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# NHS England Emergency Preparedness, Resilience and Response annual assurance guidance



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# Emergency Preparedness, Resilience and Response (EPRR) annual assurance guidance

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This guidance should be read in conjunction with the following documents:

- [NHS England Emergency Preparedness, Resilience and Response Framework](#)

The web version of this plan is available on the [NHS England website](#)

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact NHS England National EPRR team on [england.epr@nhs.net](mailto:england.epr@nhs.net)

## Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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## 1 Introduction

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 whilst maintaining services to patients.

NHS England has an annual statutory requirement to formally assure its own, and the NHS in England's, EPRR readiness. To do this, NHS England asks commissioners and providers of NHS funded care to complete an EPRR annual assurance process. This process incorporates four stages:

1. EPRR Self assessment
2. Local Health Resilience Partnership (LHRP) confirm and challenge
3. NHS England regional EPRR team confirm and challenge
4. NHS England national EPRR team confirm and challenge

Based on this process, NHS England will submit a national EPRR assurance report to the NHS England Board. The report is then shared with the Department of Health and Social Care (DHSC) and the Secretary of State for Health and Social Care.

### 1.1 Purpose

The purpose of this document is to provide guidance to organisations completing the EPRR annual assurance process by:

- providing an overview of the Core Standards for EPRR
- outlining roles and responsibilities of the organisations involved
- defining the participating organisations
- setting out the EPRR annual assurance process.

## 2 Relevant guidance

The Civil Contingencies Act 2004 and the NHS Act 2006 as amended by the Health and Social Care Act 2012 underpin EPRR within health. Both Acts place EPRR duties on NHS England and the NHS in England.

Additionally, the NHS Standard Contract Service Conditions (SC30) requires providers of NHS funded services to comply with NHS England EPRR guidance.

## 3 Core standards for EPRR

The NHS England Core Standards for EPRR are the minimum requirements commissioners and providers of NHS funded services must meet.

These core standards are the basis of the EPRR annual assurance process. 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. Each organisation type has a different number of core standards to assure itself against.

The NHS England Core Standards for EPRR are split into ten domains:

1. Governance
2. Duty to risk assess
3. Duty to maintain plans
4. Command and control
5. Training and exercising
6. Response
7. Warning and informing
8. Cooperation
9. Business continuity
10. Chemical Biological Radiological Nuclear (CBRN).

NHS Ambulance Trusts are required to assure themselves against an additional domain - 'interoperable capabilities' - which include:

- Hazardous Area Response Teams (HART)
- Marauding Terrorist Firearms Attack (MTFA)
- Chemical Biological Radiological Nuclear (CBRN)
- Mass Casualty Vehicles (MCV)
- Command and control
- Implementation of the Joint Emergency Services Interoperability Principles (JESIP).

### **3.1 Deep dive**

Each year a 'deep dive' is conducted to gain additional assurance into a specific area. Below provides a list of previous and future 'deep dive' topics:

- 2015-2016 pandemic influenza
- 2016-2017 business continuity
- 2017-2018 governance
- 2018-2019 command and control
- 2019-2020 adverse weather.

The self assessment against the deep dive standards does not contribute to the organisation's overall EPRR assurance rating, these should be reported separately.

## **4 Roles and responsibilities**

### **4.1 Participating organisations**

The following organisations are required to undertake the EPRR assurance process:

- NHS Acute Providers
- Clinical Commissioning Groups
- Commissioning Support Units
- NHS Community Service Providers

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- NHS Mental Health Providers
- NHS Ambulance Trusts
- NHS England Directorate of Commissioning Operations Teams
- NHS England National Teams
- NHS England Regional Teams
- NHS Improvement
- NHS111
- Other organisations delivering NHS funded care
- Patient Transport Services
- Specialist Providers of NHS funded care.

Participating organisations are asked to undertake a self assessment against the relevant individual core standards and rate their compliance.

These individual ratings should then be used to inform the organisation's overall EPRR annual assurance rating.

Participating organisations are required to submit their completed self assessment to their local NHS England EPRR lead, and take part in confirm and challenge meetings with their LHRP.

### **4.2 Local Health Resilience Partnerships**

LHRPs lead the assurance process on behalf of NHS England. LHRP co-chairs are responsible for submitting a consolidated assurance report, detailing assurance ratings of organisations within their partnership. This report should identify trends and areas for improvement across their geography.

LHRPs are responsible for:

- reviewing and considering organisational EPRR self assessment returns
- facilitating a 'confirm and challenge' process
- ensuring non-compliant organisations are regularly monitored until an agreed level of compliance is reached.

LHRPs are provided the discretion to invite all appropriate organisations within their partnership to take part in the EPRR annual assurance process.

LHRPs should ensure Commissioners and NHS Improvement are actively involved in this process.

### **4.3 NHS England Regional EPRR teams**

Using the LHRP assurance returns, the NHS England Regional EPRR team should submit a regional EPRR assurance report to the NHS England National EPRR team.

NHS England Regional EPRR teams are responsible for:

- reviewing and considering LHRP assurance returns
- facilitating a 'confirm and challenge' process

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- submitting the regional summary assurance return to the NHS England National EPRR team.

NHS England regions should ensure Commissioners and NHS Improvement are actively involved in this process.

NHS England Regional teams should identify both areas of good practice and those where improvement is needed across their geography.

#### 4.4 NHS England National EPRR team

Working with NHS Improvement, the NHS England National team will submit a National EPRR Annual Assurance Report to the NHS England Board.

The NHS England National EPRR team is responsible for:

- reviewing and considering regional assurance returns
- facilitating a ‘confirm and challenge’ process with Regional EPRR teams
- participating in a ‘confirm and challenge’ meeting for each region.

## 5 Assurance process

### 5.1 Stage one: self assessment

#### 5.1.1 Core standard compliance

Organisations are asked to undertake a self assessment against individual core standards relevant to their organisation type, and rate their compliance for each.

Compliance level	Definition
Not 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.
Partially compliant	Not compliant with core standard.  The organisation’s EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.
Fully compliant	Fully compliant with core standard.

#### 5.1.2 Overall organisational assurance rating

An overall assurance rating will be assigned based on the percentage of Core Standards for EPRR which the organisation has assessed itself as being ‘fully compliant’ with.

The thresholds for each assurance rating are shown in the table below.



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Appendix A shows the number of core standards for each assurance rating by organisation type.

Overall EPRR assurance rating	Criteria
<b>Fully</b>	<p>The organisation is 100% compliant with all core standards they are expected to achieve.</p> <p>The organisation's Board has agreed with this position statement.</p>
<b>Substantial</b>	<p>The organisation is 89-99% compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>
<b>Partial</b>	<p>The organisation is 77-88% compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>
<b>Non-compliant</b>	<p>The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p> <p>The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.</p>

NHS Ambulance Trusts should report two assurance ratings, demonstrating compliance with the:

- Core Standards for EPRR
- Interoperable capabilities.

The organisation's overall assurance rating should be:

- signed off by the organisation's Board / Governing Body / Senior Management Team
- presented at a public Board meeting
- published in the organisation's annual report.

The organisation's EPRR self assessment should be shared with the LHRP and relevant Clinical Commissioning Groups, and should consist of the following:

- self assessment against individual core standards relevant to their organisation type
- action plans to ensure full compliance with all core standards
- overall assurance rating

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- Board report / Governing Body report.

Organisations which operate across LHRP borders should present their complete EPRR self assessment return to their lead commissioner and / or host LHRP as appropriate. This documentation should also be shared with other relevant LHRPs and stakeholders as necessary.

## **5.2 Stage two: Local Health Resilience Partnership confirm and challenge process**

The NHS England in conjunction with the LHRP will host a 'confirm and challenge' process to review and consider the organisation's EPRR self assessment return. Records of the reviews undertaken should be kept, including any evidence requested.

Where an organisation considers itself less than fully compliant, LHRPs are expected to investigate further, and support the development of any corrective actions.

Should an organisation report an overall EPRR self assessment of 'non compliant', arrangements should be made by the LHRP to regularly monitor and assist progress to an agreed level of compliance.

LHRPs should provide the NHS England local and / or regional Director responsible for EPRR with a report on the preparedness of all organisations in their Partnership.

## **5.3 Stage three: NHS England Regional EPRR team confirm and challenge process**

NHS England Regional EPRR teams should conduct a 'confirm and challenge' process with all LHRP co-chairs. Regional teams should request evidence to support and / or challenge organisation(s). Records of the reviews undertaken should be kept, including any evidence requested.

NHS England Regional EPRR teams should actively engage with NHS Improvement colleagues to support this process.

NHS England Regional EPRR teams should submit the regional summary assurance return to the NHS England National EPRR team.

## **5.4 Stage four: NHS England National EPRR team confirm and challenge process**

The NHS England National EPRR team will hold 'confirm and challenge' meetings with NHS England Regional EPRR teams.

A national assurance report will be prepared for the NHS England Board. This report will also be used to provide national EPRR assurance to central government.

## 6 NHS England EPRR Annual Assurance

All NHS England local, regional and national teams are required to assess themselves against the Core Standards for EPRR which are applicable to them.

Assurance of NHS England's, and Commissioning Support Unit's, business continuity and will be undertaken locally by the Business Continuity Lead in conjunction with the NHS England Business Continuity team

The NHS England Business Continuity Team should liaise directly with:

- NHS England Local and Regional EPRR teams
- Commissioning Support Units (CSU).

## Annex One: Assurance rating thresholds

		Fully compliant	Substantially compliant	Partially compliant	Non-compliant
		100%	99-89%	88-77%	76% or less
Organisation type		Number of fully compliant Core Standards to achieve the percentage			
Acute Health Providers		64	63-57	56-49	48
Specialist Providers		55	54-49	48-42	41
NHS Ambulance Service Providers	EPRR Core Standards	49	48-44	43-38	37
	Interoperable Core Standards	163	162-145	144-126	125
Community Service Providers		54	53-48	47-42	41
Patient Transport Services		41	40-36	35-32	31
NHS111		42	41-37	36-32	31
Mental Health Providers		54	53-48	47-42	41
NHS England Director Commissioning Operations Team		46	45-41	40-35	34
NHS England Regional Team		46	45-41	40-35	34
NHS England National Team		44	43-39	38-34	33
NHS Improvement		42	41-37	36-32	31
Clinical Commissioning Group		43	42-38	37-33	32
Commissioning Support Unit		36	35-32	31-28	27
Primary Care Services - GP, community pharmacy		42	41-37	36-32	31
Other NHS funded organisations		47	46-42	41-36	35