

Emergency preparedness, resilience and response annual assurance guidance



EPRR annual assurance guidance

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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 readiness to respond to emergencies. To do this, NHS England and NHS Improvement asks commissioners and providers of NHS funded care to complete an EPRR annual assurance process. This process incorporates four stages:

1. Organisational self assessment against NHS Core Standards for EPRR
2. Local Health Resilience Partnership (LHRP) confirm and challenge
3. NHS England and NHS Improvement regional EPRR confirm and challenge
4. NHS England and NHS Improvement national EPRR confirm and challenge

Based on this process, National EPRR will submit an EPRR assurance report to the NHS England and NHS Improvement 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 NHS 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) require providers of NHS funded services to comply with NHS England EPRR guidance.

3 NHS Core standards for EPRR

The NHS 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 Core Standards for EPRR cover ten core 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 includes:

- 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 review is conducted to gain additional assurance into a specific area. Previous years have covered the following topics:

- 2015-2016 pandemic influenza
- 2016-2017 business continuity
- 2017-2018 governance
- 2018-2019 command and control
- 2019-2020 severe weather and climate adaptation

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

From 2019-2020 NHS Ambulance Services are required to carry out an ambulance resilience deep dive. These have been agreed by the Association of Ambulance Chief Executives (AACE) to ensure the recommendations made by Lord Carter's review are met. These standards have been included into the deep dive and should be fully met by summer 2020, with results reported to AACE. These do not form part of the overall EPRR assurance rating.

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
- NHS Mental Health Providers
- NHS Ambulance Trusts
- NHS England and NHS Improvement National
- NHS England and NHS Improvement Region
- NHS111
- Other organisations delivering NHS funded care
- Patient Transport Services
- Specialist Providers of NHS funded care
- Primary Care as directed by their NHS England and NHS Improvement Regional EPRR

Participating organisations are asked to rate their compliance via a self assessment against the relevant individual core standards. These individual ratings are used to inform the organisation's overall EPRR annual assurance rating.

Organisations are required to submit their completed self assessment to their NHS England and NHS Improvement Regional EPRR lead and take part in a LHRP confirm and challenge meeting.

Following the LHRP confirm and challenge meeting the agreed organisational EPRR assurance rating should be reported to the organisations public board. Corrective action plans should be submitted to the NHS England and NHS Improvement Region with a copy of the board report.

4.2 Local Health Resilience Partnerships

NHS England and NHS Improvement use the LHRPs as a mechanism to lead the assurance process. 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' meetings
- ensuring non compliant and partially compliant organisations are monitored until an agreed level of compliance is reached.

It is within the discretion of LHRPs to invite all appropriate organisations within their partnership to take part in the EPRR annual assurance process. LHRPs should ensure Commissioners are actively engaged in confirm and challenge meetings.

4.3 NHS England and NHS Improvement

4.3.1 Regions

Using the LHRP assurance returns, the Region will submit a regional EPRR assurance report to National EPRR.

Regional EPRR are responsible for:

- ensuring Commissioners are actively involved in this process.
- reviewing and considering LHRP assurance returns
- facilitating a confirm and challenge process
- submitting the regional summary assurance return to National EPRR
- identifying both areas of good practice and those where improvement is needed across their geography.

4.3.2 National

National EPRR will submit a National EPRR Annual Assurance Report to the NHS England and NHS Improvement Board.

National EPRR is responsible for:

- completing the national EPRR assessment
- reviewing and considering regional assurance returns
- facilitating a confirm and challenge process with Regions
- participating in a national confirm and challenge by a nominated region.

5 Assurance process

5.1 Stage one: self assessment

5.1.1 NHS Core standards for EPRR compliance

Participating organisations are asked to rate their compliance (see table below) via a self assessment against the relevant individual core standards.

Compliance level	Compliance definition
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.
Partially compliant	Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient 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 NHS 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 on the next page.

Annex 1 shows the number of core standards for each assurance rating by organisation type.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are required to achieve.
Substantial	The organisation is 89-99% compliant with the core standards they are required to achieve.
Partial	The organisation is 77-88% compliant with the core standards they are required to achieve.
Non-compliant	The organisation compliant with 76% or less of the core standards they are required to achieve.

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

- NHS Core Standards for EPRR
- Interoperable capabilities.

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

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

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.

Following the confirm and challenge meeting the organisation's final overall assurance rating should be:

- formally reported to, and 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.

5.2 Stage two: Local Health Resilience Partnership confirm and challenge

The LHRP will host a confirm and challenge meeting 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's submission is reviewed by multiple LHRPs and there is a difference in ratings to individual standards, the lowest rating will apply.

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 a NHS England and NHS Improvement Director with a report on the preparedness of all organisations in their Partnership.

5.3 Stage three: NHS England and NHS Improvement Regional EPRR confirm and challenge

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

Regional EPRR should submit the regional summary assurance return to National EPRR.

5.4 Stage four: NHS England and NHS Improvement National EPRR confirm and challenge

NHS England and NHS Improvement National EPRR will hold confirm and challenge meetings with Regional EPRR. National EPRR will nominate a region to undertake a confirm and challenge of its own assurance assessment.

A national assurance report will be prepared for the NHS England and NHS Improvement Board. This report will also be used to provide assurance to the Department of Health and Social Care and Secretary of State on the levels of preparedness across the health service in England.

6 NHS England and NHS Improvement EPRR Annual Assurance

The organisation's National EPRR and Regional EPRR are required to assess themselves against the Core Standards for EPRR which are applicable to them, and include the assurance rating they achieve within the regional or national confirm and challenge meetings. The organisation's overall assurance rating will be included in the final Board report.

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

The Business continuity team should liaise directly with:

- NHS England and NHS Improvement national and regional EPRR
- 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 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 and NHS Improvement Region		46	45-41	40-35	34
NHS England and NHS Improvement National		44	43-39	38-34	33
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

Note: Organisations that provide services in multiple types should ensure they report against all applicable standards. Providers of Mental Health and Community Services may complete the assurance against either the community or mental health selection.