

Title:	NHS England Emergency Preparedness, Resilience & Response (EPRR) Core Standards Assurance 2024
Report to the:	Board of Directors (BoD) in Public
Meeting date:	25 th September 2024
Agenda item:	9
Report author:	Alexandra Perry, EPRR Lead
Executive sponsor:	Rachel Hawkins, Director of Corporate Affairs and Trust Accountable Emergency Officer (AEO)

Assurance level:	Substantial <input checked="" type="checkbox"/> Reasonable <input type="checkbox"/> Partial <input type="checkbox"/> Minimal <input type="checkbox"/>
Rationale:	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.
Assurance action:	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.

1.0 Executive Summary

1.1 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 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.

3.1. Applicable to CCS this year were 60 standards and a 11- standard Deep Dive into Cyber Security arrangements which were published on 16th July 2024. Overall CCS has assessed itself as **substantially compliant** against the return, and this was submitted in draft to the Cambridgeshire and Peterborough (C&P) Integrated Care Board (ICB) EPRR Team on 23rd August 2024. A final version of the return will be submitted to the same team on 27th September 2024, following it having been approved by the Board of Directors in Public on 25th September 2024.

This report sets out to brief the 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 and detailed copies of the workplan and assurance return can be made available to the Board of Directors upon request.

2.0 Recommendation

2.1 The Board of Directors is asked to **receive and approve** the rating of **substantial assurance** and accompanying workplan, which has also been endorsed on their behalf by the Quality, Improvement and Safety Committee. on behalf of the Board of Directors.

3.0 How the report supports achievement of the Strategic Objectives:

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.
Be collaborative:	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 sustainable:	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.

4.0 How the report supports tackling Health Inequalities

4.1 Equality and Diversity, and Health Inequalities is considered throughout all elements of planning and response.

5.0 Links to Board Assurance Framework / Trust Risk Register

5.1 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).

5.2 The following risks were added to the register in response to new or emerging risks:

- Cyber Security (Ref: 3514)

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

6.0 Legal and Regulatory requirements

6.1 The content of this report is 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](#).
- [Skills of Justice NOS](#).
- [Minimum Occupational Standards for NHS Emergency Preparedness, Resilience and Response \(MOS\)](#).
- [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](#).
- [NHS Core Standards for Emergency Preparedness, Resilience and Response](#).
- Other EPRR guidance available on the [NHS England website](#).

6.2 Other applicable items include:

- [The Counter Terrorism and Security Act 2015](#).
- [Control of Major Accident Hazards Regulations 2015](#).
- [Radiation Emergency Preparedness & Public Information Regulations 2001](#).
- [Management of Health & Safety at Work Regulations 1999](#).
- [Data Protection Act 2018](#).
- [General Data Protection Regulations](#).
- [Health Protection Legislation \(England\) Guidance 2010](#).
- [Caldicott Principles](#).

7.0 Previous report

7.1 NHS England Emergency Preparedness, Resilience & Response (EPRR) Core Standards Assurance 2023, 27th September 2023.

8.0 EPRR Core Standards

8.1. 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'.

8.2. This year CCS was assessed against 60 standards, 58 of which were rated as 'fully compliant'. This provides an increased assurance rating from partial to '**substantial compliance**'. This rating is two from Full Compliance. No standards were assessed as non-compliant.

8.3. In 2024 we:

- ✓ Achieved full compliance against seven standards,
- ✓ Decreased from full to partial compliance on one standard,

- ✓ Reworked, developed and maintained 33 standards, and
- ✓ Maintained 27 standards.

8.4. A summary of compliance can be found below, changes in compliance from 2023, 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	11 (+5)	0	0
Domain 4: Command and control	2	2	2	0	0
Domain 5: Training and exercising	4	4	3	1	0
Domain 6: Response	7	6	6	0	0
Domain 7: Warning and informing	4	4	4	0	0
Domain 8: Cooperation	7	5	5	0	0
Domain 9: Business Continuity	11	10	9 (+1 / -1)	1	0
Domain 10: HazMat/ CBRN	19	10	10 (+1)	0	0
TOTAL	73	60	58 (+6)	2	0

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

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

8.6. 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 CCS Board members upon request.

9.0. Deep Dive: Cyber Security

9.1. Cyber Security arrangements were the identified topic of this year's Deep Dive; selected due to there having been a notable uptick in cyber related incidents across the UK, and increased technology reliance by NHS organisations and their workforce.

9.2. CCS assessment against the 11 standards can be seen below.

Deep Dive	Total possible standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Cyber Security	11	11	8	3	0
Total	10	10	8	3	0

9.3. The standards which are partially compliant are:

- ✓ DD2: Cyber Security & IT related incident response arrangements

- ✓ DD7: Training Needs Analysis (TNA)
- ✓ DD8: EPRR Training

9.4. Each of the above standards require specific Resilience links which have not previously been required. Work towards these is included on the workplan moving forwards.

9.5. 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)
FULLY COMPLIANT	Criteria is evidenced in plans or EPRR arrangements and are tested/exercised as effective.
PARTIALLY COMPLIANT	Criteria is evidenced in evacuation and shelter plans or EPRR arrangements but requires further development or not tested/exercised.
NOT COMPLIANT	Criteria is not evidenced in evacuation and shelter plans or EPRR arrangements.
NOT APPLICABLE	Criteria which has been agreed as not directly applicable to CCS Services and so will be discounted from the return.

10.0. Areas of Focus

New to the assurance process in 2024 is the additional scrutiny of key areas of focus. Like the Deep Dive performance against them does not count towards the overall assurance rating. The areas are assessed collaboratively across all Providers who operate within the Cambridgeshire & Peterborough (C&P) system. Although this process is being followed by all systems in which CCS operates. The areas of focus for which CCS will be providing evidence are:

- Accountable Emergency Officer (AEO) awareness
- Mass Casualty
- EPRR resource and succession planning
- Focus on the following risks, how have these been mitigated and BCP plans related to:
 - Infrastructure related incidents (Not RAAC)
 - Supply chain disruptions
 - Concurrency of incidents

11.0. Process of assurance

11.1. Unlike in previous years we were required to make a draft submission to the Cambridgeshire and Peterborough (C&P) Integrated Care Board (ICB) EPRR Team on 23rd August 2024 and will be submitting our final return on 27th September 2024.

11.2. Of note, on 17th September 2024 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.

11.3. An essential part of the Assurance process is the opportunity for the ICB to check and challenge the proposed assurance position. To facilitate this the EPRR Lead and EPRR Officer attended a peer review session with health peers across the Cambridgeshire & Peterborough Integrated Care System (C&P ICS) on 5th September 2024, and with the Bedfordshire. Luton and Milton Keynes (BLMK) system on 18th September 2024. Following this meeting they will also attend a peer review session with the Norfolk & Waveney (N&W) system on 9th October 2024.

- 11.4. The EPRR Lead and Accountable Emergency Officer will next attend a 1:1 confirm and challenge session with the Cambridgeshire & Peterborough Integrated Care Board (C&P ICB) representatives, including the Head of EPRR on 17th October 2024.
- 11.5. 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 EoE team with the NHS E National EPRR Team.

12.0. 2024 – 2025 Workplan

- 12.1. The workplan that accompanies this return supersedes the previous two- year plan which was drafted in 2022. All actions on that plan were concluded with the exception of the Trust Wide training development. This has been rolled over to the new plan.
- 12.2. The primary aim of the workplan is still to maintain and enhance the resilience of CCS, achievement of the plan will ensure full compliance being re-achieved in a collaborative and proportionate manner. The focus of work this year will be around:
 - ✓ Training,
 - ✓ Exercising,
 - ✓ Business Continuity Management,
 - ✓ Data and Technology Resilience, and
 - ✓ Equality and Health Inequalities.
- 12.3. 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 Group (QIG) and all LHRPs.

Appendix A: Summary of compliance against the NHS England EPRR Core Standards 2024.

ASSESSMENT			WORKPLAN		
Ref	STANDARD	Self- assessed rating <i>Fully compliant = 58 Partially compliant = 2</i>	Action Lead	Projected date of completion	
				2024/25	2025/26
Domain 1: Governance					
1	Senior Leadership	Fully compliant	CEO	N/A	
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		
Domain 2: Duty to Risk Assess					
7	Risk assessment	Fully compliant	EPRR Lead	N/A	
8	Risk Management	Fully compliant			
Domain 3: Duty to Maintain Plans					
9	Collaborative planning	Fully compliant	EPRR Lead	N/A	
10	Incident Response	Fully compliant			
11	Adverse Weather	Fully compliant			
12	Infectious disease	Fully compliant			
13	New and emerging pandemics	Fully compliant			
14	Countermeasures	Fully compliant			
15	Mass Casualty	Fully compliant			
16	Evacuation and shelter	Fully compliant			
17	Lockdown	Fully compliant			
18	Protected individuals	Fully compliant			
19	Excess fatalities	Fully compliant			
Domain 4: Command and Control					
20	On-call mechanism	Fully compliant	EPRR Lead	Q3	
21	Trained on-call staff	Fully compliant		Q3/ Q4	
Domain 6: Training & Exercising					
22	EPRR Training	Fully compliant	EPRR Lead	N/A	
23	EPRR exercising and testing programme	Fully compliant			
24	Responder training	Fully compliant			
25	Staff Awareness & Training	Partially compliant			Q2
Domain 7: Response					
26	Incident Co-ordination Centre (ICC)	Fully compliant	EPRR Lead	Q4	
27	Access to planning arrangements	Fully compliant		N/A	
28	Management of business continuity incidents	Fully compliant			

29	Decision Logging	Fully compliant		Q4	
30	Situation Reports	Fully compliant		N/A	
31	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events'	Fully compliant		N/A	
Domain 8: Warning and Informing					
33	Warning and informing	Fully compliant	EPRR Lead	N/A	
34	Incident Communication Plan	Fully compliant		N/A	
35	Communication with partners and stakeholders	Fully compliant		N/A	
36	Media strategy	Fully compliant		N/A	
Domain 9: Cooperation					
37	LHRP Engagement	Fully compliant	EPRR Lead	N/A	
38	LRF / BRF Engagement	Fully compliant		N/A	
39	Mutual aid arrangements	Fully compliant		N/A	
40	Arrangements for a multi area response	Fully compliant		N/A	
43	Information sharing	Fully compliant		N/A	
Domain 10: Business Continuity					
44	BC policy statement	Fully compliant	EPRR Lead	N/A	
45	Business Continuity Management Systems (BCMS) scope and objectives	Fully compliant		N/A	
46	Business Impact Analysis/Assessment (BIA)	Fully compliant		N/A	
47	Business Continuity Plans (BCP)	Partially Compliant		Q3	
48	Testing and exercising	Fully compliant		N/A	
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	
51	BC audit	Fully compliant	AEO / EPRR Lead	N/A	
52	BCMS continuous improvement process	Fully compliant	EPRR Lead	N/A	
53	Assurance of commissioned providers / suppliers BCPs	Fully compliant	EPRR Lead	N/A	
Domain 11: HazMat/ CBRNE					
55	Governance	Fully compliant	EPRR Lead	N/A	
56	Hazmat/CBRN risk assessments	Fully compliant		N/A	
57	Specialist advice for Hazmat/CBRN exposure	Fully compliant		N/A	
58	Hazmat/CBRN planning arrangements	Fully compliant		N/A	
60	Equipment and supplies	Fully compliant		N/A	
61	Equipment - Preventative Programme of Maintenance	Fully compliant		N/A	
63	Hazmat/CBRN training resource	Fully compliant		N/A	
64	Staff training - recognition and decontamination	Fully compliant		N/A	
65	PPE Access	Fully compliant		N/A	
66	Exercising	Fully compliant		N/A	

