NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

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Gloucestershire
Integrated Care Board

Meeting of Joint Cluster Board - Open

Date: Wednesday 25th November 2026

Time: 11:00 – 12:30

Location: Virtual, via Microsoft Teams

Agenda Number:	8	
Title:	EPRR Cluster Board Assurance Paper	
Confidential Papers:	**Commercially Sensitive**	~~Yes~~/No
	Legally Sensitive	~~Yes~~/No
	Contains Patient Identifiable data	~~Yes~~/No
	Financially Sensitive	~~Yes~~/No
	Time Sensitive – not for public release at this time	~~Yes~~/No
	Other (Please state)	~~Yes~~/No
Purpose: For Information	**~~Decision/Discussion~~/For Information**	
Key Points for Discussion:	As part of the Emergency Planning Resilience and Response (EPRR) annual assurance process we are required by NHSE to submit feedback to the Cluster ICB Board on our level of assurance and that of our providers. The following organisations are subject to the EPRR core standards process: ▪ Avon and Wiltshire Partnership (AWP) ▪ Bristol Foundation Trust (formerly UHBW and NBT) ▪ Gloucestershire Health and Care NHS Foundation Trust, (GHC) ▪ Gloucestershire Hospitals NHS Foundation Trust, (GHFT) ▪ E-Med Patient Transport Services (Gloucestershire) ▪ Severnside ▪ Sirona ▪ SWASFT ▪ and the Integrated Care Boards. (ICBs) These organisations are provided with a similar number of EPRR Standards and asked to carry out a self-assessment against these. Standards are RAG rated with accompanying evidence submissions in support of their response. This is followed up by a	

	"Confirm and Challenge" meeting between the Clustered ICB Accountable Emergency Officer (AEO) and EPRR Leads, along with the organisation's AEO's and EPRR Leads. We are delighted to inform the Board that all but two of our cluster providers have achieved a submitted standard of at least "Fully Compliant". Both ICBs in the cluster have been rated as 'Substantially Compliant' this year, and fully compliant on all but one of the core standards. This represents a significant achievement given the scale of organisational change over the core standards year. We submit this report to the Board for acknowledgement of the standards attained and recognition of the potential risk faced within EPRR resilience for the ICB. **Common challenges/issues:** **Testing & Exercise:** Both ICBs have self-assessed as 'partially compliant' against Training & Exercise. The delivery of a robust programme of training and corporate exercising has been impacted by organisational change. **Business Continuity (BC):** The BC related standards have proved challenging in the face of organisational change. In GICB, the annual BC cycle was moved earlier in the year to take account of transition. Whilst BC arrangements for services and teams were correct at the time of publication, some of these were soon out of date due to structure changes and the overarching direction of the ICB as 'strategic commissioners'. **Chemical Biological Radiological and Nuclear (CBRN):** Our acute Trusts are 'partially compliant' in this domain, mainly around hazmat and CBRN arrangements including decontamination provision and transporting between sites. It is felt a large multi-site exercise would help in terms of improving arrangements and awareness of CBRN within organisations. **Final Comments:** It was acknowledged in the Confirm & Challenge meeting that both the ICBs in cluster have had a challenging year with organisational change taking affect including loss of roles and changes to EPRR team and whole organisation structure. The cluster ICB has been preparing for merger working to a timeline of April 2027, however now this has now been postponed to 2028. This presents further challenges as a number of functions will operate at BNSSG and Gloucestershire levels for longer.

	NHSE are unsure of the future position regarding core standards and how this will look next year, given the NHSE transition into DHSC. The message is to plan as normal for the 2027 year and core standards timelines.
Recommendations:	To: • Note the content of this report. • Support regular updates on monitoring of the improvement areas over the year through regular Oversight Delivery Group meetings.
Previously Considered By and feedback:	N/A
Management of Declared Interest:	N/A
Risk and Assurance:	The risk of failure to meet EPRR core standards has been highlighted on past risk assessments and a Board Assurance Framework (Glos). Given the risk to patient safety and of reputational damage, this risk will feature on the new corporate risk register for the cluster ICB moving forward.
Patient and Public Involvement:	N/A
Financial / Resource Implications:	There are future decisions to be taken at national level in terms of the future of EPRR core standards given NHSE transitioning to DHSC. The cluster ICB EPRR team will not have resources to carry out thorough assessment of evidence across seven providers in the current set up.
Legal, Procurement, Policy and Regulatory Requirements:	The ICBs are Category 1 responders under the Civil Contingencies Act (CCA). EPRR core standards are closely aligned with the CCA. As the ICB merger has been delayed, the ICBs are operating as two separate legal entities with statutory duties under the act and therefore potentially two separate core standards submissions in 2027.
How does this impact on health inequalities, equality and diversity and population health?	N/A
Insights from population level data	N/A

ICS Green Plan and the Carbon Net Zero target?	N/A
Communications and Engagement:	The ICB and local health providers are required to submit Board reports and record any discussion at Board level on core standards assurance. Public Board papers and notes are available to the public.
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Sponsoring Director:	David Jarrett, ICB Cluster Accountable Emergency Officer

Agenda item: 8

Report title: EPRR Core Standards Annual Assurance

1. Introduction

The EPRR assurance process is an annual NHS mandated process for ensuring that NHS organisations meet statutory EPRR standards as set out in EPRR framework. https://www.england.nhs.uk/ourwork/eprr/gf/ . The process is by submission of evidence to meet the standards and confirm and challenge meetings with partner organisations and NHS regional team.

EPRR assurance is a deep searching evidence-based process that requires a considerable amount of preparation. For the ICB EPRR team, it involves significant assessment of provider submitted evidence (sometimes hundreds of pieces of individual evidence per provider).

2. Purpose and Executive Summary

This assurance summary has been completed by the NHS BNSSG and Gloucestershire ICB in fulfilment of the NHSE National EPRR Core Standards assurance process.

The standards are the same as in 2025, however with the scale and pace of ICB organisational change, there was no 'deep dive' topic as part of the core standards this year.

The table below shows the assurance ratings given at ICB level:

Organisation	2024	2025	2025
NHS BNSSG ICB	Fully	Fully	Substantial
NHS Gloucestershire ICB	Partial	Substantial	Substantial

Provider Assurance levels:

Organisation	2024	2025	2026
AWP	Fully	Fully	Fully

E-Med	Fully	Substantially	Fully
GHFT	Substantial	Partial	Partial
GHC	Substantial	Substantial	Fully
NBT	Fully	Fully	Substantial
Severnside	Fully	Substantial	Fully
Sirona	Partial	Partial	Fully
SWAST	Fully	Substantial	Fully
UHBW	Substantial	Fully	Substantial

This past year has seen extraordinarily busy work schedules with the impact of winter pressures felt throughout the winter months. We have also seen Industrial Action by Resident Doctors as well as responses to flooding incidents and digital outages in the system. In May and through the summer, we experienced extreme temperatures and a series of unprecedented heatwaves, putting pressure on health services and hospital infrastructure.

These events have impacted EPRR across the systems and been time consuming as these were not 'one off' events but often had prolonged and ongoing impact.

Considering the pressures that have been ongoing throughout this assurance period, all organisations involved should be congratulated on their performance. We have seen great improvement across all of our providers and as a commissioning cluster body are satisfied with the standards achieved, which are based on self-assessment and then through confirm and challenge meetings during September and October 2026.

All organisations have recognised the increase in EPRR workload in the last two years and this is on a continuing trajectory.

For both ICBs in cluster, the areas needing improvement are:

- **Core Standard 23: Responder Training** - *'In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)'*

This standard along with other feedback from NHSE will form the basis of the ICB EPRR work programme for the next twelve months. Significant training will be delivered to our new on-call managers and other response roles in the cluster and we continue to work with regional colleagues in the South West Collaborative to develop regional training offers. The EPRR team will also explore e-learning and self enrolment packages.

3. Areas of notable EPRR good practice:

- Avon and Wiltshire Partnership: Exercise Reuben and continuous planning and preparedness around National Power Outage within the Trust.
- Bristol Foundation Trust: Good Business Impact Assessment and Business Continuity Plans and associated management systems to track BC planning.
- GHFT: EPRR themed months on work plan related to core standards. Each topic receives a 'deep dive' each month including improving training and awareness of plans and arrangements. Evacuation and Shelter Planning has improved with improved engagement and oversight demonstrated. LHRP engagement has also improved.
- Gloucestershire Health and Care Trust: Improved the Evacuation and Shelter compliance and working with Estates team on Martyns Law Protection of Premises Act in 2027. In addition, an improved BC tracker showing assurance and also assurance of contracted providers
- E-MED Patient Transport: Governance – Continuous Improvement including demonstrating the robust governance around identifying actions and lesson and how this is captured in RADAR through workflows. Annual review of documentation, which is a continuous cycle of improvement
- Severnside: Small organisation with 3 plans incorporating all incident response and on-call awareness. Updated as incidents arise and learning is incorporated
- Sirona: Focus on Minimum Occupational Standards in relation to training compliance and have a number of IT platforms used to support EPRR.

4. Common challenges/issues:

- Chemical Biological Radiological and Nuclear (CBRN) capabilities remain a challenge amongst acute providers and three of our acute providers are partially compliant in this area. To improve the capability, a cluster wide live play exercise has been agreed to enhance providers understanding of CBRN and initial response at the acute end. This will take place in April – May 2027.
- Business Continuity (BC) remains a challenge, particularly within the ICB as new teams and services have been formed and with significant loss of experience in

the organisations. The EPRR team are designing a new look Business Continuity Management System for the cluster and using existing templates, we expect to go out to service and directorate leads in the New Year for Business Continuity Plans and Business Impact Assessments.

- Due to the age (old) of a considerable amount of GHC and GHT estates, challenges for Shelter / Evacuation, Lockdown and environmental temperature control esp. in hot weather remain.

5. Considerations for EPRR improvement/ development activity:

- There are opportunities for shared resources with the clustering arrangements and future merger. This includes major EPRR exercises being run at cluster level with greater partnership involvement.

- It should be noted that EPRR is a whole organisational endeavour and does not just fall to EPRR teams. In addition, partnership work within LHRPs should be delivered equally across partners and not fall to the ICB team and the LHRP 'reset' with cluster ways of working offer the opportunity for greater provider and partner involvement.

- The ICB will be refreshing the organisation's Business Continuity Management System (BCMS) for the cluster to take account of the new operating environment and changes to team structures and organisational functions. The organisation's Oversight Delivery Group will be responsible for oversight of BC arrangements within the ICB cluster.

- ICBs have faced major reductions in funding which has led to a reduction of staff. In terms of future core standards assurance, it is unrealistic to assess in detail hundreds of individual pieces of evidence from providers in cluster. The core standards process will likely look different in 2027.

6. Next Steps

- The EPRR team will continue to work on aligning policies and incident response arrangements in preparation for the ICB merger in 2028.

- Delivery of EPRR training using e-learning will be explored and we continue to look to system partners to deliver system wide training, sharing resource where we can.

- The EPRR team are working to merge elements of the Local Health Resilience Partnerships at cluster level. This should improve system capacity to run training and exercises and other work streams delivered on a larger cluster footprint.

- The EPRR team will continue to work closely with providers to improve non-compliant and partially compliant standards, scheduling regular progress meetings and encouraging the early submission of core standards evidence to the NHS Futures system to allow for assessment throughout the core standards year.

7. Recommendations

The Board is asked to:

7.1. Note the content of this report.

7.2. Support regular updates on monitoring of the improvement areas over the year through regular Oversight Delivery Group meetings.

Annex 1 – EPRR Core Standards Compliance Levels

The compliance level for each standard is defined as: **Compliance level**	**Definition**
Fully compliant	Fully compliant with the core standard.
Partially compliant	Not compliant with the core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan is in place to achieve full compliance within the next 12 months.
Non-compliant	Not compliant with the core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months.

Organisational assurance rating

The number of core standards applicable to each organisation type is different. The overall EPRR assurance rating is based on the percentage of core standards the organisations assess itself as being 'fully compliant' with. This is explained in more detail below:

Organisational rating

Fully	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards

Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

Glossary of terms and abbreviations

AEO	Accountable Emergency Officer
AWP	Avon and Wiltshire Partnership
BC	Business Continuity
BCMS	Business Continuity Management System
BIA	Business Impact Assessment
CBRN	Chemical, Biological, Radiological and Nuclear
EPRR	Emergency Planning Resilience and Response
GHC	Gloucestershire Health & Care
GHFT	Gloucestershire Hospitals Foundation Trust
NBT	North Bristol Trust
UHBW	University Hospitals Bristol & Weston