of work.

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.
- 2.2. The Core Standards self-assessment is scheduled to be completed in January 2017.
- 2.3. The 2016/17 self-assessment "deep dive" is business continuity planning. This has been agreed with the Accountable Emergency Officer and work has already commenced but WCCG will need to acquire further resourcing to replace the previous EPRR lead. The CCG has agreed with the Local Authority to share their existing team to complete this work.
- 2.4. An 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.
- 2.5 Work is also continuing on Pandemic Influenza. This has included developing a model for implementation across the Local Health Resilience Partnerships (LHRP) footprint. A multi-agency exercise is planned for the New Year.
- 2.6 Mass casualty planning is a key NHS work stream currently and is undergoing revision against latest risk and threat intelligence. WCCG is fully engaged with expectations and planning against this particular work stream. WCCG is also proactively supporting Vocare in ensuring that a seamless model for Major Incident response exists at the Wolverhampton 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.



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3. RISKS AND IMPLICATIONS

Key Risks

- 3.1. At the present time Wolverhampton CCG (WCCG) is well placed in terms of its level of preparedness and planning and continues to make progress in this area.
- 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.

Financial and Resource Implications

3.3. 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 has led to a resource requirement.

Quality and Safety Implications

3.4. 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 work programme presented at the September meeting. (Appendix 1)

Legal and Policy Implications

3.5. 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.



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4. **RECOMMENDATIONS**

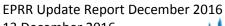
• That the Governing Body Receive and discuss this report

Name: Tally Kalea

Job Title: Commissioning Operations Manager

Date: 1st December 2016

Appendix 1. 2016/17 EPRR Core Standards Self-assessment







NHS

Wolverhampton Clinical Commissioning Group

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)	T Kalea	01/12/2016