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| **Report to:** | Humber and North Yorkshire Integrated Care Board |
| **Date of Meeting:** | 11 December 2024 |
| **Subject:** | **HNYICB Annual EPRR Report** |
| **Director Sponsor:** | Jane Hazelgrave – Acting Deputy Chief Executive/Chief Operating Officer and Accountable Emergency Officer |
| **Author:** | Levi Clements-Pearce – Head of Resilience and Operations |

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| **Agenda Item No:** | **14** |



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| **STATUS OF THE REPORT:**  Approve  Discuss  Assurance  Information  A Regulatory Requirement |

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| **SUMMARY**  The Civil Contingencies Act 2004 identifies ICBs as Category 1 responders, giving them a legal responsibility to plan for and respond to emergencies, working in co-operation with other responders and communicating with the public.  This report updates the ICB Board on the range of actions undertaken this year as part of the Emergency Preparedness, Resilience and Response (“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).  The NHS England 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 core standards for all NHS funded organisations in England to help with meeting the legislative requirements.  The report outlines key activities undertaken since the last report in December 2023 by the ICB’s EPRR Team and the wider health emergency planning community in Humber and North Yorkshire.  **RECOMMENDATIONS:**  Members are asked to:   1. Note the contents of this report and the ICB’s self-assessment against the EPRR Core Standards 2. Formally approve the self-assessment and resulting action plan that has been agreed by the organisations EPRR Team and Accountable Emergency Officer. |

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| **ICB STRATEGIC OBJECTIVE** |
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| Leading for Excellence |  |
| Leading for Prevention |  |
| Leading for Sustainability |  |
| Voice at the Heart |  |

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| **IMPLICATIONS** |

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| Finance | N/A |
| Quality | By ensuring compliance with the core standards for EPRR NHS services and commissioners will ensure they are continuing to deliver safe services for patients during incidents and emergencies and preserving critical services. This robust confirm and challenge process provides a mechanism by which providers can provide assurance to the ICB, and from the ICB to NHS England. The EPRR work programme supports to development of plans and policies to support the safe delivery of care during emergencies. |
| HR | N/A |
| Legal / Regulatory | The ICB is required to comply with its legal obligations under the Civil Contingencies Act 2004, the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005 and the NHS Act 2006 which are the foundations on which the Core Standards self-assessment is built. In addition, the ICB needs to comply with the NHS England EPRR Framework including Section 17 on Assurance which outlines the Core Standards Process. |
| Data Protection / IG | N/A |
| Health inequality / equality | Various Core Standards refer to health inequalities/equality e.g. Evacuation and Shelter requirement for Personal Emergency Evacuation Plan (PEEPs), plans required to consider EDI and health inequalities. |
| Conflict of Interest Aspects | N/A |
| Sustainability | EPRR must consider Climate Adaptation Planning as an aligned topic, ensuring that self-assessment and plans demonstrate links to the Greener NHS Programme |

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| **ASSESSED RISK:**  The high threshold to move out of the EPRR Core Standards domain “non-compliance” and the terminology used can infer that the ICB is not prepared to respond to emergencies. This is not the case, and the ICB and its commissioned providers are in a stronger position to respond now than they were at the ICB’s inception in 2022. Feedback continues to be provided to NHS England on the thresholds and use of the term “non-compliant” where an organisation is less than 76% compliant. The ICB and its providers have produced robust action plans which are followed through and reported on monthly. |

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| **MONITORING AND ASSURANCE:**  The assurance process detailed in Appendix A has been followed and the ICB will be required to follow up on provider action plans on a monthly basis, which was done last year through a series of Core Standard Domain themed meetings.  Training compliance is monitored quarterly through the Local Health Resilience Partnership (LHRP) and Regional Health Resilience Partnership (RHRP).  Updates on the ICB’s Action Plan will be provided to the AEO on a Quarterly Basis. |

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| **ENGAGEMENT:**  The core standards self-assessment process (Appendix A) was socialised with providers in summer 2024 and signed off at the HNY LHRP. It was also signed off by the ICB’s Board. Providers have attended monthly meetings on core standards assurance following last year’s process. The ICB chairs LHRP on a quarterly basis and also runs various meetings with providers to engage and collaborate on EPRR including an operational group and 3 task specific focus cells. The Core Standards self-assessment has been agreed by the organisation’s Accountable Emergency Officer and Executive Team prior to submission to Board. |

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** No  Yes |
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**HNY ICB ANNUAL EPRR CORE STANDARDS REPORT 2024/25**

1. **INTRODUCTION**
   1. This report updates the ICB Board on the range of actions undertaken this year as part of the Emergency Preparedness, Resilience and Response (“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).
   2. The report outlines key activities undertaken since the last report in December 2023 by the ICB’s EPRR Team and the wider health emergency planning community in Humber and North Yorkshire.
2. **BACKGROUND**

* 1. The Civil Contingencies Act 2004 identifies ICBs as Category 1 responders, as described above, giving them a legal responsibility to plan for and respond to emergencies, working in co-operation with other responders and communicating with the public. Clinical Commissioning Groups were Category 2 responders, who have a lesser set of responsibilities under the act which are essentially to assist Category 1 responders.
  2. The NHS England 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 core standards for all NHS funded organisations in England to help with meeting the legislative requirements.
  3. One of the requirements of the EPRR Core Standards is that organisations report annually to their board on the result of their annual self-assessment against the standards but also report on any incidents responded to, outputs of training and exercising and lessons identified.
  4. The ICB’s EPRR agenda is delivered by the EPRR Team (currently made up of two subject matter experts) and the Accountable Emergency Officer (the ICB’s Deputy Chief Executive and Chief Operating Officer) who are supported in the execution of these duties by a nominated Senior Responsible Officer (SRO) for EPRR, the Director of Planning and Performance.
  5. The ICB’s on-call rota ensures that a Tactical Commander and Strategic Commander are available to support in responding to incidents and emergencies at all times.

#### ASSESSMENT

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

* 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 were selected by the LHRP from the North East and Yorkshire NHS Risk Register (derived from the national and community risk registers) as a priority for focus given local contextualisation and geography.

* 1. **Response to Incidents**

Since the last report, the ICB has had to respond to a variety of incidents including:

* Health care industrial action
  + Care Plus Group Nursing
  + Grimsby Hospital Midwifery Support Workers
  + Pathology Staff at Scarborough Hull and York Pathology Services.
  + BMA Resident Doctors
* Road traffic accidents
* Outages of the 999 and 111 lines
* Adverse Weather – storms and flooding
* Outbreaks of Avian Influenza
* Operation Seafoam - Legacy Funeral Directors Incident
* Operation Maysong – Incident at Grimsby Hospital
* IT security incidents
* Crowdstrike IT Outage
* Widespread Civil Unrest
* Water outage
* Suspected infectious diseases including M-Pox, the first case of H1N2 in a human in the UK, and Middle East Respiratory Syndrome.
* Evacuation of Selby Hospital
  1. **Training and Exercising**
     1. **Training**

A significant range of work has been undertaken this year to align the ICB’s EPRR training plan with the Minimum Occupational Standards for EPRR. In April 2024, personal development portfolios were rolled out to all ICB commanders and EPRR advisors, with supportive sessions hosted by the EPRR team in both the Spring and Autumn teaching commanders how to use the portfolios, and access training.

The On-call SharePoint Site has been further expanded to include a learning and development section, with a training needs analysis and training log. Commanders have their own portfolios to log training attendance but also complete reflective practice on their experiences. Portfolios need to be reviewed once in a 3 year cycle, and the EPRR team are working through the practicalities and governance surrounding this.

All health organisations that are members of the LHRP are also using the same portfolios and system, to allow portability of the portfolios, and collaborative delivery and design. Compliance with the courses listed in the portfolios is reported quarterly through LHRP and up to the Regional Health Resilience Partnership. Training compliance against the courses currently available is listed below:

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| --- | --- | --- | --- |
| Course Title | Strategic Health Commander Compliance | Tactical Health Commander Compliance | EPRR Subject Matter Expert Compliance |
| Principles of Health Command | 87% | 85% | 100% |
| Defence Contribution to Resilience (New) | 6% | Not applicable | 100% |
| Working with your loggist | 6% | 15% | 100% |
| JESIP Training | 13% | 10% | 100% |
| Local Resilience Forum Awareness | 27% | 37.5% | 100% |

The main course referenced in the Core Standard for On-call Training is Principles of Health Command, so it is encouraging that compliance is high with this specific course. There have been changes to the on-call rota which are still ongoing due to new starting staff and leaving staff; so, this coupled with the fact that the training is new for this year has resulted in some low compliance across the other courses.

PDP briefing sessions have been held throughout October 2024 to support staff to understand the requirements, and further internal EPRR training will be developed in the new year to try and capture some other competencies for staff including incident response plan familiarisation and application.

Collaborative work is also underway with the regional NHS England EPRR Team to collectively develop courses to improve access and relevance. The in person JESIP course, for example, can take up a full day but an hour long Teams session is being developed with NHS England to improve uptake.

* + 1. **Exercising**

The ICB is required to complete a communications exercise every six months, a tabletop exercise annually, and command and post and live exercises every three years. Due to the ICB needing to respond to industrial action and other incidents, this has negated the need for a full live exercise. The ICB has also participated in a range of training exercises during the year to fulfil these requirements including the below. Those in red were hosted by the ICB.

* Live Exercise Obtundity – York Minster Counter Terrorism Exercise
* Exercise Buckthorn – Hull University Teaching Hospitals Communications Exercise
* Exercise Tussio – North Yorkshire LRF Infectious Disease Exercise. The ICB facilitated at this exercise alongside the LRF.
* Two Cyber Attack Exercises – one internal to the ICB and the other hosted by the ICB for the system.
* Vulnerable Persons Data Pull Exercise
* Scarborough Open Air Theatre Exercise
* Exercise Toucan – Communications Test
* York Hospital Mass Casualty Tabletop – Obtundity Follow Up
* Humberside Airport Port Health Exercise
* York Hospital Evacuation Operational Workshop
* Exercise Bruma
* Exercise Fawkes – Internal Communication Exercise
  1. **Lessons Identified**

The ICB is required to ensure it applies a continuous cycle of learning and improvement as a result of any incidents, training sessions or exercises. The below table summarises some of the high level lessons identified since the last report; the actions for which are monitored by the EPRR Team on the single Master Action Tracker.

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| Exercise or Incident | Lessons Identified | Resulting Actions |
| Exercise Tussio | A need to review operational plans associated with outbreak control pathways.  Consideration needs to be given to contact tracing surge and support that can be provided to UKHSA and/or local authorities.  Communication plans should be robust and cover all elements of healthcare. | Establishment of LHRP Outbreak Task and Finish Group to map gaps and pathways, to ensure roles and responsibilities are clear from assessment through to prescription and administration.  Communications and Media EPRR Plan required for the ICB that considers the whole health economy including primary care.  Operational plans to be considered for all possible resources including contact tracing. |
| Cyber Exercise March 2024 | Cyber action cards were out of date.  WhatsApp Groups required updating for digital.  Communications and Media plan unavailable from an EPRR perspective.  Resilience required around on-call packs and the production of physical paperwork. | Action cards to be updated by the digital team.  Digital WhatsApp Groups to be updated to include North Yorkshire Colleagues  EPRR Communications and Media Plan to be developed including means of resilient communications e.g. radio  Production of physical copies of plans for Incident Command Centres and a physical “need to know” action card for commanders to have on their person. |
| Vulnerable Persons Data Pull Exercise | Organisations cannot usually facilitate data pulls out of hours or in the event of a loss of power or internet. | Proactive pulling of data is required, so Vulnerable Persons Protocol to be developed to outline triggers that when met merit the automatic pull of data by provider organisations that can be provided to on-call staff ahead of the weekend in the event of an incident. |
| Humberside Airport Port Health Exercise | The EPRR Team and IPC Team require greater links to one another and a better understanding of capabilities and contact information | EPRR Team to meet with the IPC team to discuss capabilities of the team and how they might be linked into the ICB’s Infectious Disease Plan. |
| Exercise Bruma | Staff were not always aware of how to contact the EPRR Team or on-call director.  Resilience is key in terms of monitoring central inboxes in the event of staff absence.  System Coordination Centre not always aware of business continuity incidents.  Single Point of Contact into the organisation is amalgamated with the EPRR inbox which can cause issues when a response is activated due to the amount of traffic | EPRR Intranet page to be developed for staff including plans, key staff and contact information.  Inbox monitoring cover to be more robust with strengthened rotas.  Action cards to be updated to include informing of the SCC.  Single point of contact and EPRR Inbox to be separated so that the EPRR Inbox can have a greater degree of focus for responding to incidents. |
| Widespread Civil Unrest | The ICB Command and Control Plan does not make provision for the calling of a Health Co-ordinating Group even where an incident is not declared. | Command and Control Framework to be strengthened to make it clear that HCG’s can be called even where an incident has not been declared where it felt a shared view and conversation was merited. |
| H1N2 Incident | Resilience is needed for on-call managers who ought to be encouraged to take time back when they have a busy shift or are required to respond for long periods of time.  On-call directories ought to include contact information for general practices.  Information sharing needs to be pre-agreed and platforms explored.  Business continuity plans often do not take into account the possibility of isolation of staff as opposed to just sickness. | Rest and staff welfare encouraged and referenced directly in the new on-call policy.  On-call Directory to be updated with primary care contact information  Information sharing agreements to be firmed up and “Egress Workspace” to be discussed with UKHSA  Providers to consider, when drafting business continuity plans, the impact of 10 days isolation for staff that are contacts. |
| Suspected M-Pox Cases | NHS England Regional Team should be contacted as soon as possible to support.  Castle Hill Hospital should be contacted as soon as possible to remove the patient from A&E if possible.  ICB on-call to be contacted as soon as possible to facilitate mutual aid | M-Pox action card has been developed including identification of cases and vaccination of contacts through the ICB M-Pox Technical Cell with these local considerations as well as the nationally developed pathway. Command and Control Framework updated to include contact of NHS England Region for any possible high consequence infectious disease. |

* 1. **Business Continuity**

The Corporate Affairs Team in the ICB holds the portfolio for Business Continuity, which is delivered in collaboration with the EPRR Team. The ICB has a Business Continuity Policy and Plan which outlines its Business Continuity Management System. The below key performance indicators have been developed for inclusion in the board report every year, to provide assurance to the board on effectiveness of the business continuity management system.

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| All directorates/collaboratives to have completed a BIA | Yes – completed Q1 24/25 |
| Strategic BIA has been reviewed | Yes – completed Q1 24/25 |
| Exercise(s) have been completed to test all aspects business continuity arrangements. | Yes – Exercise Bruma completed in July 2024 for premises, persons and suppliers. Digital Exercise explored loss of technical solutions in March 2024 |
| Any business continuity incidents have been entered onto the EPRR Team Incident Log | Yes |
| Any business continuity exercises have been entered onto the EPRR Team Exercise Log | Yes |
| Any lessons identified from incidents and exercises and their resultant actions have been captured on the Master Action Tracker | Yes |
| Business continuity plan has been reviewed, incorporating any changes to BIAs and/or changes due to lessons identified through incidents or exercising | Yes. Small changes to the plan required as a result of the exercises and revised BIAs which were signed off by the Executive Director for Corporate Affairs in October 2024. |

* 1. **Core Standards Self-Assessment 2024/25**
     1. **The Self-Assessment Process for 2024/25**

The self-assessment process for 2023/24 was revised by NHS England; adopting a more rigorous system applied by the Midlands Region. This involved organisations submitting the normal self-assessment spreadsheet, but also supplying evidence against every standard to be reviewed by the NHS England Regional EPRR Team.

In the Midlands this process resulted in a significant drop in compliance for organisations and the same happened in all organisations across North East and Yorkshire for 23/24. This was referred to by NHS England as a “hard reset" of our readiness following protracted periods of response and in order to identify greater opportunities for collaboration and system improvement”.

For 2024/25, the responsibility of co-ordinating the process pivoted to ICB’s. The process followed can be found at Appendix A of this paper which culminates in this report being provided to the ICB’s Board. The process followed was robust including peer review, evidence checks, individual provider meetings and finally a confirm and challenge session at LHRP.

* + 1. **Results of the ICB’s self-assessment**

An executive summary of the ICB’s self-assessment changes and main priorities are included at Appendix B. A full copy of the ICB’s self-assessment and accompanying action plan can be found at Appendix C. Each standard must be rated as either:-

* Fully compliant (no action is required)
* Partially compliant (the organisation is not fully compliant with the standard but has a plan in place to ensure compliance within 12 months)
* Non-compliant (the organisation is not fully compliant with the standard and cannot achieve compliance within 12 months)

Only the number of fully compliant standards will count towards the overall compliance rating, the thresholds of which are detailed below:

**Assurance Rating Thresholds**

• Fully Compliant = 100%

• Substantially Compliant =99-89%

• Partially Compliant = 88-77%

• Non-Compliant = 76% or less

Calculated using the number of FULLY COMPLIANT EPRR Core Standards.

The ICB was rated as “Non-Compliant” in 2023/24, and will remain Non-Compliant for 2024/25. It should be noted that the threshold to move out of non-compliance is high, at 76%. The ICB has, however, almost doubled its compliance percentage this year, going from 34% compliance to 60%. This represents a significant improvement based on the previous year, despite multiple challenges and limited staffing capacity.

The self-assessment at Appendix C includes an action plan tab to address the gaps identified.

* + 1. **The compliance levels of the HNY system**

Core standards are submitted to the ICB by the following organisations

* Northern Lincolnshire and Goole FT
* Harrogate and District FT
* Hull University Teaching Hospitals FT
* York and Scarborough Teaching Hospitals FT
* Care Plus Group
* City Health Care Partnership
* NAVIGO
* Humber Teaching Foundation Trust

The results of the final self-assessments were presented at LHRP on 19th November, and all organisations in Humber and North Yorkshire have increased their percentage compliance, most quite significantly, over the course of 24/25. One organisation has moved from non-compliant to substantially compliant (NLAG); however the rest of the organisations remain in the same position as the ICB albeit having shown a considerable amount of improvement.

##### CONCLUSION

#### The ICB will be submitting an overall rating of “Non-Compliance” against the EPRR Core Standards in 24/25, but the compliance rating of the organisation has increased by 28%. This has been achieved despite various incidents occurring which have required a response and capacity challenges in the EPRR Team. All organisations in Humber and North Yorkshire have also seen uplifts in their compliance percentages.

#### An action plan has been created for the coming year to move the ICB out of the non-compliant bracket, which should be easier to achieve with a much needed increase in capacity in the EPRR team.

1. **RECOMMENDATIONS**
   1. Members are asked to:
2. Note the contents of this report and the ICB’s self-assessment against the EPRR Core Standards
3. Formally approve the self-assessment and resulting action plan that has been agreed by the organisations EPRR Team and Accountable Emergency Officer.
4. **APPENDICES**

* Appendix A: Core Standards Self-Assessment Process HNY 2024/25
* Appendix B: EPRR Core Standards Summary HNYICB 2024/25
* Appendix C: Full HNYICB Self-Assessment document and action plan
* Appendix D: Statement of Compliance 24/25