

<b>Title:</b>	NHS England Emergency Preparedness, Resilience & Response (EPRR) Core Standard Assurance 2023		
<b>Report to:</b>	Trust Board		
<b>Meeting:</b>	27 <sup>th</sup> September 2023	<b>Agenda item:</b>	7
<b>Purpose of the report:</b>	For Noting: <input checked="" type="checkbox"/>	For Decision: <input 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 60 standards and a 10- standard Deep Dive into Resilience Training arrangements which were published on 25<sup>th</sup> May 2023. Overall CCS has been assessed as **partially compliant** against the return.

This report sets out to brief the Quality Improvement and Safety Committee 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 and detailed copies of the workplan and assurance return can be made available to the Quality Improvement and Safety Committee upon request.

**Recommendation:**

The Board of Directors is asked to **receive and note** the rating of partial compliance and accompanying workplan, which has been endorsed by the Quality, Improvement and Safety Committee. on behalf of the Board of Directors.

	Name	Title		
<b>Report author:</b>	Alexandra Perry	EPRR Lead		
<b>Executive sponsor:</b>	Rachel Hawkins	Director of Corporate Affairs and Trust AEO		
<b>Assurance level:</b>	<b>Substantial</b> <input checked="" type="checkbox"/>	<b>Reasonable</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>No assurance</b> <input type="checkbox"/>
<b>Rationale for Assurance rating:</b>	A substantial amount of thorough work has been conducted in order to reach conclusions which are detailed within this report. ICB and NHS England colleagues have been supportive in the approach taken.			
<b>Assurance action:</b>	The Board of Directors is required to receive and note this report in public. Moving forwards the Board is asked to provide continued support to the delivery of Resilience workstreams.			

## 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.
<b>Equality and Diversity Objective</b>	
Equality & Diversity, and Health Inequalities is considered throughout all elements of planning and response.	

### Links to BAF risks / Trust risk register

The following risks are held by the CCS Resilience Team, and form part of the Resilience Risk Register.

- Concurrent and protracted Incidents, and operational capacity (ref: 3582)
- Environmental and natural hazards (ref: 3571)
- Human, animal, and plant health hazards (ref: 3575)
- Societal Hazards (ref: 3578)
- Major Accidents, Infrastructure and Systems hazards (ref: 3579)
- Malicious attacks & threats (ref: 3580)

All risks listed above are held on the CCS Datix system and have been created following assessment of National, Local and Trust risk.

### 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 Toolkit](#)
- [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):**

<b>Title:</b>	<b>Date Presented:</b>
None	N/A

## 1. Review of standards

- 1.1. As was anticipated, and to complete the tri- annual which was conducted in 2021, a review of standard 10: HazMat/ CBRNE (Hazardous Materials/ Chemical, Biological, Radiological, Nuclear & Explosive) was completed this year which saw amendments to that domain as follows:
- Standards have become less ambiguous in their requirements but also the volume of evidence requested has increased exponentially,
  - Five new standards were introduced (3 applicable to CCS).

## 2. EPRR Core Standards

- 2.1. Whilst there are a total of 73 standards and 11 domains, the applicability is dependent on the organisation's function and statutory requirements. CCS is rated against standards applicable to community providers, specialist provider, and other NHS funded organisations. These standards are within 10 of 11 domains. The overall assurance rating is reached via percentage of standards assessed as 'fully compliant'.
- 2.2. This year CCS was assessed against 60 standards, 52 of which were rated as 'fully compliant', this is an increase of eight standards on 2022, but due to the changes in numbers of applicable standards it maintains CCS assurance rating at **partial compliance**.
- 2.3. Had this number of standards been achieved at the 2022 ratings then substantial compliance would have been gained, indeed the score this year is 1 short from that rating. No standards were assessed as non-compliant. A summary of compliance can be found below, and any increase from 2022, is indicated as (+XX).

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	2	0	0
Domain 3: Duty to maintain plans	11	11	6 (+1)	5	0
Domain 4: Command and control	2	2	2 (+1)	0	0
Domain 5: Training and exercising	4	4	3 (+2)	1	0
Domain 6: Response	7	6	6	0	0
Domain 7: Warning and informing	4	4	4 (+1)	0	0
Domain 8: Cooperation	7	5 (+1)	5 (+1)	0	0
Domain 9: Business Continuity	11	10	9	1	0
Domain 10: HazMat/ CBRN	19	10 (+3)	9 (+2)	1	0
<b>TOTAL</b>	<b>73</b>	<b>56</b>	<b>52</b>	<b>8</b>	<b>0</b>

- 2.4. The criteria between full, partial and non-compliance with standards is as follows:

Individual Standard Compliance level	Compliance Definition (Main return)
<b>FULLY COMPLIANT</b>	<b>Fully compliant</b> with the core standard.
<b>PARTIALLY COMPLIANT</b>	<b>Not compliant</b> with the core standard. However, the organisation's EPRR work programme demonstrates <b>sufficient evidence of progress and an action plan</b> is in place to achieve full compliance within the next 12 months.
<b>NOT COMPLIANT</b>	<b>Not compliant</b> with the core standard. The organisation's EPRR work programme shows compliance will <b>not</b> be reached within the next 12 months.

2.5. A summary of compliance against the standards can be found appended to this report. Full copies of the workplan and assurance return can be made available to committee members upon request.

### 3. Deep Dive: EPRR Training

3.1. EPRR Training arrangements were the identified topic of this years Deep Dive; selected following there having been significant additional scrutiny of individual training records during a series of unconnected inquiries and tribunals.

3.2. CCS assessment against the 10 standards can be seen below.

Deep Dive	Total possible standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
EPRR Training	10	10	9	1	0
<b>Total</b>	<b>10</b>	<b>10</b>	<b>9</b>	<b>1</b>	<b>0</b>

3.3. The standard which is partially compliant is linked to the maintenance of personal training records by commanders. This is something that has not previously been required and is included on the workplan moving forwards.

3.4. 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. Compliance against the standards differs from the main assurance return, the criteria is:

Individual Standard Compliance level	Compliance Definition (Deep Dive)
<b>FULLY COMPLIANT</b>	Criteria is evidenced in plans or EPRR arrangements and are tested/exercised as effective.
<b>PARTIALLY COMPLIANT</b>	Criteria is evidenced in evacuation and shelter plans or EPRR arrangements but requires further development or not tested/exercised.
<b>NOT COMPLIANT</b>	Criteria is not evidenced in evacuation and shelter plans or EPRR arrangements.
<b>NOT APPLICABLE</b>	Criteria which has been agreed as not directly applicable to CCS Services and so will be discounted from the return.

### 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:

- Resilience Operations group meetings,
- Resilience Steering Group meetings, and
- The Accountable Emergency Officer (AEO).

4.2. On 30<sup>th</sup> August 2023 the AEO and EPRR Lead met with Dr Richard Iles, Lead NED for EPRR and Chair of the Quality, Improvement and Safety Committee to brief him on the final position.

4.3. Following our initial submission of evidence on 29<sup>th</sup> August 2023, the EPRR Lead attended a peer review session with health peers across the Cambridgeshire & Peterborough Integrated Care System (C&P ICS) on 7<sup>th</sup> September 2023. 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) Accountable Emergency Officer and Head of EPRR on 11<sup>th</sup> September 2023. The rating was endorsed by the ICB and CCS commended for its candour, the clear and methodical approach to the audit, and evidently robust work against the action plan.

- 4.4. Our rating will 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. 2023/24 Workplan**

- 5.1. The workplan that accompanies this return was first created in 2022 as a two- year plan. The Resilience Steering Group (RSG) has maintained oversight of the plan throughout the intervening period. A significant proportion of the actions have been completed, which is reflected in the improved assurance rating.
- 5.2. The primary aim of the workplan is still 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. The intention is still for this to be achieved by the time we assess in 2024. The focus of work this year will be around:
- Planning and plan writing,
  - Training,
  - Exercising,
  - Business Continuity Planning,
  - Equality and Health Inequalities, and
  - Climate Change.
- 5.3. Progress against this workplan will be overseen by the Resilience Steering and Resilience Operations Groups, and assurance of progress will be received by the Quality Improvement and Safety Committee and all LHRPs.

## Appendix A: Summary of compliance against the NHS England EPRR Core Standards 2023.

ASSESSMENT			WORKPLAN			
Ref	STANDARD	Self- assessed rating  Fully compliant = 52 Partially compliant = 8	Action Lead	Projected date of completion		
				2023/24	2024/25	
<b>Domain 1: Governance</b>						
1	Senior Leadership	Fully compliant	CEO	N/A. Business as usual maintenance/ development.		
2	EPRR Policy Statement	Fully compliant	EPRR Lead			
3	EPRR board reports	Fully compliant				
4	EPRR work programme	Fully compliant				
5	EPRR Resource	Fully compliant	AEO/ EPRR Lead			
6	Continuous improvement	Fully compliant	EPRR Lead/ EPRR Officer			
<b>Domain 2: Duty to Risk Assess</b>						
7	Risk assessment	Fully compliant	EPRR Lead	N/A. Business as usual maintenance/ development.		
8	Risk Management	Fully compliant				
<b>Domain 3: Duty to Maintain Plans</b>						
9	Collaborative planning	Fully compliant	EPRR Lead	N/A. Business as usual maintenance/ development.		
10	Incident Response	Fully compliant				
11	Adverse Weather	Fully compliant				
12	Infectious disease	Partially compliant			Q3	
13	New and emerging pandemics	Partially compliant			Q3	
14	Countermeasures	Fully compliant				Q2
15	Mass Casualty	Partially compliant				Q2
16	Evacuation and shelter	Fully compliant			Q4	
17	Lockdown	Partially compliant			Q4	
18	Protected individuals	Fully compliant				Q1
19	Excess fatalities	Partially compliant				Q1
<b>Domain 4: Command and Control</b>						
20	On-call mechanism	Fully compliant		EPRR Lead	Q3	

21	Trained on-call staff	Fully compliant		Q3	
<b>Domain 6: Training &amp; Exercising</b>					
22	EPRR Training	Fully compliant	EPRR Lead	N/A. Business as usual maintenance/ review.	
23	EPRR exercising and testing programme	Fully compliant			
24	Responder training	Fully compliant			
25	Staff Awareness & Training	Partially compliant			Q2
<b>Domain 7: Response</b>					
26	Incident Co-ordination Centre (ICC)	Fully compliant	EPRR Lead	N/A. Business as usual maintenance/ development.	
27	Access to planning arrangements	Fully compliant			
28	Management of business continuity incidents	Fully compliant			
29	Decision Logging	Fully compliant		Q3 & Q4	
30	Situation Reports	Fully compliant		N/A. Business as usual maintenance/ development.	
31	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events'	Fully compliant		Q3	
<b>Domain 8: Warning and Informing</b>					
33	Warning and informing	Fully compliant	EPRR Lead	N/A. Business as usual maintenance/ development.	
34	Incident Communication Plan	Fully compliant			
35	Communication with partners and stakeholders	Fully compliant			
36	Media strategy	Fully compliant			
<b>Domain 9: Cooperation</b>					
37	LHRP Engagement	Fully compliant	EPRR Lead	N/A. Business as usual maintenance/ delivery/ engagement/ cooperation.	
38	LRF / BRF Engagement	Fully compliant			
39	Mutual aid arrangements	Fully compliant			
40	Arrangements for a multi area response	Fully compliant			
43	Information sharing	Fully compliant			
<b>Domain 10: Business Continuity</b>					
44	BC policy statement	Fully compliant	EPRR Lead	N/A. Business as usual maintenance/ development.	
45	Business Continuity Management Systems (BCMS) scope and objectives	Fully compliant			
46	Business Impact Analysis/Assessment (BIA)	Partially Compliant		Q4	



47	Business Continuity Plans (BCP)	Fully compliant		N/A. Business as usual maintenance/ development.
48	Testing and exercising	Fully compliant		
49	Data Protection and Security Toolkit	Fully compliant	IG Lead/ Associate Director of Business Information and Digital Systems	Q1
50	BCMS monitoring and evaluation	Fully compliant	EPRR Lead	N/A. Business as usual maintenance/ development.
51	BC audit	Fully compliant	AEO / EPRR Lead	Q3
52	BCMS continuous improvement process	Fully compliant	EPRR Lead	N/A. Business as usual maintenance/ development.
53	Assurance of commissioned providers / suppliers BCPs	Fully compliant		
<b>Domain 11: HazMat/ CBRNE</b>				
55	Governance	Fully compliant	EPRR Lead	N/A. Business as usual maintenance/ development.
56	Hazmat/CBRN risk assessments	Fully compliant		
57	Specialist advice for Hazmat/CBRN exposure	Fully compliant		
58	Hazmat/CBRN planning arrangements	Fully compliant		
60	Equipment and supplies	Fully compliant		
61	Equipment - Preventative Programme of Maintenance	Fully compliant		
63	Hazmat/CBRN training resource	Fully compliant		
64	Staff training - recognition and decontamination	Fully compliant		
65	PPE Access	Fully compliant		
66	Exercising	Partially Compliant		Q1