

Board of Directors (in public) Item 4 CEO Report

Subject: Emergency Preparedness Resilience Response
(EPRR) Core Standards Assessment 2025
(preliminary assessment)

Date of Meeting: 23rd September 2025

Presented by: Ben Vinter, Director of Risk and Corporate Governance

BAF Ref	Impact on BAF
ALL	Assurance on the emergency preparedness and resilience response arrangements within the Trust.

Level of assurance (please tick) To be used to provide the Board / Committee with a guide on the extent of assurance and evidence of assurance provided within the report		<input checked="" type="checkbox"/>
Level of assurance	Description	
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.	<input type="checkbox"/>
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.	<input checked="" type="checkbox"/>
Moderate	There is an adequate system of internal control, however, in some areas weakness in design and/or inconsistent application of controls puts the achievement and some aspects of the system objectives at risk.	<input type="checkbox"/>
Low	There is a compromised system of internal control as weaknesses in the design and / or inconsistent application of controls puts the achievement of the system objectives at risk.	<input type="checkbox"/>
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.	<input type="checkbox"/>

1. Executive Summary

Each year, NHS England request that healthcare organisations self-assess their emergency preparedness against a core set of emergency preparedness and resilience response (EPRR) standards. The purpose of this is to highlight any weaknesses in systems and develop action plans to mitigate these.

During 2025 work has continued to ensure increased compliance with the EPRR programme, with policies being refined, tabletop exercises undertaken to test our responses and new audits established to measure compliance with policies/procedures.

The 2025 self-assessment completed by LHCH offered a preliminary result of substantial compliance showing an improvement from the partial compliance score achieved in 2024.

A review and assessment by the EPRR Leads at C&M ICB is due to take place following submission of the evidence on 7th October 2025. This assessment and challenge will result in the final compliance rating which is expected mid October.

2. Background

The Trust completes an annual EPRR core standards self-assessment for submission to NHS England. The core standards relevant to LHCH are concentrated on EPRR and business continuity.

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. Hazmat/Chemical Biological Radiological Nuclear (CBRN).

From 2024 Cheshire and Merseyside ICB have taken over the management of the process of assessment and as such evidence will be submitted to them along with the self-assessment and Statement of Compliance signed by the Accountable Emergency Officer (AEO).

3. EPRR Core Standards Self-Assessment

For 2025 LHCH completed a self-assessment resulting in a preliminary score of partial compliance. The self-assessment is as follows:

Core standard self assessment 2025				
Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	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	3	1	0
Response	6	6	0	0
Warning and informing	4	4	0	0
Cooperation	4	4	0	0
Business Continuity	10	10	0	0
Hazmat/CBRN	10	10	0	0
Total	59	58	1	0

The key elements underpinning the self-assessment and LHCH EPRR arrangements are:

- A Major Incident Plan, and other policies that link to the Major Incident Plan, including the Adverse Weather Plan, Respiratory Virus Policy, Infectious Disease Policy, Evacuation and Lockdown policies.
- A Business Continuity Management System and Business continuity plans for each area of the organisation which conform with the Civil Contingencies Act (CCA 2004). Business continuity plans are reviewed at Divisional Governance meetings at least annually. It is acknowledged that it has been a challenge to ensure all these plans are kept updated and uploaded on the intranet.
- A table-top exercise is conducted on an annual basis as per the requirements of current national guidance.
- Learning from exercising is monitored via the Emergency Planning Resilience Response Group (EPRR). The membership of the EPRR group is multidisciplinary.
- Strategic and Tactical command and control training takes place on a 3 yearly basis as per the minimum occupational standards. The training is mandatory for all on call directors and managers. Work is continuing to ensure that everyone has completed this training as introduced in 2022/23.
- An annual report for the emergency planning group is presented to the Risk Management committee.

4. Overview of the action plan and progress following 2024 self-assessment

Following the 2024 NHS core standards assurance process an action plan was developed which has formed the basis of the workplan for the emergency planning year.

Please refer to appendix 1 for the complete EPRR self-assessment

Areas of focus for the 2025 standards and assessment have concentrated on are as follows:

- Board reporting
- Evidencing EPRR learning
- EPRR training needs analysis
- Training approaches and evidence
- Leadership attendance at LHRP
- Environmentally appropriate HAZMAT arrangements

While much work has been undertaken during the year to move the assessment from a partially compliant rating to a substantial rating score, further work is required to evidence all relevant staff training being reported to the Board.

5. Conclusion

During 2025 work has continued to ensure increased compliance with the EPRR programme, with policies being strengthened, tabletop exercises to test our responses and new audits established to measure compliance with policies/procedures.

The 2025 self-assessment has been completed and determined a preliminary result of substantial compliance with the standards (a final result will be reported following review and assessment by the EPRR Leads at C&M ICB). This is an improvement from the partial compliance that was achieved in 2024. Work with the programme continues to ensure improved compliance over time.

6. Recommendations

The Board of Directors is requested to note the work undertaken to improve compliance and the preliminary result of the self-assessment for 2025.

Appendix 1 - EPRR core standards 2025 preliminary result



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