

Agenda Item No:	17
-----------------	----

<b>Report to:</b>	Humber and North Yorkshire Integrated Care Board
<b>Date of Meeting:</b>	13 March 2024
<b>Subject:</b>	<b>Emergency Preparedness, Resilience and Response (EPRR) Annual Update</b>
<b>Director Sponsor:</b>	Amanda Bloor, Deputy Chief Executive / Chief Operating Officer
<b>Author:</b>	Karen Ellis, Assistant Director of EPRR
<b>STATUS OF THE REPORT:</b>	
Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Assurance <input type="checkbox"/> Information <input checked="" type="checkbox"/> A Regulatory Requirement <input checked="" type="checkbox"/>	

<b>SUMMARY OF REPORT:</b>
<p>Emergency Preparedness, Resilience and Response (EPRR) is a core requirement on the ICB as set out in the Civil Contingency Act (2004) and the Health and Care Act (2022). This report provides a brief update of activities undertaken during the year April 2023 to March 2024.</p> <p>These activities include:</p> <ul style="list-style-type: none"> <li>• Assessing EPRR risks and seeking to reduce the impact.</li> <li>• Collaborating with partner organisations, both within healthcare and outside of healthcare, to deliver an integrated system approach.</li> <li>• Training and exercising of staff to improve their knowledge and confidence in responding to incidents.</li> <li>• Supporting the organisational and system self-assessment against NHS EPRR Core Competencies and the implementation of a new evidence-based model of self -assessment.</li> <li>• Supporting the system in planning for, and managing the impact of, industrial action taken by our clinical colleagues in provider organisations.</li> </ul> <p><b>RECOMMENDATIONS:</b></p> <p>Members are asked to note the contents of this report.</p>

<b>ICB STRATEGIC OBJECTIVE</b>
--------------------------------

Managing Today	<input type="checkbox"/>
Managing Tomorrow	<input type="checkbox"/>
Enabling the Effective Operation of the Organisation	<input checked="" type="checkbox"/>

## IMPLICATIONS

Finance	N/A
Quality	N/A
HR	N/A
Legal / Regulatory	We are required via the Civil Contingency Act 2004 and the Health and Care Act 2022 to have an effective EPRR response 24/7. The NHS EPRR Framework Core Competencies require the ICB Board to receive an annual update on activities undertaken by the ICB in relation to EPRR.
Data Protection / IG	N/A
Health inequality / equality	N/A
Conflict of Interest Aspects	N/A
Sustainability	N/A

### ASSESSED RISK:

There are no specific risks associated with this report, the content is suitable for consideration in a public domain and the risk associated with the report is evaluated as low.

### MONITORING AND ASSURANCE:

Not Applicable.

### ENGAGEMENT:

The report has been written using reports and action records as an information source. Partner Emergency Responders have been actively involved in a wide range of the actions and, where appropriate, a debrief was undertaken to identify learning.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

# EMERGENCY PREPARADNESS, RESILIENCE AND RESPONSE (EPRR)

## ANNUAL UPDATE

### 1. INTRODUCTION

- 1.1. This report updates the ICB Board on the range of actions undertaken as part of the EPRR agenda by the ICB. ICBs are identified as Category 1 (Cat 1) responders which are those organisations deemed to be at the core of emergency response. This puts them on equal response footing with acute trusts, ambulance services and local authorities, as well as Police and Fire and Rescue Services. The ICB has a prime role under EPRR directives to lead, coordinate and support the health response to incidents as well as maintaining the organisational ability to continue to function (Business Continuity).
- 1.2. The report outlines key activities undertaken between April 2023 and March 2024 by the EPRR response within the ICB.

### 2. BACKGROUND

- 2.1. The NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, identifies that ICBs, and their NHS funded services, must show they can effectively respond to major, critical, and business continuity incidents whilst maintaining services to patients. It also provides a set of standards (core competencies) for all NHS funded organisations in England to help with meeting the legislative requirements.
- 2.2. The ICB's Deputy Chief Executive and Chief Operating Officer is the designated Accountable Emergency Officer (AEO) and is supported by the ICB's Executive Team in the execution of the EPRR duties and by a nominated Senior Responsible Officer (SRO) for EPRR, the Director of Primary Care and Commissioning. In addition, there is a discrete team of officers who are the ICB's Subject Matter Experts (SMEs) in relation to EPRR and the ICB on-call teams who support EPRR during their on-call period.

### 3. ASSESSMENT

As part of preparing for incidents the ICB, with its commissioned providers have undertaken the following:

#### 3.1. Risk Assessment

The top six risks assessed by the Local Health Resilience Forum on behalf of the ICB/ICS are:

- Flooding
- Industrial Action
- Infectious Diseases
- Digital Technology Failure
- Public Disorder / Mass Casualties events
- Energy Supply Failure

These risks are also reflected nationally and across NHSE North East and Yorkshire, but prioritisation may be slightly different.

### 3.2. **Response to Incidents**

During 2023/2024 the main incidents the ICB had to respond to was industrial action in provider health services. For each period of industrial action experienced the ICB collaborated with providers in both the approach to the industrial action and during the industrial action to ensure that minimum safe staffing levels were maintained and that they could continue to deliver their core services.

The ICB also responded to support the oversight and management of the following types of incidents throughout the year:

- Power Outage on a main Hospital Site
- IT system failures across both single and multiple sites
- Avian Flu
- Road Traffic Collisions
- Industrial and Rural Fires
- Flooding.

### 3.3. **Partnership Working**

The ICB EPRR Team has close working links with the:

- *Main commissioned providers* – we have collaborated with our Providers to develop processes and policies for use across all organisations through regular group planning meetings and specific topic task and finish groups, for example vulnerable people list development.
- *Local Resilience Forums (LRFs)* – LRFs are set out in the Civil Contingency Act 2004, they cover a policing footprint and bring together all Cat 1 and Cat 2 partners into a single forum to plan for and respond to incidents. The ICB is a core member of two LRFs – North Yorkshire and Humber.
- *Local Health Resilience Partnership (LHRP)* – this is chaired, in the main, by the ICB's AEO and meets quarterly to jointly plan and oversee the health and wellbeing of the local population. The LHRP has a role in agreeing and mitigating EPRR risks and in developing joint plans and policies to support integrated working.

### 3.4. **Training and Exercising**

The ICB has ensured all its on-call managers have undertaken Health Commander Training and strategic commanders have undertaken legal training. The ICB has also developed or accessed a range of training options to ensure that on-call staff can develop the skills they need in line with the minimum occupational standards.

The ICB has also participated in a range of training exercises during the year including:

- National Power Outage
- National Communications Cascade (live test)
- Google Flood exercise
- Mass casualty
- Counter terrorism.

### 3.5. **Core Competencies Assessments**

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 EPRR related incidents through working towards compliance with nationally mandated standards. These standards are regularly referred to as the “core competencies” for EPRR in the NHS.

This year (2023/2024) the North East and Yorkshire (NEY) Regional process was amended to align with the model of assessment introduced in the Midlands last year. This model kept the criteria and competencies the same but introduced a requirement to submit evidence to support criteria compliance.

All organisations, including the ICB, scored at a lower level than previous years and all scored within the non-compliant grouping due to the additional rigour put into the process. NHSE recognised that the ICB/ICS is no less ready to respond, and they have no concerns about loss of capability across the ICB/ICS. It is a technical reduction relating to how compliance is being demonstrated.

#### **4. CONCLUSION**

- 4.1. EPRR covers a wide range of actions which impact either directly or indirectly on the whole of the ICB. From ensuring that the ICB can continue working at times of an incident or emergency; through preparing and exercising to ensure that the ICB can respond effectively to a range of incidents; to supporting our commissioned providers as they plan and respond as an organisation and a group of organisations at times of incident or emergency.

#### **5. RECOMMENDATIONS**

- 5.1. Members are asked to note the contents of this report.