

MEETING: Governing Body

Item Number: 8.2

DATE: 25 October 2016

REPORT TITLE:	Emergency Preparedness, Resilience and Response (EPRR) Statement of Compliance
CORPORATE OBJECTIVE ADDRESSED:	Functioning as an organisation that consistently delivers its statutory duties and participates fully in Greater Manchester Devolution.
REPORT AUTHOR:	Tim Collins, Assistant Director, Governance
PRESENTED BY:	Julie Southworth, Director of Quality & Safety
RECOMMENDATIONS/DECISION REQUIRED:	Receive
EXECUTIVE SUMMARY	
<p>Wigan Borough CCG has undertaken a self-assessment against the NHS England Core Standards for EPRR.</p> <p>Following self-assessment and in line with the definitions of compliance attached, Wigan Borough CCG declared itself as demonstrating full compliance against the EPRR Standards.</p>	
FURTHER ACTION REQUIRED:	Submission to NHS England
EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.	

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Emergency Preparedness, Resilience and Response (EPRR) Assurance 2016-17

STATEMENT OF COMPLIANCE

Wigan Borough CCG has undertaken a self-assessment against the NHS England Core Standards for EPRR (v4.0).

After self-assessment, and in line with the definitions of compliance stated below, the organisation declares itself as demonstrating the following level of compliance against the 2016-17 standards: **Full**

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately address all the Core Standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	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.
Partial	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.
Non-compliant*	Arrangements are in place, however, they do not appropriately address eleven or more of the 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.

*Should an organisation be non-compliant the LHRP will regularly monitor progress throughout the year until it has attained an agreed level of compliance

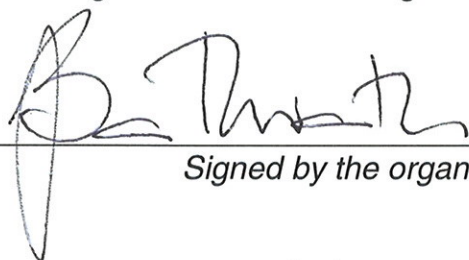
The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as Red ¹	Standards rated as Amber ²	Standards rated as Green ³
30	0	0	30
Acute providers: 47** Specialist providers: 38** Community providers: 38** Mental health providers: 38** CCGs: 30	¹ Not compliant with Core Standard and not in the EPRR Work Plan within the next 12 months	² Not compliant but evidence of progress and in the EPRR Work Plan for the next 12 months	³ Fully compliant with Core Standard

**Includes HAZMAT/CBRN standards applicable to providers: Standards: Acutes 14 / Specialist, Community, Mental health 7

Where areas require further action, this is detailed in the *EPRR Work Plan* and will be reviewed in line with the organisation's governance arrangements.

I confirm that the above level of compliance with the EPRR Core Standards has been confirmed to the organisation's Governing Body.



Signed by the organisation's Accountable Emergency Officer

25/10/2016
Date of Governing Body meeting

11.10.16
Date signed

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MEETING: Governing Body

Item Number: 8.3

DATE: 25th October 2016

REPORT TITLE:	Security Management Executive Director
CORPORATE OBJECTIVE ADDRESSED:	<p>Functioning as an effective strategic commissioning organisation that puts patients first.</p> <p>Functioning as an organisation that consistently delivers its statutory duties and participates fully in Greater Manchester Devolution.</p>
REPORT AUTHOR:	<p>Tracie Smith Head of Health, Safety, Sustainability and Equality</p>
PRESENTED BY:	<p>Trish Anderson Chief Officer</p>
RECOMMENDATIONS/DECISION REQUIRED:	<p>Governing Body to approve the designation of the Director of Quality and Safety as the designated Security Management Executive Director.</p>
<p>EXECUTIVE SUMMARY:</p> <p>It is the responsibility of the Chair/Chief Executive of all NHS health bodies to designate an Executive Director to the role of Security Management Director (SMD). The SMD must be a voting member of the trust board and ensure that adequate security management provision is made in their NHS health body, as specified particularly in paragraphs 2 and 7 of the Secretary of State Directions to NHS Bodies on Security Management Measures 2004 (amended 2006).</p> <p>Final responsibility for security management remains with the SMD, regardless of whether or not the LSMS and/or security staff are directly employed by the health body or provided by an external contractor.</p> <p>Details of the person designated to the role of SMD must be provided to the NHS Protect. The SMD must emphasise the security management needs of the NHS health body at Executive Board level. This ensures that responsibilities are taken seriously at the highest level, enabling compliance with Secretary of State Directions and NHS Protect guidance.</p>	
FURTHER ACTION REQUIRED:	
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

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