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Review of National Health Service England's Emergency Preparedness, Resilience and Response Annual Assurance for 2021–2022

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Abstract

Objective: National Health Service (NHS) England conducts annual assurance of NHS bodies in England's readiness to respond to emergencies using its Core Standards for emergency preparedness, resilience, and response (EPRR). This review assessed whether the first complete EPRR assurance after England's coronavirus disease (COVID-19) pandemic national response was performed successfully.

Methods: The primary outcome of interest was the quantity of information regarding applicable Core Standards held by NHS England at the end of that assurance. Secondary outcomes were variations between the number of applicable Core Standards and information held by NHS bodies about the number of applicable Core Standards.

Results: NHS England recorded the correct number of applicable Core Standards for 88 of the 124 NHS trusts in England which provided general hospital accommodation and services in relation to accidents or emergencies. It recorded an incorrect number of standards for 13 trusts and did not record the number of standards for 23 trusts.

Conclusion: NHS England's EPRR assurance resulted in correct data not being recorded for over a quarter of the above NHS trusts. This review may also be of interest to other state-level bodies that rely on the high-level assurance of their ability to provide health care during emergencies.

In England, the Civil Contingencies Act 2004 (CCA),¹ National Health Service (NHS) Standard Contract Service Conditions,²(pp. 45–47) and NHS England Emergency Preparedness, Resilience and Response (EPRR) framework³ require NHS-funded organizations to be able to respond to emergencies for the provision of health care. The CCA defines an emergency as:

An event or situation which threatens serious damage to human welfare in a place in the United Kingdom ... if it involves, causes or may cause ... loss of human life, human illness or injury, ... or disruption of services relating to health.¹(s. 1)

NHS England is the Commissioning Board for NHS services in England. Its EPRR annual assurance guidance^{4,5} states that it has a statutory requirement to assure formally the NHS in England's readiness to respond to emergencies. This assurance is the highest level of quality control of EPRR for the NHS in England. It informs the level of confidence the United Kingdom Government has that the NHS will be able to provide health care during emergencies.

NHS England sets Core Standards for EPRR⁶ for NHS services in England. NHS England's assurance of 2021–2022⁴ aimed to fulfill the above statutory requirement by asking each NHS organization to self-assess its compliance with these standards and to have a “confirm and challenge” meeting with its Local Health Resilience Partnership (LHRP). NHS England would then facilitate a “confirm and challenge” process between the LHRP, an NHS England regional EPRR team, and the NHS England national EPRR team.

An NHS organization could assess itself as being fully compliant with the Core Standards if it were fully compliant with 100% of the standards, substantially compliant if it were fully compliant with 89 to 99% of the standards, partially compliant if it were fully compliant with 77 to 88% of the standards, and non compliant if it were fully compliant with less than 77% of the standards.

Methods

Study Setting and Design

This was a review of NHS England's EPRR annual assurance for the years 2021–2022.

In England, there were 124 NHS trusts that provided general hospital accommodation and services in relation to accidents or emergencies during the period of assurance.⁷ The study size was determined by the number of these trusts. The study timing was the first complete annual

assurance after the national incident level for the NHS coronavirus disease (COVID-19) response was reduced from level 4 to level 3 in March 2021.⁸

The primary outcome of interest was the quantity of information regarding applicable Core Standards held by NHS England at the end of the EPRR annual assurance. Secondary outcomes were variations between the number of applicable Core Standards and information held by NHS bodies about the number of applicable Core Standards.

Approval for this review was not required by the Research Ethics Committee at University Hospitals Sussex NHS Foundation Trust.

Patient and Public Involvement

No patient or public involvement was reported.

Data Collection

The applicable Core Standards were viewed on NHS England's website.⁶ Requests were made under the Freedom of Information Act via the WhatDoTheyKnow website to NHS England for the total number of applicable Core Standards for EPRR for 2021–2022, excluding those standards that were part of the “Deep Dive,” for each of the 124 trusts.⁹ Requests were staggered to stay within the cost limit of 18 person-hours of work per request.

For each trust where the record of the total number of applicable Core Standards provided by NHS England varied most greatly from the correct number of applicable Core Standards, the same request was made to the NHS Integrated Care Board (ICB) holding the information for the LHRP responsible for that trust.¹⁰

Results

NHS England held the requested information for 101 of the 124 trusts.⁹

There were 46 applicable Core Standards.⁶ For 88 trusts, NHS England recorded the correct number of applicable Core Standards. For 9 trusts, NHS England recorded 64 applicable Core Standards. For 4 trusts, NHS England recorded 69 applicable Core Standards.

The numbers of applicable Core Standards recorded by the ICBs responsible for the 4 trusts with the greatest variation from the correct number of Core Standards are shown in Table 1.

Table 1. Trusts for which NHS England recorded 69 applicable Core Standards

Trust	Responsible Integrated Care Board (ICB)	Number of applicable Core Standards recorded by ICB ⁷
Bedfordshire Hospitals NHS Foundation Trust	NHS Bedfordshire, Luton and Milton Keynes ICB	54
Cambridge University Hospitals NHS Foundation Trust	NHS Cambridgeshire and Peterborough ICB	47
East and North Hertfordshire NHS Trust	NHS Hertfordshire and West Essex ICB	46
East Suffolk and North East Essex NHS Foundation Trust	NHS Suffolk and North East Essex ICB	46

Discussion

This review suggests that NHS England did not successfully perform its EPRR annual assurance in 2021–2022 as described in its guidance applicable at that time.⁴ In particular, the successful performance of stages 3 and 4 of the assurance (confirm and challenge of the process by regional and national EPRR teams, respectively) is not consistent with not recording the correct number of applicable Core Standards for over a quarter of the NHS trusts. If the correct number of standards was not recorded for those NHS trusts, then it would not have been possible to calculate correctly their percentage compliance with them.

NHS England might benefit from reviewing how it implements its EPRR annual assurance guidance to improve the quantity and quality of information it holds at the end of this assurance.

Limitations

It was not possible to explore the reasons for variations between the number of applicable Core Standards and information held by NHS bodies about the number of applicable Core Standards.

Conclusion

NHS England's EPRR annual assurance is the highest level of quality control of EPRR for the NHS in England. It informs the level of confidence the United Kingdom Government has that the NHS will be able to provide health care during emergencies. The first complete assurance after the COVID-19 pandemic national response resulted in correct data not being recorded for over a quarter of NHS trusts which provided general hospital accommodation and services in relation to accidents or emergencies.

This review may also be of interest to other state-level bodies that rely on high-level assurance of their ability to provide health care during emergencies.

Abbreviations

CCA	Civil Contingencies Act 2004;
EPRR	Emergency preparedness, resilience, and response;
ICB	Integrated Care Board;
LHRP	Local Health Resilience Partnership;
NHS	National Health Service.

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Competing interest. The author is a bank employee of University Hospitals Sussex NHS Foundation Trust and has no other competing interest.

Ethical standard. This review is a quality improvement project and so approval was not required by the Research Ethics Committee at University Hospitals Sussex NHS Foundation Trust (<https://www.uhsussex.nhs.uk/research-and-innovation/information-for-researchers-and-healthcare-professionals/is-my-study-research/>).

References

1. **Civil Contingencies Act 2004**, c. 36. Published November 2004. Accessed January 5, 2024. <https://www.legislation.gov.uk/ukpga/2004/36/contents>
2. **NHS Standard Contract 2021/22 Service Conditions (Full Length)**. Version 2. NHS England. Published March 2021. Updated May 2021. Accessed January 5, 2024. <https://www.england.nhs.uk/publication/nhs-standard-contract-service-conditions-full-length/>

3. **NHS Emergency Preparedness, Resilience and Response Framework.** Version 3. NHS England. Published July 2022. Accessed January 5, 2024. <https://www.england.nhs.uk/publication/nhs-emergency-preparedness-resilience-and-response-framework/>
4. **EPRR Annual Assurance Guidance Published June 2019 and Processed for 2021-22 Letter.** WhatDoTheyKnow website. Published September 11, 2023. Updated September 22, 2023. Accessed January 5, 2024. https://www.whatdotheyknow.com/request/eprp_annual_assurance_process_fo
5. **Emergency Preparedness, Resilience and Response Annual Assurance Guidance.** NHS England. Published May 24, 2023. Accessed January 5, 2024. <https://www.england.nhs.uk/long-read/emergency-preparedness-resilience-and-response-annual-assurance-guidance/>
6. **Amended Core Standards for Emergency Preparedness, Resilience and Response (EPRR).** NHS England. Published July 23, 2021. Accessed January 5, 2024. <https://www.england.nhs.uk/publication/amended-core-standards-for-emergency-preparedness-resilience-and-response-eprp/>
7. **New Report Exposes Real Number of A&E Waits, as Over 1,000 Patients Faced a 12-Hour Wait in A&E Every Day in 2021.** Royal College of Emergency Medicine. Published June 14, 2022. Accessed January 5, 2024. <https://rcem.ac.uk/new-report-exposes-real-number-of-ae-waits-as-over-1000-patients-faced-a-12-hour-wait-in-ae-every-day-in-2021/>
8. **Willett K, Groves S.** NHS response to COVID-19: transition to NHS level 3 incident. NHS England. Published March 25, 2021. Accessed January 5, 2024. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/03/C1224-NHS-response-to-COVID-19-Transition-to-NHS-level-3-incident-25-March-2021.pdf>
9. **Core Standards for EPRR Ratings.** WhatDoTheyKnow website. Published September 13, 2022. Updated August 31, 2023. Accessed January 5, 2024. https://www.whatdotheyknow.com/search/%E2%80%9CCore%20Standards%20for%20EPRR%20ratings%E2%80%9D%20requested_from:nhs_england/all
10. **Core Standards for EPRR Ratings.** WhatDoTheyKnow website. Published October 5, 2022. Updated July 14, 2023. Accessed January 5, 2024. [https://www.whatdotheyknow.com/search/"Core%20Standards%20for%20EPRR"%20request_public_body_tag:icb/all](https://www.whatdotheyknow.com/search/)