

Title:	NHS England Emergency Planning, Resilience & Response (EPRR) Core Standard Assurance 2022		
Report to:	CCS Trust Public Board		
Meeting:	23 rd November 2022	Agenda item:	12
Purpose of the report:	For Noting: <input checked="" type="checkbox"/>	For Decision: <input checked="" type="checkbox"/>	For Assurance: <input checked="" type="checkbox"/>

Executive Summary:

The annual NHS England EPRR Core Standards Assurance is the minimum standard by which all providers and commissioners of NHS services are required to meet with regards to their Emergency Preparedness Resilience and Response (EPRR) portfolio. It forms the basis of assurance against NHS Resilience, seeking to understand whether or not those organisations will be capable of maintaining critical services whilst responding to or managing disruption. All findings ultimately report through to the Department of Health and Social Care (DHSC) and the Secretary of State for Health and Social Care.

Applicable to CCS this year were 56 standards and a 13- standard Deep Dive into Shelter and Evacuation arrangements which were published on 2nd August 2022. Overall CCS has been assessed as **partially compliant** against the return.

This report sets out to assure the CCS Board of Directors of the robust process that was undertaken at CCS, to audit and assess against the standards. Summary detail is also provided around the subsequent action plan that has been developed to maintain resilience and strengthen compliance.

Full copies of the workplan and assurance return can be made available to the Board of Directors upon request.

Recommendation:

The Trust Board is asked to **receive, note** and **ratify** the rating of partial compliance.

The Trust Board is asked to **ratify** progression against the workplan, as set out to the EPRR Operational Group and Quality, Improvement and Safety Committee.

	Name		Title	
Report author:	Alexandra Perry		EPRR Lead	
Executive sponsor:	Rachel Hawkins		Director of Governance and Service Redesign. Accountable Emergency Officer.	
Assurance level:	Substantial <input checked="" type="checkbox"/>	Reasonable <input type="checkbox"/>	Partial <input type="checkbox"/>	No assurance <input type="checkbox"/>

How the report supports achievement of the Trust objectives

Trust Objective	
Provide outstanding care	The EPRR Core Standards assure against all underpinning workstreams that support the Trust's readiness and Resilience. Maintaining resilient and responsive working practices is essential to ensuring safe and affective care of patients and staff when responding to or managing a disruption to business.
Collaborate with others	Cooperation is a foundational principal of EPRR and the basis from which all associated workstreams are formed.
Be an excellent employer	The suitability of all EPRR arrangements is essential to ensure the safety of all CCS staff when responding to or managing a disruption to business.
Be a sustainable organisation	EPRR arrangements are in place to ensure the continued delivery of essential services, despite any level of disruption. The EPRR Core Standards assure against this capability.
Equality and Diversity Objective	
To fully implement the actions identified following our review of the No More Tick Boxes review of potential bias in Recruitment practices	Equality & Diversity, and Health Inequalities is considered throughout all elements of planning and response.
The Trust Board will role model behaviours that support the Trust ambition to be an anti-racist organisation including actively implementing the Trust's and their personal anti racism pledges, to instil a sense of belonging for all our staff.	
To commence collection of demographic data for people who give feedback.	
To work with the data team and clinical services to target the collection of demographic data.	

Links to BAF risks / Trust risk register

- Risk 2470: There is a risk that the localised Business Continuity Plans for new services to the Trust are not current or in situ which may result in a failure of the service provision.
- Risk 2844: There is a risk that due to adverse weather conditions there may be an impact on the Trust's ability to deliver services leading to a negative impact on patients.

Legal and Regulatory requirements:

The content of this report discusses the [NHS Core Standards for Emergency Preparedness, Resilience and Response](#). These standards are directly applicable to requirements listed in:

- [Civil Contingencies Act 2004](#)
- [Emergency Preparedness Regulations 2005](#),
- [Emergency Response and Recovery, 5th Edition, 2013](#), and
- associated [Cabinet Office guidance](#)
- [Expectations and indicators of good practice set for category 1 and 2 responders](#)
- Section 46 of the [NHS Act 2006](#), as amended by the Health & Social Care Act 2012
- [Health & Safety at Work Act 1974](#)

- [Health and Care Act 2022](#)
- [Equality and health inequalities legal duties](#)
- The [National Risk Register](#)
- [NHS England Business Continuity Management Framework \(Service Resilience\)](#)
- [ISO 22301:2019 Security and resilience – Business continuity management systems](#)
- [NHS Constitution](#)
- [NHS Standard Contract\(s\)](#)
- [NHS EPRR Framework, 2022](#)
- Other EPRR guidance available on the [NHS England website](#)

Previous Papers (last meeting only):

Title:	Date Presented:
Core Standards Assessment and Resilience team Workplan	Presented to the EPRR Operational Group on 2nd November 2022
Q1 2022/23 Emergency Planning, Resilience & Response (EPRR) REPORT	Presented to the Quality, Improvement and Safety Committee on 7th September 2022

1. Tri- annual review

- 1.1. Due to pressures caused by the nationwide response to Covid19, the established tri-annual review of the NHS England EPRR Core Standards was postponed from 2021 and undertaken in preparation for 2022.
- 1.2. A significant number of influencing factors, including a legislative review of the Civil Contingencies Act 2004, and inquiry into the Manchester Arena Bombings saw the stakeholder led task and finish group significantly amend 9 of the 10 domains.

2. EPRR Core Standards

- 2.1. Whilst there are a total of 68 standards and 11 domains, the applicability is dependent on the organisation's function and statutory requirements. Consequently, the overall assurance rating is reached via percentage of standards assessed as 'fully compliant'.
- 2.2. This year CCS was assessed against 56 standards, 44 of which were rated as 'fully compliant' bringing the assurance rating to **partial compliance**. No standards were assessed as non-compliant. A summary of compliance can be found below:

Core Standard Domain	Total possible standards	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
Domain 1: Governance	6	6	6	0	0
Domain 2: Duty to risk assess	2	2	1	1	0
Domain 3: Duty to maintain plans	11	11	6	5	0
Domain 4: Command and control	2	2	1	1	0
Domain 5: Training and exercising	4	4	1	3	0
Domain 6: Response	7	6	6	0	0
Domain 7: Warning and informing	4	4	3	1	0
Domain 8: Cooperation	7	4	4	0	0
Domain 9: Business Continuity	11	10	9	1	0
Domain 10: CBRN	14	7	7	0	0
TOTAL	68	56	44	12	0

3. Deep Dive: Evacuation and Shelter

- 3.1. Local Evacuation and Shelter arrangements were the identified topic of this years Deep Dive; selected following the issue of updated NHS England guidance and heightened national risk of reinforced autoclaved aerated concrete (RAAC) at hospital sites.
- 3.2. CCS assessment against the 13 standards can be seen below.

Deep Dive	Total possible standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Evacuation and Shelter	13	11	4	6	1
Total	13	11	4	6	1

- 3.3. Deep dive ratings do not affect the overall rating, instead they are used as a tool to identify areas of good practice and support the drafting or revision of national and local guidance and work programmes.

4. Process of assurance

- 4.1. In order to complete this assessment EPRR Lead worked with colleagues across CCS to audit the entire Resilience portfolio and assess against the standards. During this process updates were provided to:
- Wider Executive Team meetings,
 - EPRR Operational Group Meetings,
 - Quality, Improvement and Safety Committee, and
 - The Accountable Emergency Officer (AEO).
- 4.2. Additionally, the AEO and EPRR Lead met with Dr Anne McConville, Lead NED for EPRR and Chair of the Quality, Improvement and Safety Committee on 3rd November 2022 to brief her on the final position.
- 4.3. Following our initial submission of evidence and further correspondence around areas for clarity, the EPRR Lead and Accountable Emergency Officer attended a 1:1 confirm and challenge session with the Cambridgeshire & Peterborough Integrated Care Board (C&P ICB) Head of EPRR and Deputy Accountable Emergency Officer on 6th October 2022. This is an established element of the assurance process.
- 4.4. We noted that CCS had achieved Full Compliance in 2021 and discussed with them reasons for the drop in rating. We were commended on our honesty in approach, and they endorsed our robust two- year action plan, for its realism and transformative approach. We have been informed by C&P ICB that NHS England & Improvement East of England (NHS E&I EoE) EPRR Team, have supported this position.
- 4.5. Our rating will now be shared with and endorsed by, Cambridgeshire & Peterborough (C&P), Bedford, Luton & Milton Keynes (BLMK), Norfolk & Waveney (N&W) and Suffolk & Northeast Essex (SNEE) Local Health Resilience Partnerships (LHRP) prior to being shared by the NHS E&I EoE team with the NHS E&I National EPRR Team.

5. 2022/23 Workplan

- 5.1. A comprehensive, two-year workplan has been developed in support of the findings. This has been presented to the EPRR Operational Group, Dr Anne McConville, C&P ICB and NHS E&I EoE EPRR team and endorsed by all.
- 5.2. The primary aim of the workplan is to maintain and enhance the resilience of CCS. It outlines short (foundational), medium (progressive) and long (transformative) term objectives that will culminate in full compliance being re-achieved in a collaborative and proportionate manner within two years.
- 5.3. Progress against this workplan will be overseen by the EPRR Operational Group, and assurance of progress will be received by the Quality Improvement and Safety Committee and all LHRPs.