

REPORT TO:	GOVERNING BODY	
MEETING DATE:	26th September 2018	
REPORT TITLE:	EPRR Core Standards Progress Report as at 18th Sept. 2018	
SUMMARY OF REPORT:	This report provides detail in relation to the progress with the CCG's compliance against the NHS England Core Standards in relation to Emergency Preparedness, Resilience and Response and provides a rationale to support the proposed statement prior to final submission which is to be submitted to NHS England on 22 nd October through the Local Health Resilience Partnership.	
REPORT RECOMMENDATIONS:	Members are asked to receive this draft submission report (giving 'Substantial Compliance' based on the rationale within this report).	
FINANCIAL IMPLICATIONS:	None	
PROCUREMENT IMPLICATIONS:	None	
REPORT CATEGORY:	Formally Receipt	Tick /
	Action the recommendations outlined in the report.	/
	Debate the content of the report	
	Receive the report for information	
AUTHOR:	Liz Ottley Emergency Planning Project Manager	
	Report supported & approved by your Senior Lead	Y
PRESENTED BY:	Kirsty Hollis Director of Finance	
OTHER COMMITTEES/GROUPS CONSULTED:	Joint Exec Team (12 th September 2018) Joint Ops/SMT (18 th September 2018)	
PRIVACY IMPACT ASSESSMENT (PIA)	Has a PIA been completed in respect of this report?	
	If yes, please attach	If no, please provide reason below N/A.
EQUALITY IMPACT ANALYSIS (EIA)	Has an EIA been completed in respect of this report?	
	If yes, please attach	If no, please provide reason below N/A
RISKS:	Have any risks been identified / assessed?	
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place as part of the proposal being presented.	
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	
2	Optimise appropriate use of resources and remove inefficiencies.	/
3	Improve access, quality and choice of service provision within Primary Care	
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	

Agenda Item No: 5.4

NHS East Lancashire CCG Governing Body
26th September 2018

EPRR Core Standards Progress Report
(as at 18th Sept. 2018)

1. Introduction

- 1.1 The CCG is required to submit an annual assessment of its compliance with the NHS England Emergency Preparedness Resilience and Response (EPRR) Core Standards and to give assurance on the extent of compliance with the Civil Contingencies Act 2004 (CCA). Clinical Commissioning Groups (CCGs) are defined as Category 2 Responders under the CCA, meaning that there is a duty to cooperate with the Providers as Category 1 Responders, in support of their continued provision of effective patient care during a Major Incident.

In addition to meeting these legislative duties, CCGs are required to comply with guidance and framework documents, including but not limited to:

- NHS England Emergency Planning Framework 2015;
- NHS England Core Standards for Emergency Preparedness, Resilience and Response 2018;
- NHS England (Operating Framework) Everyone Counts: Planning for Patients 2015/16.

This is achieved through the publication, testing and exercising of plans for critical functions and key services in accordance with the aforementioned guidance.

2. Purpose / Background

- 2.1 In late July 2018, NHS England issued the revised Emergency Preparedness, Resilience and Response Core Standards documentation. The progress towards becoming fully compliant with these standards across the Pennine Lancashire Clinical Commissioning Groups (PL CCGs) is achieved through the process of gathering assurance from colleagues that builds into the picture provided here. NHS England also requests that CCGs directly receive the compliance statements, and improvement plans, of its providers which is a continuation of the requirements placed on CCGs in 2015.

This document from the CCG perspective is an update at a point in time, the timeline (outlined below) gives more time to collate evidence/assurance such that the submission in parallel with system partners will likely be much improved. A detailed Action Plan will be developed for any red or amber areas that don't convert to green by the final submission date. Over the next 12 months the Emergency Planning Project Manager will work across the PL CCGs to bring all standards to a 'Fully Compliant' declaration, this will be facilitated through the introduction of a PL CCG EPRR Task and Finish Group to also help embed EPRR throughout. In addition the CCG will continue to meet with its providers regularly to monitor implementation of any improvement plans and to ensure ongoing compliance is maintained.

From initial meetings with ELHT and LCFT, the CCG are assured that both providers are Fully Compliant and Substantially Compliant respectively. Action plans are in place for both to achieve full compliance where necessary over the course of the next 12 months, as granted by NHS England, and also to help maintain compliance where standards are already met.

Key Dates Timeline:

- Core Standards Published 30 July 2018
- Undertake Self-Assessment throughout August and early September
- Provide interim 'At a glance' progress to Joint SMT on 18th September 2018
- Deadline for Provider Submissions to be sent to CCGs 21st September 2018
- Submitted to Governing Body for Receipt 26th September 2018
- Present submission report to Executive Management Team 10th October 2018
- CCG to send collated report from own and provider submissions to NHSE (L&SC) 22nd October 2018
- Reports to be presented at LHRP on 31st October 2018
- NHSE (L&SC) send to NHSE (North) 31 October 2018

Progress to date with CCGs own compliance to EPRR Core Standards:

The ratings will be determined using the following EPRR Assurance rating thresholds:

	Fully compliant	Substantially compliant	Partially compliant	Non-compliant
	100%	99-89%	88-77%	76% or less
Organisation Type	Number of Fully Compliant Core Standards to Achieve the Percentage			
Clinical Commissioning Groups	43	42-38	37-33	32 or less

At this stage, it would appear that the area of most significant weakness is in 'Training and Exercising'. Notably, not only in this particular section but in some cases where evidence of training and exercising can be used to help support other Core Standards. However, it must be said that clearly training often takes place but may need updating and certification as evidence. More rigorous re-development of training is required to ensure staff have the most up-to-date awareness to support them in their roles, both day to day and in case of a major incident.

Key to table on the next page:

	Green – compliant; evidence present and validated
	Amber – Evidence proffered/pending but not complaint as yet.
	Red – Insufficient evidence/non-compliance

Progress to date:

Ref	Domain	Standard
1	Governance	Appointed AEO
2		EPRR Policy Statement
3		EPRR Board Reports
4		EPRR Work Programme
5		EPRR Resource
6		Continuous Improvement
7	Duty to Risk Assess	Risk Assessment
8		Risk Management
9	Duty to Maintain Plans	Collaborative Planning
11		Critical Incident
12		Major Incident
13		Heatwave
14		Cold Weather
15		Pandemic Influenza
16		Infectious Disease
18		Mass Casualty - Surge
20		Shelter and Evacuation
24	Command and Control	On-call Mechanism
25		Trained On-call Staff
26	Training and Exercising	EPRR Training
27		EPRR Exercising and Testing Programme
28		Strategical and Tactical Responder Training
30	Response	Incident Co-ordination Centre ICC
31		Access to Planning Arrangements
32		Management of Business Continuity Incidents
33		Loggist
34		Situation Reports
37	Warning and Informing	Communication with Partners and Stakeholders
38		Warning and Informing
39		Media Strategy
40	Co-operation	LHRP Attendance
41		LRF / BRF Attendance
42		Mutual Aid Arrangements
46		Information Sharing
47	Business Continuity	BC Policy Statement
48		BCMS Scope and Objectives
49		Business Impact Assessments
50		Data Protection and Security Toolkit
51		Business Continuity Plans
52		BCMs Monitoring and Evaluation
53		BC Audit
54		BCMS Continuous Improvement
55		Assurance of Commissioned Providers / Suppliers BCPs

3. Conclusion

- 3.1 The Emergency Planning Project Manager has reviewed the Core Standard requirements. Overall, progress with the standards is positive with the current status in anticipation of a submission of 'Substantially Compliant'. This is based on the assumption that the current 'Amber' levels against the standards will convert to 'Green' before the submission date, currently just awaiting sight of evidence.

4. Recommendations

- 4.1 Governing Body Members are asked to receive the provisional submission of 'Substantial Compliance', based on the above rationale.

Liz Ottley
Emergency Planning Project Manager