

Item: 14

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD	
28 JANUARY 2025	
Report Title:	Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance 2024-25
Purpose of report	
The purpose of this report is to provide the ICB Board with an overview of the NHS England EPRR annual core standards programme for 2024.	
Key points	
<ul style="list-style-type: none"> NENC ICB along with all commissioned Foundation Trusts have undertaken a self-assessment against the 2024 EPRR core standards as per the NHS England EPRR Core Standards guidance. NENC ICB have moved from a position of non-compliance (49%) in 2023 to a much improved position of partial compliance (77%) in 2024 whilst all Trusts have also seen a significant improvement in compliance rating. The areas which are currently assessed as partially compliant for provider organisations will be monitored and maintained as part of an action plan and continuously assessed within the NENC Local Health Resilience Partnership whilst NENC ICB will continue to work collaboratively with other North East and Yorkshire ICB EPRR teams to develop and share best practice as well as peer review progress. 	
Risks and issues	
<ul style="list-style-type: none"> NENC ICB – A full review of business continuity management arrangements has now commenced following ICB 2.0, with a business impact assessment workshop held in December with representatives from each Directorate. Provider EPRR Resource - The majority of organisations rated themselves partially with this standard due to resource constraints and limitations that affect the capability to fulfil the EPRR work programme. A regional demand versus capacity workstream would be welcomed to ensure all organisations can be satisfied that they are appropriately resourced to fulfil their EPRR duties. Mass Casualty - This is an area that was highlighted repeatedly by organisations as an area that required further work to assess risk and build resilience. National guidance would benefit all providers. Evacuation and Shelter - There are current plans in existence for Trust evacuation arrangements however organisations would benefit from national guidance and consistent planning arrangements for any evacuation of scale. 	

Assurances and supporting documentation	
<ul style="list-style-type: none"> All organisations have engaged throughout the annual assurance process, identifying and sharing best practice. All organisations have appropriate action plans and work programmes in place to ensure that they can endeavour to increase, as well as maintain, compliance Monthly meetings (NEY ICBs/with organisational EPRR leads will continue to take place to address issues and identify best practice with a constant evolving pathway of organisational learning and opportunities for improvement The areas which are currently assessed as partially compliant for provider organisations will be monitored and maintained as part of an action plan and continuously assessed by the Local Health Resilience Partnership (LHRP) as well as during the monthly meetings with EPRR Leads chaired by the ICB. An action plan will be developed by each Trust for the ICB to oversee progress which will be shared and discussed by the LHRP to ensure system oversight. 	
Recommendation/action required	
<ul style="list-style-type: none"> The ICB Board are asked to review and note the North East and North Cumbria Integrated Care Board assurance process. The ICB Board are asked to endorse the submission to NHS England as part of the NHSE EPRR annual assurance process for 2024-25 which includes each of the ICBs commissioned Foundation Trusts as well as the North East and North Cumbria ICB declared assurance rating of Partially Compliant. 	
Acronyms and abbreviations explained	
<p>EPRR – Emergency Preparedness, Resilience and Response LHRP- Local Health Resilience Partnership RHRP – Regional Health Resilience Partnership SCC – System Coordination Centre</p>	
Executive Committee Approval	14 January 2025
Sponsor/approving executive director	Jacqueline Myers, Chief Strategy Officer
Date approved by executive director	2 January 2025
Report author	Pippa Morley, Resilience Lead
Link to ICP strategy priorities (please tick all that apply)	
Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓
Relevant legal/statutory issues	
<p>Health & Care Act 2022 NHS England EPRR Framework Civil Contingencies Act 2004</p>	

NHS England EPRR Core Standards 2024-25					
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	N/A	✓
Equality analysis completed (please tick)	Yes		No	N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No	N/A	✓
Key considerations					
Financial implications and considerations	Not Applicable				
Digital implications	Not Applicable				
Clinical involvement	Not Applicable				
Health inequalities	This work supports the ICB in addressing Health Inequalities`				
Patient and public involvement	Not Applicable				
Partner and/or other stakeholder engagement	Engagement has taken place on a regular basis with provider organisations and NHS England.				
Other resources	Not Applicable				

North East and North Cumbria Integrated Care Board

Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance 2024-25

1. Introduction

- 1.1. The purpose of this report is to provide the North East and North Cumbria Integrated Care Board members with the outcome of the annual NHS England EPRR Core Standards Annual Programme for 2024-25.
- 1.2. This paper describes the process and outcomes for the North East and North Cumbria Integrated Care Board as well the declarations of commissioned providers.
- 1.3. NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) sets out the minimum standards which NHS organisations and providers of funded care must meet. In terms of these standards NHS organisations are listed as either a Category 1 or Category 2 responder and on that basis are required to provide assurance against their specific standards through a self-assessment, peer review or full audit process.

2. Executive Summary

- 2.1. As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS-funded services must show they can effectively respond to major, critical and business continuity incidents while maintaining services to patients. To do this, NHS England asks commissioners and providers of NHS-funded care to complete an EPRR annual assurance process, self-assessing their compliance against core standards. The outcome of this process is used to inform the organisation's overall EPRR annual assurance rating.
- 2.2. The self-assessment will result in one of the following compliance ratings:

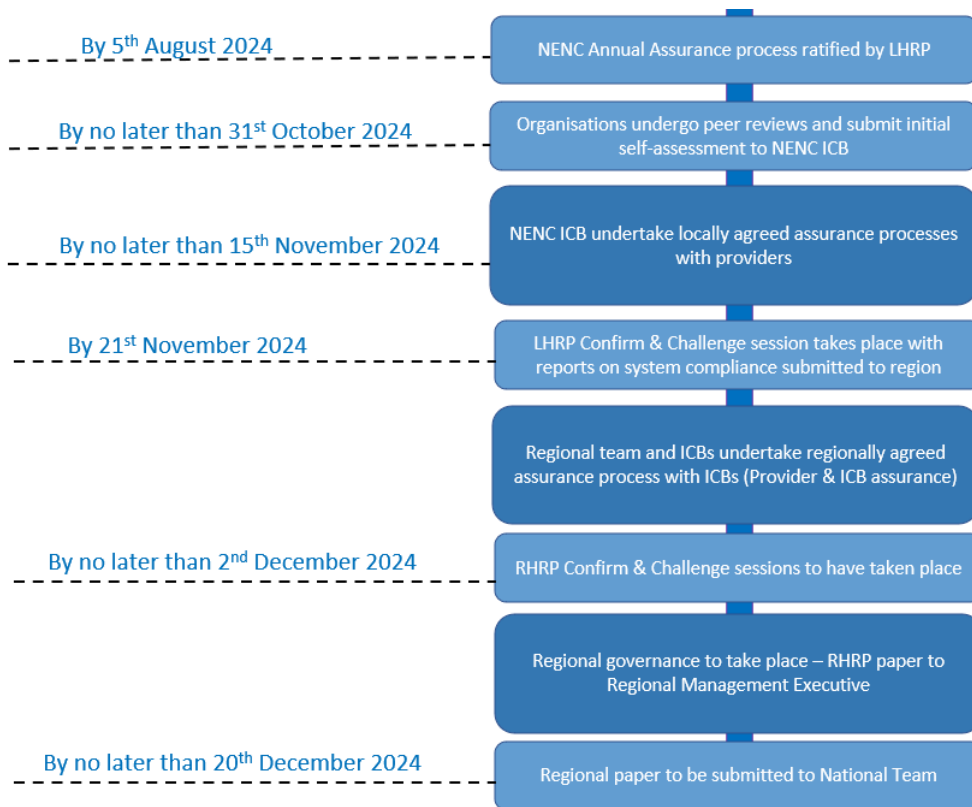
Compliance Level	Compliance Definition
Fully compliant	Fully compliant with the core standard.
Partially compliant	Not compliant with the core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan is in place to achieve full compliance 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.

- 2.3. With the introduction of the Health and Care Act 2022, the assurance process will reflect integrated care boards (ICBs) as Category 1 responders and their local NHS leadership role. This includes: the requirement to undertake a self-assessment against the core standards; and lead the NHS locally to agree the process to gain confidence of organisational ratings.

- 2.4. ICBs are responsible for monitoring each commissioned provider’s compliance with their contractual obligations in respect of EPRR and with applicable core standards and will lead the local assurance process as NHS system leads. ICBs are also responsible for submitting a consolidated assurance report detailing assurance ratings for organisations within the integrated care system (ICS).
- 2.5. Commissioners and providers of NHS-funded services must assure themselves against the core standards. The applicability of each core standard is dependent on the organisation’s function and statutory requirements.
- 2.6. Each organisation type has a different number of core standards to assure itself against. The NHS core standards for EPRR cover 10 core domains which include a total of 47 standards:
 - Governance
 - Duty to risk assess
 - Duty to maintain plans
 - Command and control
 - Training and exercising
 - Response
 - Warning and informing
 - Co-operation
 - Business continuity
 - Chemical biological radiological nuclear (CBRN) and hazardous material (HAZMAT)

3. North East and North Cumbria EPRR Annual Assurance Programme 2024

- 3.1. The timeline for the North East and North Cumbria annual assurance programme is set out below:



- 3.2. NENC ICB along with each foundation trust assessed their compliance and readiness against a number of core standards within the 10 key domains (as above. 2.5.).
- 3.3. The 2023/24 core standards assurance process, led by NHS England North East and Yorkshire EPRR team who implemented a very rigorous challenge process, included a forensic/legal approach to the evidence provided by all organisations resulting in significantly lower assurance ratings.
- 3.4. As a result, during 2024 the ICB System Resilience Team used the outcome of the 2023/24 assurance process to review and recalibrate as well as challenge existing culture in Trusts by facilitating regular monthly workshops to assess progress and resilience requirements across the system and promote collaborative and coordinated working in collation of submissions for the EPRR Core Standards process. A number of key workstreams were created and led by the ICB to focus on specific areas of concern, develop action plans and ensure the availability of suitable evidence.
 - Domain 1 – Governance – January 2024
 - Domain 2 – Duty to Risk Assess – February 2024
 - Domain 3 – Duty to maintain Plans – March 2024
 - Domain 4 – Command and Control – April 2024
 - Domain 5 – Training & Exercising – May 2024
 - Domain 6 – Response – June 2024
 - Domain 7 – Warning & Informing – June 2024
 - Domain 8 – Cooperation – July 2024
 - Domain 9 – Business Continuity Planning – July 2024
 - Domain 10 – Hazmat & CBRNe – August 2024
 - Review of all domains and sharing of best practice during peer reviews - September – November 2024
- 3.5. This approach ensured that the ICB and Trusts were able to demonstrate a significantly improved position in 2024-25, either partial or substantial compliance, demonstrating their ability and readiness to effectively respond to any significant incidents.
- 3.6. The NENC ICB EPRR Steering Group (made up of representatives of EPRR teams from the ICB and Foundation Trusts) oversaw the assurance process and the plans, processes and procedures put in place to provide EPRR assurance for the ICB during 2024.
- 3.7. Throughout October and November 2024, each commissioned foundation trust completed a self-assessment for EPRR core standards using the methodology and collation and evidence thresholds previously adopted for EPRR self-assessments.
- 3.8. All foundation trusts were required to complete their self-assessment, undertake a peer review with a similarly sized/type of organisation prior to submitting their completed self-assessment to the NENC ICB.
- 3.9. The ICB then held a 'check and challenge' session with all providers which took place in November 2024 to discuss each Trusts declaration of compliance, review evidence and to identify any areas for further support/development either at a Trust level, local system or ICB.
- 3.10. Prior to final submission of Trust core standards returns, NENC ICB held a face to face check and challenge session with each provider (Accountable Emergency Officer and

EPRR Team) to review the Trusts submission, discuss the rationale for any changes in compliance ratings and review the evidence prior to ICB endorsement. Once complete (and after any final amendments following the check and challenge session) Trusts then submitted their final declaration to NENC ICB.

3.11. North East and Cumbria ICB also completed the self-assessment tool which was shared with other ICBs in the North East and Yorkshire Region for peer review, prior to participating in a 'check and challenge' session which was attended by each of the EPRR teams as well as the Director Lead of EPRR for the ICB.

3.12. The November NENC Local Health Resilience Partnership was then dedicated to the 2024 EPRR Annual Assurance process with each Trusts and NENC ICB providing an update to the LHRP on their process and declared rating, enabling further challenge from LHRP core members (which included Local Authorities, United Kingdom Health Security Agency, NHS Regional networks (Trauma, Critical Care, Paediatric and Maternity) as well as a representative from the Northumbria Local Resilience Forum (on behalf of Cumbria, Durham and Darlington and Teeside).

3.13. The final declared assurance position for each of the organisations is below.

Organisation	Services provided or organisational type (X those which apply)												Compliance achieved:		
	Acute providers	Specialist providers	NHS Ambulance services	Patient Transport Providers	NHS 111	Community services providers	Mental health providers	ICBs	Primary care (GP, community pharmacy)	Other NHS funded organisations	NHS England	Full / Substantial / Partial / Non		Change ↑ ↔ ↓	
												2023/24	2024/25		
Integrated Care Board															
NENC ICB							X					Non-compliant	Partial	↑	
Ambulance Services															
NEAS			X									Partial	Substantial	↑	
Provider Organisations															
NCIC	X											Non-compliant	Substantial	↑	
NHCT	X											Substantial	Substantial	↔	
NUTH	X											Partial	Partial	↔	
GHFT	X											Partial	Substantial	↑	
STSFT	X											Non-compliant	Substantial	↑	
CDDFT	X											Partial	Substantial	↑	
NTHFT	X											Non-compliant	Substantial	↑	
STHFT	X											Partial	Partial	↑	
TEWV							X					Non-compliant	Partial	↑	
CNTW							X					Non-compliant	Partial	↑	

3.14 The areas which are currently assessed as partially compliant will be monitored and maintained as part of an action plan and continuously assessed by the Local Health Resilience Partnership (LHRP) as well as during the monthly meetings with EPRR Leads chaired by the ICB. An action plan will be developed by each Trust and the ICB to oversee progress which will be shared and discussed by the LHRP to ensure system oversight.

4. North East and North Cumbria Integrated Care Board Assurance Declaration 2024

Whilst section 5.2 provides an overview of the development work required, significant efforts have been made to increase the ICBS compliance rating during 2024.

The grid below shows the increase in compliance ratings per domain in 2024s submission compared to 2023.

Domain	Total Applicable Standards	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25
		Fully Compliant	Fully Compliant	Partially Compliant	Partially Compliant	Non Compliant	Non Compliant
Governance	6	5	6	1	0	0	0
Duty to risk assess	2	2	2	0	0	0	0
Duty to maintain plans	8	3	8	5	0	0	0
Command and control	2	1	1	1	1	0	0
Training and exercising	4	1	3	3	1	0	0
Response	5	1	3	4	2	0	0
Warning and informing	4	4	4	0	0	0	0
Cooperation	6	5	6	1	0	0	0
Business continuity	10	1	3	5	4	4	3
Hazmat/CBRN	0	0	0	0	0	0	0
Total	47	23	36	20	8	4	3

4.1. ICB Work Programme

Throughout 2024, the ICB System Resilience Team has worked hard to enhance the evidence for a number of non or partially compliant standards in the Governance, Command and Control and Response domains (the main areas of non-compliance).

The System Resilience Team undertook an extensive review of EPRR documentation to ensure that feedback from NHSE, as well as newly published guidance, was incorporated to strengthen arrangements such as: incident response plan, adverse weather plan and outbreak management.

Incident Coordination Centre arrangements were also reviewed with guides developed to support on-call colleagues and incident management team(s). The estate was also considered to ensure that the arrangements were fit for purpose and sustainable during any incident declaration. An arrangement has also been agreed for NENC ICB to co-locate with NEAS, if and when necessary, to support with system oversight as well as resilience in the event of a power outage due to NEAS having generators

The ICB also held a successful EPRR table-top exercise with multi-agency partners in November 2024 which further enabled evidence to be provided for this year's submission.

The ICB System Resilience Team are confident that improvements will be made which will further increase the compliance rating in 2025.

It is important to note that although the whilst the ICB has declared itself as being partially compliant following the 2024 assurance process, the organisation has rigorous and robust plans in place to manage any incident. Indeed, these have been used regularly to manage multiple, significant incidents in-line with the ICBs category 1 responsibilities.

NENC ICB System Resilience Team has developed a specific EPRR work programme to ensure that the organisation is able to quickly make progress throughout 2025 to maintain and further increase compliance against measured standards with the work programme overseen by the ICB EPRR Steering Group and Executive Committee.

Regular meetings have also taken place with all North East and Yorkshire ICBs to identify best practice and share key learning. Relationship building has been a key priority, with a positive early picture emerging of engagement with NEY ICBs who have worked collaboratively on programmes or activities.

5. Areas for Development

5.1. Foundation Trusts:

The following core standards have been identified by NENC ICB as requiring further development/enhancement during 2024-25 with actions put in place to move organisations and the region to its desired position. NENC ICB will therefore work with stakeholders, through the Local Health Resilience Partnership to ensure progression.

- Evacuation and Shelter – There are current plans in existence for Trust evacuation arrangements however organisations would benefit from national guidance and consistent planning arrangements for any evacuation of scale.
- Mass Casualty - This is an area that was highlighted repeatedly by organisations as an area that required further work to assess risk and build resilience. National guidance would benefit all providers.
- EPRR Resource - The majority of organisations rated themselves partially with this standard due to resource constraints and limitations that affect the capability to fulfil the EPRR work programme. A regional demand versus capacity workstream would be welcomed to ensure all organisations can be satisfied that they are appropriately resourced to fulfil their EPRR duties.

All provider organisations have established EPRR governance groups within their organisations to ensure that they can continue to develop and enhance their EPRR capabilities and strengthen the quality of evidence. All organisations have developed action plans to ensure continuous improvements, ensure lessons are learnt through exercises or incident and any potential improvements identified through any source will be considered and implemented where appropriate for the benefit of the Trusts and the communities they serve.

They will also continue to work in partnership with system partners to further strengthen existing arrangements and ensure EPRR arrangements continue to meet with the developing landscape of EPRR.

5.2. NENC ICB:

5.2.1. *Business Continuity Management*

The ICB must deliver an effective Business Continuity Management System (BCMS) in order to secure the best possible outcomes for patients and to successfully deliver our strategic objectives and operational plan. In addition, the ICB must comply with the Civil Contingencies Act (2004) statutory requirements relating to business continuity and take the approach required by the ISO 22301:12 standard.

Whilst the ICB have an incident response plan, governance and support in place and a business continuity policy, it is recognised that business continuity management and

risks identified as a commissioner of healthcare services need to be further mitigated by robust arrangements and a clear business continuity management system.

A full review of Business Continuity Management arrangements within NENC ICB is currently taking place following the recent changes made during ICB 2.0. This has included focused Business Impact Analysis workshops for services and teams with drafts to be completed by the end of December 2024 and BIA plans to be in place in early 2025.

The Director of System Resilience and Deputy Director of System Resilience will oversee the implementation of the business continuity policy and standards, and identify appropriate individuals within services areas to perform the role of BC lead to provider assurance that their specific areas of responsibility have implemented, maintained and tested their business continuity plans. A training and awareness plan will also be develop and regular reviews of BCPs to determine whether any changes are required to procedures or responsibilities.

5.2.2. Training and Development

The training of staff who have a response role for incidents is of fundamental importance. NHS organisations are familiar with responding to routine everyday challenges by following usual business practices. The System Resilience Team have produced an ongoing programme of work covering training and exercising of those involved in any incident response to ensure compliance and competence. The driver for this programme is the Training Needs Analysis and informed by the current Risk Register the recommendations from previous incidents and emergencies.

A training needs analysis has been completed collaboratively with North East & Yorkshire ICBs to assist with the development of a plan detailing all training available internally, externally and via multi-agency partners.

This contains a mixture of formal and informal training session to ensure it remains flexible and able to adapt to the changing risks, priorities and needs of the organisation. The system resilience team will provide bespoke training and exercises upon request and advertise all relevant training available to appropriate teams and individuals.

Learning from exercises is central to developing a method that supports personal and organisational goals and must be part of an annual plan validation and maintenance programme.

Each NHS-funded organisation is required to undertake the following:

Exercise Type	Minimum Frequency
SCC/ ICC equipment test	Every 3 months
Communications systems exercise	Every 6 months
Table-top exercise	Every 12 months
Live play exercise	Every 3 years
Command post exercise	Every 3 years

The ICB are currently working collaboratively with providers and other regional ICBs and NHS England to identify several core training packages to provide appropriate

inputs to ensure all ICB and provider on-call staff covering first, and second on-call rotas are trained to undertake their roles.

The ICB have also adopted a commander portfolio for all on-call commanders to support them to evidence required skill sets aligned to the national programme for principles of health command training. NHS England have undertaken training needs analysis in line with the recently published minimum occupational commander standards.

This development will also include a programme to ensure the organisation has Loggists available and trained to support any significant incident.

6. Recommendations

- 6.1. Members of the ICB Board are asked to review and note the North East and North Cumbria Integrated Care Board assurance process.
- 6.2. The ICB Board are asked to endorse the submission to NHS England as part of the NHSE EPRR annual assurance process for 2024-25 which includes each of the ICBs commissioned Foundation Trusts as well as the North East and North Cumbria ICB declared assurance rating of Partially Compliant.