Agenda item:	13
Date of meeting:	18 November 2026
Report to the:	Trust Board
Title of report:	NHS England Emergency Preparedness, Resilience and Response Core Standards Assurance 2026-27
Report author:	Alexandra Perry, Emergency Preparedness, Resilience and Response Lead
Executive sponsor:	Rachel Hawkins, Director of Corporate Affairs and Trust Accountable Emergency Officer (AEO)
Recommendation:	Approve

Assurance level:	**Substantial** ✓ **Reasonable** ☐ **Partial** ☐ **Minimal** ☐
Rationale:	A substantial amount of thorough work has been conducted to reach conclusions which are detailed within this report. Additionally, a detailed work plan has been agreed which supports improvement work across the portfolio. Integrated Care Board and NHS England colleagues have been supportive in the approach taken.

1.0 Executive Summary

1.1 The annual NHS England Emergency Preparedness Resilience and Response (EPRR) Core Standards Assurance is the minimum standard by which all providers and commissioners of NHS services are required to meet with regards to their EPRR portfolio. It forms the basis of assurance against NHS Resilience, seeking to understand whether those organisations will be capable of maintaining critical services whilst responding to or managing disruption. All findings ultimately report through to the Department of Health and Social Care (DHSC) and the Secretary of State for Health and Social Care.

1.2 As the East of England Community Health and Care NHS Trust (EEC) was formed in April 2026, consequently this is the first time that the organisation has been assessed against the standards. Prior to this both legacy organisations (Cambridgeshire Community Services NHS Trust (CCS) and Norfolk Community Health and Care NHS Trust (NCHC), were assessed against the standards separately.

1.3 Applicable to EEC this year were 60 standards which were published on 30th June 2026. Overall EEC has assessed itself as substantially compliant against the return, and this was submitted in draft to the NHS Norfolk and Suffolk Integrated Care Board (ICB) and NHS Central East ICB EPRR Teams on 9th October 2026. A final version of the return will be submitted to the same teams by 2nd December 2026, following it having been approved by the Board of Directors in Public on 18th November 2026.

1.4 This report sets out to brief the Board of Directors of the robust process that was undertaken at EEC, to audit and assess against the standards. Summary detail is also provided around the subsequent action plan that has been developed to maintain resilience and strengthen compliance.

1.5 Full and detailed copies of the workplan and assurance return can be made available to the Board of Directors upon request.

2.0 How the report supports tackling Health Inequalities

2.1 The consideration of Health Inequalities is an integral part of all elements of planning and response.

3.0 Board Assurance Framework and Trust Risk and Issue Registers

3.1 The following risks are held by the EEC Resilience Team, and form part of the Resilience Risk Register.

- Environmental and natural hazards (ref: 3571)
- Human, animal, and plant health hazards (ref: 3575)
- Societal Hazards (ref: 3578)
- Major Accidents, Infrastructure and Systems hazards (ref: 3579)
- Malicious attacks & threats (ref: 3580)

3.2 All risks listed above are held on the EEC Datix system and have been created following assessment of National, Local and Trust risk.

4.0 Legal and Regulatory requirements

4.1 The content of this report is directly applicable to requirements listed in:

- Civil Contingencies Act 2004
- Emergency Preparedness: Guidance to the CCA 2004,
- Emergency Response and Recovery: Guidance to the CCA 2004,
- NHS England Emergency Preparedness, Resilience and Response Framework,
- Emergency Preparedness Regulations 2005,
- Emergency Response and Recovery, 5th Edition, 2013, and
- associated Cabinet Office guidance
- Expectations and indicators of good practice set for category 1 and 2 responders
- Section 46 of the NHS Act 2006, as amended by the Health and Social Care Act 2012
- Health and Social Care Act 2012,
- Health and Care Act 2022
- Health and Safety at Work Act 1974
- Corporate Manslaughter and Corporate Homicide Act 2007,
- Human Rights Act 1998
- NHS Constitution
- NHS Standard Contract(s)
- Management of Health and Safety at Work Regulations 1999
- Equality and health inequalities legal duties

- The National Risk Register
- Skills of Justice NOS
- Minimum Occupational Standards for NHS Emergency Preparedness, Resilience and Response (MOS)
- NHS England Business Continuity Management Framework (Service Resilience) NHS Core Standards for Emergency Preparedness, Resilience and Response
- NHS EPRR Framework, 2022
- Other EPRR guidance available on the NHS England website

4.2 Other applicable items include:

- The Counter Terrorism and Security Act 2015
- Control of Major Accident Hazards Regulations 2015
- Radiation Emergency Preparedness& Public Information Regulations 2001
- Management of Health & Safety at Work Regulations 1999
- Data Protection Act 2018
- General Data Protection Regulations
- Health Protection Legislation (England) Guidance 2010
- Caldicott Principles

5.0 Previous consideration by Committee or Executive

5.1 This report has not been circulated elsewhere however, its content has been discussed at the following groups:

- Resilience Steering Group (RSG) 07 09 2026 and 16 10 2026 (electronically).
- Executive Team meeting 13 10 2026.
- Quality Assurance Group 17 11 2026.

6.0 EPRR Core Standards

6.1 Whilst there are a total of 73 standards and 11 domains, the applicability is dependent on the organisation's function and statutory requirements. EEC is rated against standards applicable to community providers, specialist providers, and other NHS funded organisations. These standards are within 10 of 11 domains. The overall assurance rating is reached via percentage of standards assessed as 'fully compliant'.

6.2 The criteria between full, partial and non-compliance with standards is as follows:

Individual Standard Compliance level	Compliance Definition (Main return)
FULLY COMPLIANT	**Fully compliant** with the core standard.
PARTIALLY COMPLIANT	**Not compliant** with the core standard. However, the organisation's EPRR work programme demonstrates **sufficient evidence of progress and an action plan** is in place to achieve full compliance within the next 12 months.
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.

6.3. This year the required assessment was against 60 standards, 53 of which were rated as 'fully compliant'. No standards were assessed as non-compliant. The overall outcome of the assessment process therefore is a rating for EEC of '**substantial compliance'.** This maintains the same substantial assurance rating in 2025/26 for both legacy organisations (CCS and NCHC).

6.4. Respectively each legacy organisation rated as follows in the previous two years:

Rating	# of FULLY compliant standards		
	2025		2026
	CCS	NCHC	EEC
FULL 100%	60	56	60
SUBSTANTIAL: 89 - 99%	58	52	53
PARTIAL: 77 – 88%	46-52	43 - 49	46-52
NON-COMPLIANT: 0 - 76%	0 - 45	0 - 42	0 - 45

6.5. A summary of compliance against the standards can be found Appendix A to this report. Full copies of the workplan and assurance return can be made available to EEC Board members upon request.

7.0. Process of assurance

7.1. Whilst NHS Central East ICB remains our anchor ICB it was agreed for NHS Norfolk and Suffolk ICB to lead on our assurance this year due to the capacity of the NHS Central East ICB following organisational restructure.

7.2. A draft submission was provided to NHS Norfolk and Suffolk ICB on 9th October 2026 (copied to NHS Central East ICB) and the final return as set out in this paper, to each ICB by 2nd December 2026.

7.3. An essential part of the Assurance process is the opportunity for the ICB to check and challenge the proposed assurance position. A 1:1 confirm and challenge meeting with NHS Norfolk and Suffolk ICB colleagues was attended by the Accountable Emergency Officer (AEO), EPRR Lead and Emergency Planning Manager on 22nd October 2026. The ICB were supportive of the draft position.

7.4. The Emergency Planning Manager also attended a peer review session with health peers across the Norfolk and Suffolk ICB on 19th October 2026, and the EPRR Lead attended a peer review session with health peers from across the NHS Central East ICB system on 12th November 2026.

7.5. On 26th October 2026 the AEO met with Ursula Montgomery, Lead NED for EPRR and Chair of the Quality Committee to brief her on the assessment and final position.

7.6. The EEC rating will be shared with and endorsed by, Cambridgeshire & Peterborough (C&P), Bedford, Luton & Milton Keynes (BLMK), Norfolk & Waveney (N&W) and Suffolk Local Health Resilience Partnerships (LHRP) prior to being shared by the NHS England East of England EPRR team with the NHS England National EPRR Team.

8.0. 2026 - 2027 Workplan

8.1. EEC has an ambition to reach a position of full compliance in 2027. In support of this a 50-action point workplan has been agreed by the Resilience Team. The Action Plan is aligned to the ten domains of the EPRR Core Standards and aims to maintain and enhance Resilience arrangements, in addition to addressing the areas of partial compliance. Each 'domain' and associated actions will be led by a member of the Resilience Team.

8.2. The workplan that accompanies this return was built from:

- ✓ Requirements of partially compliant EPRR Core Standards,
- ✓ Actions outstanding from legacy CCS and NCHC 2025 workplans,
- ✓ Lessons identified,
- ✓ Risk, and
- ✓ Trust need.

8.3. The focus of work this year will be around:

- ✓ Training,
- ✓ Exercising,
- ✓ Business Continuity Management,
- ✓ Chemical Biological Radiological and Nuclear (CBRN) arrangements,
- ✓ Data and Technology Resilience, and
- ✓ Equality and Health Inequalities.

8.4. Progress against this workplan will be overseen by the Resilience Steering and Resilience Operations Groups, and assurance of progress will be received by the Quality Improvement Group (QIG) and reported to the Quality Committee and to all Local Health Resilience Partnerships.

Appendices

Appendix A: Summary of compliance against the NHS England EPRR Core Standards 2026.

ASSESSMENT			WORKPLAN	
Ref	**STANDARD**	**Self- assessed rating** Fully compliant = 53 Partially compliant = 7	**Action Lead**	**Projected date of completion** **N.B.** only actions associated with partially complaint standards are noted here.
Domain 1: Governance				
1	Senior Leadership	Fully compliant	EPRR Lead	N/A
2	EPRR Policy Statement	Fully compliant		
3	EPRR board reports	Fully compliant		
4	EPRR work programme	Fully compliant		
5	EPRR Resource	Fully compliant		
6	Continuous improvement	Fully compliant		
Domain 2: Duty to Risk Assess				
7	Risk assessment	Fully compliant	Accountable Emergency Officer (AEO)	N/A
8	Risk Management	Fully compliant		
Domain 3: Duty to Maintain Plans				
9	Collaborative planning	Fully compliant	EPRR Lead	N/A
10	Incident Response	Fully compliant		
11	Adverse Weather	Fully compliant		
12	Infectious disease	Fully compliant		
13	New and emerging pandemics	Fully compliant		
14	Countermeasures	Fully compliant		
15	Mass Casualty	Fully compliant		
16	Evacuation and shelter	Fully compliant		
17	Lockdown	Fully compliant		
18	Protected individuals	Fully compliant		
19	Excess fatalities	Fully compliant		
Domain 4: Command and Control				
20	On-call mechanism	Fully compliant	Accountable Emergency Officer (AEO)	N/A
21	Trained on-call staff	Fully compliant		
Domain 6: Training & Exercising				
22	EPRR Training	Fully compliant	Accountable Emergency Officer (AEO)	N/A
23	EPRR exercising and testing programme	Fully compliant		
24	Responder training	Fully compliant		
25	Staff Awareness & Training	Partially compliant		Q2 2027/28
Domain 7: Response				
26	Incident Co-ordination Centre (ICC)	Fully compliant	Emergency Planning Manager	N/A
27	Access to planning arrangements	Fully compliant		
28	Management of business continuity incidents	Fully compliant		
29	Decision Logging	Fully compliant		
30	Situation Reports	Fully compliant		

ASSESSMENT			WORKPLAN	
Ref	**STANDARD**	**Self- assessed rating** Fully compliant = 53 Partially compliant = 7	**Action Lead**	**Projected date of completion** **N.B.** only actions associated with partially complaint standards are noted here.
31	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events'	Fully compliant		
Domain 8: Warning and Informing				
33	Warning and informing	Fully compliant	EPRR Officer	N/A
34	Incident Communication Plan	Fully compliant		
35	Communication with partners and stakeholders	Fully compliant		
36	Media strategy	Fully compliant		
Domain 9: Cooperation				
37	LHRP Engagement	Fully compliant	EPRR Lead	N/A
38	LRF / BRF Engagement	Fully compliant		
39	Mutual aid arrangements	Fully compliant		
40	Arrangements for a multi area response	Fully compliant		
43	Information sharing	Fully compliant		
Domain 10: Business Continuity				
44	BC policy statement	Fully compliant	EPRR Lead	N/A
45	Business Continuity Management Systems (BCMS) scope and objectives	Fully compliant		
46	Business Impact Analysis/Assessment (BIA)	Partially Compliant		Q2 2027/28
47	Business Continuity Plans (BCP)	Partially Compliant		Q2 2027/28
48	Testing and exercising	Fully compliant		N/A
49	Data Protection and Security Toolkit	Fully compliant		
50	BCMS monitoring and evaluation	Fully compliant		
51	BC audit	Fully compliant		
52	BCMS continuous improvement process	Fully compliant		
53	Assurance of commissioned providers / suppliers BCPs	Fully compliant		
Domain 11: HazMat/ CBRNE				
55	Governance	Fully compliant	Emergency Planning Officer	N/A
56	Hazmat/CBRN risk assessments	Fully compliant		
57	Specialist advice for Hazmat/CBRN exposure	Fully compliant		
58	Hazmat/CBRN planning arrangements	Fully compliant		
60	Equipment and supplies	Partially Compliant		Q2 2026/27
61	Equipment - Preventative Programme of Maintenance	Partially Compliant		Q2 2026/27
63	Hazmat/CBRN training resource	Fully compliant		N/A
64	Staff training - recognition and decontamination	Partially Compliant		Q1 2027/28
65	PPE Access	Fully compliant		N/A
66	Exercising	Partially Compliant		Q2 2027/28