

**Report to Greater Manchester (GM) Local Health Resilience Partnership (LHRP)
on the Emergency Preparedness, Resilience and Response (EPRR)
Annual Assurance Process for 2018-19**

LHRP meeting date	Thursday 22 November 2018
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Summary	<p>This report provides GM LHRP with:</p> <ul style="list-style-type: none"> • A GM-level overview of compliance against the 2018-19 EPRR Core Standards • A summary of the review undertaken by GMSS Resilience Team of supporting evidence provided by GM NHS providers relevant to Core Standards 4, 11, 12, 24 and 30 • An outline of how oversight and scrutiny will be addressed for Core Standards rated as either 'Partially-compliant' or 'Non-compliant'

1. INTRODUCTION

The NHS England Core Standards for EPRR are the minimum requirements that commissioners and providers of NHS funded services must meet in relation to their duties under the Civil Contingencies Act 2004, their duties under the NHS Act 2006 as amended by the Health and Social Care Act 2012 and the expectations set out in the NHS EPRR Framework 2015.

The Core Standards are the basis of the EPRR annual assurance process and NHS commissioners and providers must undertake self-assessment against these standards in order to determine their overall EPRR assurance rating. The applicability of each Core Standard is dependent upon the organisation's function and statutory requirements. Consequently, each organisation type has a different number of Core Standards to assure itself against.

For the 2018-19 assurance process, the number of standards by organisation type were as follows: acute trusts – 64 standards; specialist trusts – 55; community trusts – 54; mental health trusts – 54; Clinical Commissioning Groups (CCGs) – 43. Organisations providing a combination of services were expected to assess against the type with the higher number of standards.



In 2018-19, as in previous years, collation of GM submissions for the EPPR assurance process was undertaken by the GMSS Resilience Team. This report is based upon the information provided to the Resilience Team by GM NHS providers (12 submissions received) and upon the 10 self-assessments for GM CCGs undertaken by members of the Resilience Team.

2. GM-LEVEL OVERVIEW OF COMPLIANCE

As shown in Tables 1 and 2, NHS organisations in Greater Manchester all declared an overall EPPR assurance rating of 'Substantial' compliance.

Table 1: Summary of Core Standards overall assessments for GM NHS provider organisations

Provider organisation	Services provided	Overall assessment
Bolton Foundation Trust	Acute, community	Substantial compliance
Bridgewater Community Healthcare	Community	Substantial compliance
Greater Manchester Mental Health	Mental health	Substantial compliance
Manchester University Foundation Trust	Acute, community	Substantial compliance
Northern Care Alliance – Salford Royal	Acute, community	Substantial compliance
Northern Care Alliance – Pennine Acute	Acute, community	Substantial compliance
North West Boroughs Healthcare	Mental health	Substantial compliance
Pennine Care	Community, mental health	Substantial compliance
Stockport Foundation Trust	Acute, community	Substantial compliance
Tameside & Glossop Integrated Care	Acute, community	Substantial compliance
The Christie	Specialist	Substantial compliance
Wrightington, Wigan and Leigh	Acute	Substantial compliance

Table 2: Summary of Core Standards overall assessments for GM NHS commissioner organisations

Commissioning organisation	Overall assessment
Bolton Clinical Commissioning Group	Substantial compliance
Bury Clinical Commissioning Group	Substantial compliance
Heywood, Middleton & Rochdale Clinical Commissioning Group	Substantial compliance
Manchester Clinical Commissioning Group	Substantial compliance
Oldham Clinical Commissioning Group	Substantial compliance
Salford Clinical Commissioning Group	Substantial compliance
Stockport Clinical Commissioning Group	Substantial compliance
Tameside & Glossop Clinical Commissioning Group	Substantial compliance
Trafford Clinical Commissioning Group	Substantial compliance
Wigan Borough Clinical Commissioning Group	Substantial compliance

The *NHS Emergency Preparedness, Resilience and Response Annual Assurance Guidance* (section 4.2) requires LHRP co-chairs to submit a consolidated assurance report that details assurance ratings of organisations within their partnership. Tables 1 and 2 contribute toward this requirement. In addition, the assurance guidance requires LHRP co-chairs to identify trends and areas for improvement across their geography. Tables 3 and 4 provide a more detailed analysis of standards rated as either 'Partially compliant' or 'Non-compliant' by GM NHS organisations.

Table 3: Summary of standards rated as 'Partially compliant' or 'Non-compliant' by GM NHS providers

Provider organisation	Standards rated as 'Partially compliant' or 'Non-compliant'							
Bolton Foundation Trust	P: 20	P: 40	P: 61					
Bridgewater Community Healthcare	P: 21	P: 27						
Greater Manchester Mental Health	P: 17	P: 40	P: 51	P: 60				
Manchester University Foundation Trust	P: 17	P: 20	P: 21	P: 40	P: 57	P: 63	P: 67	
Northern Care Alliance – Salford Royal	P: 25	P: 28	P: 32	P: 40	P: 51	P: 59		
Northern Care Alliance – Pennine Acute	N: 40							
North West Boroughs Healthcare	P: 28							
Pennine Care	P: 17	P: 18						
Stockport Foundation Trust	P: 11	P: 17	P: 40	P: 51	P: 55	P: 65	P: 66	P: 67
Tameside & Glossop Integrated Care	N: 17	N: 20	N: 40	P: 51	P: 55			
The Christie	P: 3	P: 17	P: 40					
Wrightington, Wigan and Leigh	P: 4	P: 17	P: 20	P: 26	P: 28	N: 40	P: 49	

KEY: P: # = 'Partially compliant' N: # = 'Non-compliant'

Table 4: Summary of standards rated as 'Partially compliant' or 'Non-compliant' by GM CCGs

Commissioning organisation	Standards rated as 'Partially compliant' or 'Non-compliant'							
Bolton CCG	P: 3	P: 40	P: 52					
Bury CCG	P: 40							
Heywood, Middleton & Rochdale CCG	P: 30	P: 40						
Manchester CCG	P: 16	P: 27	P: 40					
Oldham CCG	P: 40							
Salford CCG	P: 3	P: 52						
Stockport CCG	P: 27	P: 40	P: 55					
Tameside & Glossop CCG	P: 27	P: 40	P: 55					
Trafford CCG	P: 27	P: 40	P: 55					
Wigan Borough CCG	P: 3	P: 52						

KEY: P: # = 'Partially compliant' N: # = 'Non-compliant'

Using the information shown in Tables 3 and 4, the Resilience Team has identified a number of standards that are rated as 'Partially compliant' or 'Non-compliant' by two or more organisations. For the purpose of this report, a threshold of two or more organisations has been used as the basis for identifying a 'trend'. Tables 5 and 6 indicate trends and areas for improvement across GM NHS providers and GM CCGs.

As shown in Table 5 below, the following Core Standards have been rated either as 'Partially compliant' or 'Non-compliant' within at least 25% of the GM provider submissions received:

- mass countermeasures (**CS.17**);
- whole site shelter and/or evacuation (**CS.20**);
- Accountable Emergency Officer attendance at no less than 75% of LHRP meetings per annum (**CS.40**);
- business continuity plans (**CS.51**)

Table 5: Standards rated as 'Partially compliant' or 'Non-compliant' by two or more GM NHS providers

EPRR Core Standard	'P C'	'N-C'
CS.17: In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including the arrangement for administration, reception and distribution, e.g. mass prophylaxis or mass vaccination.	6	1
CS.20: In line with current guidance and legislation, the organisation has effective arrangements in place to place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to perform a whole site shelter and/or evacuation.	3	1
CS.21: In line with current guidance and legislation, the organisation has effective arrangements in place safely manage site access and egress of patients, staff and visitors to and from the organisation's facilities. This may be a progressive restriction of access/egress that focuses on the 'protection' of critical areas.	2	0
CS.28: 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.	3	0
CS.40: The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.	6	3
CS.51: The organisation has established business continuity plans for the management of incidents.	4	0
CS.55: The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers.	2	0
CS.67: The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.	2	0

As shown in Table 6 below, the following Core Standards have been rated as 'Partially compliant' by at least 25% of GM CCGs:

- EPRR reports to board (**CS.3**);
- major/critical incident exercising and testing (**CS.27**);
- Accountable Emergency Officer attendance at no less than 75% of LHRP meetings per annum (**CS.40**);
- annual reporting of business continuity exercises to the board (**CS.52**);
- systems to assess business continuity plans of commission (**CS.55**)

Table 6: Standards rated as 'Partially compliant' or 'Non-compliant' by two or more GM CCGs

Core Standard	'P C'	'N-C'
CS.3: 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.	3	0
CS.27: The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.	4	0
CS.40: The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.	8	0
CS.52: organisation's BCMS is monitored, measured and evaluated against the Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	3	0
CS.55: The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers.	3	0

Within the annual assurance process, a 'deep dive' is conducted each year to gain additional assurance into a specific area. For 2018-19, the deep dive area is 'Command and control' and it comprises self-assessment against eight standards. The self-assessment against the deep dive standards does not contribute to an organisation's overall EPRR assurance rating. Tables 7 and 8 show outcomes of this year's deep dive for GM NHS providers and GM CCGs.

Table 7: Summary of 'Deep dive' assessments for GM NHS providers

Provider organisation	DD1	DD2	DD3	DD4	DD5	DD6	DD7	DD8
Bolton Foundation Trust	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Bridgewater Community Healthcare	P-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Greater Manchester Mental Health	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Manchester University Foundation Trust	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Northern Care Alliance – Salford Royal	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Northern Care Alliance – Pennine Acute	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
North West Boroughs Healthcare	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Pennine Care	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Stockport Foundation Trust	F-C	F-C	P-C	F-C	F-C	F-C	F-C	N-C
Tameside & Glossop Integrated Care	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
The Christie	F-C	F-C	P-C	F-C	F-C	F-C	F-C	F-C
Wrightington, Wigan and Leigh	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
KEY:	F-C	'Fully compliant'		P-C	'Partially compliant'		N-C	'Non compliant'

Table 8: Summary of 'Deep dive' assessments for GM NHS CCGs

Commissioning organisation	DD1	DD2	DD3	DD4	DD5	DD6	DD7	DD8
Bolton CCG	F-C	F-C	P-C	F-C	F-C	F-C	F-C	F-C
Bury CCG	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Heywood, Middleton & Rochdale CCG	F-C	P-C	F-C	F-C	F-C	F-C	F-C	F-C
Manchester CCG	F-C	F-C	P-C	F-C	F-C	F-C	F-C	F-C
Oldham CCG	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Salford CCG	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Stockport CCG	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Tameside & Glossop CCG	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Trafford CCG	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
Wigan Borough CCG	F-C	F-C	F-C	F-C	F-C	F-C	F-C	F-C
KEY:	F-C	'Fully compliant'		P-C	'Partially compliant'			

As in previous years, the information submitted to and generated by the GMSS Resilience Team has allowed the team to create summaries of Core Standards compliance for each of the ten health economies in Greater Manchester. These summaries show the overall EPRR assurance rating for the commissioning and provider organisations within a given health economy and they indicate the respective number of standards rated as either 'Fully compliant', 'Partially compliant' or 'Non-compliant'. Health economy summaries are provided to the Accountable Emergency Officer of each GM CCG in order for them to gain an overview of the assurance position for all NHS organisations within their commissioning footprint.

3. REVIEW OF SUPPORTING EVIDENCE

As set out in the EPRR annual assurance guidance, LHRPs have a responsibility not only to review and consider organisational self-assessment returns but also to facilitate a Core

Standards ‘confirm and challenge’ process. On behalf of GM NHS commissioners and GM LHRP, the GMSS Resilience Team was asked to support this process by collating and reviewing supporting evidence from GM NHS providers against a number of Core Standards selected at random by the co-chairs of GM LHRP. Five standards were chosen and in order to ensure equity across GM, all providers were asked to submit evidence against each of them. The five chosen standards are those described below i.e. Core Standards 4, 11, 12, 24 and 30.

At the time of writing, work to review this evidence is ongoing, but members of the GMSS Resilience Team will in due course share with their provider EPRR counterparts an organisation-specific document that confirms the evidence submitted and that includes comments on it.

Core Standard 4
The organisation has an annual EPRR work programme.

Core Standard 11
In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as per the EPRR Framework).

Core Standard 12
In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as per the EPRR Framework).

Core Standard 24
A resilient and dedicated EPRR on call mechanism in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents.

Core Standard 30
The organisation has a pre-identified an Incident Co-ordination Centre (ICC) and alternative fall-back location.

Tables 9 and 10 show the self-assessment ratings declared by GM NHS providers and GM CCGs against the Core Standards within the scope of the GM confirm and challenge evidence review.

Table 9: Self-assessment ratings by GM NHS providers for Core Standards 4, 11, 12, 24 & 30

Provider organisation	CS.4	CS.11	CS.12	CS.24	CS.30
Bolton Foundation Trust	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Bridgewater Community Healthcare	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Greater Manchester Mental Health	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Manchester University Foundation Trust	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Northern Care Alliance – Salford Royal	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Northern Care Alliance – Pennine Acute	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
North West Boroughs Healthcare	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Pennine Care	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Stockport Foundation Trust	Fully Compliant	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant

Provider organisation	CS.4	CS.11	CS.12	CS.24	CS.30
Tameside & Glossop Integrated Care	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
The Christie	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Wrightington, Wigan and Leigh	Partially Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant

Table 10: Self-assessment ratings by GM NHS CCGs for Core Standards 4, 11, 12, 24 & 30

Provider organisation	CS.4	CS.11	CS.12	CS.24	CS.30
Bolton CCG	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Bury CCG	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Heywood, Middleton & Rochdale CCG	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Partially Compliant
Manchester CCG	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Oldham CCG	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Salford CCG	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Stockport CCG	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Tameside & Glossop CCG	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Trafford CCG	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Wigan Borough CCG	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant

4. OVERSIGHT AND SCRUTINY OF STANDARDS NOT RATED 'FULLY COMPLIANT'

For the 2018-19 annual assurance process, NHS organisations in Greater Manchester all declared an overall EPRR assurance rating of 'Substantial' compliance, which equates to each organisation being 89-99% compliant with the Core Standards they are expected to achieve. Therefore, each NHS organisation within Greater Manchester has an action plan for the Core Standards that were rated as 'Partially compliant' or 'Non-compliant' within their EPRR self-assessment.

Oversight and scrutiny of the progress made with these actions plans will be through the relevant Health Economy Resilience Group(s) (HERGs). Each of the eight HERGs within Greater Manchester is chaired by senior management from the local commissioning organisation, and the HERG Chairs will ensure that review of EPRR action plans is a standing agenda item at quarterly HERG meetings. In the event that HERG Chairs have concerns about progress with EPRR actions plans, the option of escalation to LHRP remains available.