

Agenda item 5.iii

Report to:	Trust Board	Date: 30 October 2025
Report from:	Annemarie Harris (Emergency Preparedness, Resilience and Response)	
Principal Objective/ Strategy and Title	EPRR Core Standards – 1st Submission September 2025	
Board Assurance Framework Entries	N/A	
Regulatory Requirement	Civil Contingencies Act (2004) NHSE Emergency Preparedness Resilience and Response (EPRR) Framework The NHS Act (2006) (as amended) Health and Care Act (2022) ISO22301:2019 Business continuity management	
Equality Considerations	N/A	
Key Risks	3630 - Inadequate measures in place may impact the ability to perform statutory duty under the Civil Contingencies Act 2004	
For:	Note	

1. PURPOSE

The purpose of this paper is to update the Board on the annual assessment of Trust Compliance against Emergency preparedness, resilience, and response (EPRR) Core Standards.

2. ANNUAL ASSURANCE PROCESS

NHS England are obligated to annually ensure its own and the broader NHS's EPRR readiness. In June 2023, NHSE introduced a revised set of standards with ten domains with revision to the sub-domains wording and quantity. Royal Papworth Hospital NHS Foundation Trust (RPH) follows the Specialist Trust Core Standards self-assessment which has 59 total domains of compliance.

The ten core domains for EPRR are:

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. Co-operation
9. Business continuity
10. Chemical, biological, radiological, nuclear and explosion (CBRNe).

Each year, healthcare providers must complete the EPRR annual assurance process, which includes self-assessment and a peer review at the system level across relevant domains. This is followed by a 'Key Lines of Enquiry' session with the Integrated Care Board (ICB) Head of EPRR and the ICB Accountable Emergency Officer (AEO). The ICB then formally submits each Trust's core standards self-declaration to NHS England (NHSE) Regional Executives. Additionally, NHSE conducts an annual deep dive review into a selected area, this cycle it was removed as a requirement owing to the system restructure pressures.

Trusts are required to evaluate themselves against the established compliance levels, auditing against prescriptive criteria for each of the ten domains. The ICB requires a selection of evidence to be submitted against their chosen domains that year to gain assurance on our auditing quality and process. The full spreadsheet of Core Standard domains with narrative can be found in the supporting information pack.

3. SUMMARY OF COMPLIANCE DIFFERENCES

September 2025 submission recorded substantial compliance overall which is a positive position. The following three domains are where compliance is partial:

- Domain 1 (5) Governance – EPRR Resource.
- Domain 7 (35) Warning and Informing – Communication with partners
- Domain 7 (36) Warning and Informing – Media Strategy

Further details of the rationale for the assessments are provided within this report.

4. ROYAL PAPWORTH HOSPITAL CORE STANDARDS SELF ASSESSMENT

The assurance of EPRR core standards is a continuous function led by EPRR. The Head of EPRR conducted a self-assessment and gathered evidence for each of the ten applicable domains (59 sub-domains) for a specialist Trust.

Table 1 below sets out a summary of the results of this self-assessment. Overall, the Trust is substantially compliant with the NHS EPRR Core Standards, with an ongoing action plan addressing areas of partial compliance in collaboration with key stakeholders. Notably, there are no 'non-compliant' domains, indicating that all compliance efforts are expected to be completed within twelve months. The details of the full self-assessment submission of core standards are included in the supporting information pack.

Table 1: 2024-25 Self-assessment table

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	5	1	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	11	0	0
Command and control	2	2	0	0
Training and exercising	4	4	0	0
Response	6	6	0	0
Warning and informing	4	2	2	0
Cooperation	4	4	0	0
Business Continuity	10	10	0	0
Hazmat/CBRN	10	10	0	0
CBRN Support to acute Trusts	0	0	0	0
Total	59	56	3	0

Overall assessment:	Substantially compliant
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4.1 DOMAINS OF PARTIAL COMPLIANCE:

The details of areas of non-compliance and actions to be taken are set out below:

4.1.1 Domain 1 Governance

Sub-domain five describes the statutory requirements for sufficient and appropriate EPRR resources necessary to fulfil the EPRR function as a category 1 responder under the Civil Contingencies Act 2004. Currently, the Trust does not possess adequate resources, including support for EPRR, Cyber Security, Tactical and Strategic commanders, which impairs its capacity to meet its obligations as a category 1 responder under the Civil Contingencies Act 2004.

The on-call rota currently has a reduced number of personnel available to support incident response functions. Both the Tactical and Strategic rotas require additional staff to ensure adequate coverage and effective response capability.

A Trust-wide appeal for volunteers has been pursued initially recruiting eight new tactical commanders. This will continue on a rolling cycle of volunteer recruitment and training for Tactical. Of these eight new commanders two will be moving to Strategic along with an existing Tactical commander who has already made the move to bolster the Strategic roster. From the remaining six we have three that are actively taking Tactical shifts.

Administrative support for the EPRR function was withdrawn in winter 2023 following organisational staffing changes. This coincided with a period in which there was no substantive, full-time EPRR role in place. Since the establishment of a dedicated full-time EPRR post in April 2024, the service has made significant progress in embedding emergency preparedness, resilience and business continuity principles across the organisation. This cultural and operational uplift has, however, resulted in a corresponding increase in workload and administrative demand as the programme of work has expanded.

A recent example illustrating this impact was the management of the protracted tunnel closure business continuity incident (January 20 to March 10, 2025, for the closure, with the addition of planning phases in September-December 2024), during which EPRR resources were fully diverted to ensure the continuity of clinical services and safe mitigation of associated risks. Without this intervention, the incident had potential to escalate to a larger or critical incident. The diversion of capacity, however, led to delays in planned EPRR workstreams of up to six months.

EPRR delivery extends far beyond the annual Core Standards submission. It encompasses the continuous cycle of planning, training, exercising, assurance, and organisational learning. Sustaining this maturity requires adequate administrative and coordination support to maintain momentum, particularly during live incidents and recovery phases. The addition of dedicated additional resource would therefore strengthen service resilience, maintain continuity of the EPRR work plan during operational pressures, and support the organisation in achieving and sustaining compliance with national standards.

The case for additional EPRR resource was presented to the 2025 Cost Pressures Panel, where there was broad support for strengthening the function through a Band 5 administrative post and a Band 7 training and education role. Following this, and after further internal financial prioritisation, funding was not approved.

4.1.2 Domain 7 Warning and Informing

Sub-domains 35 and 36 require the organisation to evidence that robust arrangements are in place for communications during an emergency or business continuity incident.

The Trust maintains established processes that include representation at the Local Health Resilience Partnership (LHRP), formal internal and external communication procedures, and 24/7 access to the Communications Team via the on-call system. Communications are fully embedded within the Incident Management Framework, ensuring effective information flow between staff, patients, partners, and the public during any incident.

Current evidence includes:

- An agreed internal communications procedure covering social media use, media enquiry management, and escalation protocols.
- Integration of Communications within the Trust's Business Continuity Plan and Command and Control arrangements, ensuring participation in every incident coordination meeting.
- 24/7 liaison arrangements with NHS England and regional stakeholders to disseminate urgent public health messages and maintain consistent messaging across the system.
- Existing staff policies, including the Digital Acceptable Use and Social Media Plan, which govern appropriate staff communication during incidents.
- Document control and publication processes for new or revised plans and policies, ensuring timely staff communication via the intranet and bulletins.

While these arrangements demonstrate a strong operational foundation, the Trust's Media Strategy is currently under review and requires update to ensure full alignment with the latest NHS England guidance and local resilience expectations.

The revised strategy will:

- Incorporate clear protocols for proactive and reactive media engagement.
- Identify and train a pool of authorised media spokespeople.
- Embed social media monitoring and escalation processes for real-time incident response.
- Align warning and informing responsibilities with partner agencies at local, regional, and national levels.

Until the revised Media Strategy is finalised and approved by the Communications Team, Sub-domains 35 and 36 remain assessed as *Partially Compliant*. The action to complete and ratify the updated Media Strategy sits with the Head of Communications, with oversight from EPRR to ensure alignment with incident response and business continuity frameworks.

5. Summary

The Trust's overall EPRR compliance for 2025 remains assessed as **Substantial**, reflecting strong governance, assurance, and operational capability across domains. Three areas are currently **Partially Compliant**. Domain 7 (35 and 36) Warning and Informing is on track for completion in Q1 2026, while the underlying resourcing challenge within Domain 1 (Governance) is not expected to be fully addressed within this assurance cycle and will remain an ongoing area of focus. Overall compliance therefore remains Substantial, with a clear plan in place to maintain progress and strengthen resilience over the coming year.

Recommendation

The Board is asked to note the contents of this report, the conclusion of our self-assessment against the EPRR core standards, and to approve the submission.

Annex A – Compliance definition and criteria.

Compliance level	Definition
Fully compliant	Fully compliant with core standard.
Partially compliant	Not compliant with core standard. The organisation’s EPRR work program demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.
Non-compliant	Not compliant with the standard. In line with the organisation’s EPRR work program, compliance will not be reached within the next 12 months.

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	Criteria
Fully compliant	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards (59 core standard)
Substantial compliance	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards (52-58 core standards)
Partial compliance	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards (45-51 core standards)
Non-compliant	The organisation is fully compliant up to 76% or less of the relevant NHS EPRR Core Standards (44 or less core standards)

	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 percentage			
Acute Provider	62	61-55	54-48	47-0
Specialist Providers	59	58-52	51-45	44-0

Ref: [Emergency Preparedness Resilience and Response Annual Assurance Guidance](https://www.england.nhs.uk/long-read/emergency-preparedness-resilience-and-response-annual-assurance-guidance/#annex-1-assurance-rating-thresholds)
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Annex B – Comparison for 2022-2025 core standards compliance.

Year	Rating	Domains	Date submitted
2022	Substantial	Domain 3 (19) Duty to maintain Plans (Excess Fatalities) Domain 5 (23) Training and exercising (Exercise and testing programme) Domain 6 (31) Response (Access to clinical guidelines for major incidents and mass casualty events) Domain 8 (38) Co-operation LRF/BRF Engagement Domain 9 (50) Business Continuity (BCMS monitoring and evaluation) Domain 10 (65) CBRN Training programme	Oct-22
2023	Partial Compliance	Domain 1 (2) Governance (EPRR Policy Statement) Domain 3 (11) Duty to maintain plans (Adverse weather) Domain 3 (18) Duty to maintain plans (Protected Individuals) Domain 5 (22) Training and exercising (EPRR Training) Domain 5 (24) Training and exercising (Responder Training) Domain 7 (33) Warning and informing (warning and informing) Domain 9 (44) Business Continuity (BC Policy Statement) Domain 9 (45) Business Continuity (Business Continuity Management System, scope and objectives) Domain 9 (46) Business Continuity (Business impact analysis BIA) Domain 9 (47) Business Continuity (Business continuity plans (BCP)) Domain 9 (50) Business Continuity (BCMS monitoring and evaluation) Domain 9 (51) Business Continuity (BC audit) Domain 9 (52) Business Continuity (BCMS continuous improvement process) Domain 10 (55) CBRN (HAZMAT/CBRN Governance)	Oct-23
2024	Substantial	Domain 1 (5) Governance (EPRR Resource) Domain 8 (37) Co-operation (LHRP Engagement) Domain 9 (46) Business Continuity (Business impact analysis BIA) Domain 9 (47) Business Continuity (Business continuity plans BCP)	Sep-24

2025	Substantial	Domain 1 (5) Governance (EPRR Resource) Domain 7 (35) Communication with partners Domain 7 (36) Media Strategy	Oct-25
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