

**Cover Sheet**

**Public Trust Board Meeting: Wednesday 21 January 2026**

**TB2026.11**

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**Title:** **Emergency Preparedness Resilience and Response Annual Assurance Audit 2025**

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**Status:** **For Information**

**History:** **This is an annual report to the Trust Board**

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**Board Lead:** **Chief Operating Officer**

**Author:** **David Smith, Emergency Planning Officer**

**Confidential:** **No**

**Key Purpose:** **Assurance**

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## **Emergency Preparedness Resilience and Response Annual Assurance Audit 2025**

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### **1. Purpose**

1.1. This paper provides a report on the annual audit of the Trust's emergency preparedness to meet the requirements of the Civil Contingencies Act (2004) and the NHS England Emergency Preparedness, Resilience and Response Framework (EPRR) 2022.

### **2. Background**

2.1. NHS England published NHS core standards for Emergency Preparedness, Resilience and Response arrangements in 2025. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.

2.2. This paper provides a summary of the Trust's self-assessment of its preparedness against these standards.

2.3. This year the annual assurance audit assesses acute Trusts against 62 standards.

### **3. EPRR Core Standards**

3.1. The outcome of this self-assessment shows that against the 62 core standards; the Trust is fully compliant with 60 standards and partially compliant with 2 standards

3.2. This gives an overall rating of "Substantially Compliant".

3.3. BOB ICB concurred with this rating during a peer review meeting on 28 October 2025 – see Appendix 1.

3.4. The Trust is partially compliant on standards 5 and 24. The Trust has an action plan in place to become fully compliant. This action plan is detailed below in Annex 1.

### **4. Recommendations**

4.1. The Trust Board is asked to note this report.

## ANNEX 1

| Ref                                       | Domain                  | Standard           | Standard Detail   | Supporting Information - including examples of evidence  | Organisational Evidence   | Self-assessed RAG   | Action to be taken  | Lead                  | Timescale  | Comments |
|---|-------------------------|--------------------|---|--|---|---------------------|---|-----------------------|------------|----------|
| <b>Domain 1 - Governance</b>              |                         |                    |   |  |   |                     |   |                       |            |          |
| 5   | Governance              | EPRR Resource      | The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.   | <p>Evidence</p> <ul style="list-style-type: none"> <li>EPRR Policy identifies resources required to fulfil EPRR function; policy has been signed off by the organisation's Board</li> <li>Assessment of role / resources</li> <li>Role description of EPRR Staff/ staff who undertake the EPRR responsibilities</li> <li>Organisation structure chart</li> <li>Internal Governance process chart including EPRR group</li> </ul> | <p>Incident Response Policy.</p> <p>EPRR Team Job Descriptions.</p> <p>EPRR Work Plan.</p> <p>EPRR Assurance Log.</p> | Partially compliant | A business case has been submitted post-review of 2025/26 budgets to increase the establishment in the EPRR team from 1.5 wte to 2.0. | Felicity Taylor Drewe | 30/12/2025 |          |
| <b>Domain 5 - Training and exercising</b> |                         |                    |   |  |   |                     |   |                       |            |          |
| 24  | Training and exercising | Responder training | The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards. Individual responders and key decision makers should be supported to maintain a CPD portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role | <p>Evidence</p> <ul style="list-style-type: none"> <li>Training records</li> <li>Evidence of personal training and exercising portfolios for key staff</li> </ul>  | <p>Training and exercising records.</p> <p>CPD Logs.</p>  | Partially compliant | Pilot and roll out Duty Director and Duty Manager competency frameworks.  | David Smith           | 01/06/2026 |          |

## **Appendix 1 – BOB ICB Emergency Preparedness, Resilience and Response (EPRR) Assurance – Confirmation of Self-Assessment and Peer Review**



**Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**

Felicity Taylor-Drewe  
Accountable Emergency Officer  
Oxford University Hospitals NHS Foundation Trust

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29<sup>th</sup> October 2025

Dear Felicity

### **Emergency Preparedness, Resilience and Response (EPRR) Assurance – Confirmation of Self-Assessment and Peer Review**

In June of this year, the ICB wrote to the Accountable Emergency Officers (AEOS) across the ICS to establish this year's annual assurance process of the NHS England Core Standards for Emergency Preparedness, Resilience and Response.

Ahead of the peer review process your team provided the following evidence: -

#### **Plans and policies**

- Business Continuity Policy and BCPs for critical services

#### **Evidence of training & exercising**

- Records of table-top and live exercises over last 12–24 months
- Post-exercise debriefs and action plans – Key learning points only.

#### **On-call arrangements**

- Key action cards for on-call managers/directors
- Confirmation of induction or refresher training for on-call staff

#### **Business continuity evidence**

- BC test / exercise reports

- BC plans are evidenced annually

The ICB subsequently completed peer review Meetings with all providers on the 28<sup>TH</sup> of October 2025, where areas of good practice as well as compliance were identified and discussed based on their core standards submission.

Your EPRR team represented your organisation to the highest of standards, and at the meeting we reviewed the documents that your team provided as part of the assurance process, and I would like to commend them on the following areas: -

- We would like to commend David on the “Immediate Actions” section contained within the Duty Directors Critical Incident action card. This is an example of good practice.
- The database that was discussed shows evidence that the Duty Director and manager training is extensive and provides good evidence of commander competency.
- The Business continuity plan for the Maternity team was worthy of note and shows a high level of commitment to a key area of the Trust. This also complements the lockdown procedure.

We discussed the Trust’s self-assessment position, noting full compliance on all standards.

### **EPRR Assurance Statement of Compliance**

As part of the national EPRR assurance process for 2025/26, Oxford University Hospital NHS Trust has been required to assess itself against these core standards. The outcome of this self-assessment shows that against the 62 applicable core standards, OUH NHS Trust:

- is fully compliant with 60 of the core standards.
- And partially compliant with the following two areas: -
  - Training and Exercising.
  - Governance (Staff numbers – EPRR team)

These two areas will form part of David’s action plan for reporting year 2026/27.

In line with the national NHS England Core Standards for EPRR assurance thresholds, the overall self-assessment of the Trust for 2025/26 is:

- **SUBSTANTIALY COMPLIANT**

### **Deep Dive**

Due to the changes currently taking place across NHSE and the ICB’s NHSE have chosen not to undertake a deep dive this reporting year and as such there is no deep dive to report upon.

That said at the core assurance day we did review any outstanding issues from the previous reporting years Cyber deep dive.

### **Next Steps**

Following agreement of the self-assessment with the ICB, the organisation's final overall assurance rating is as follows:

- **SUBSTANTIALY COMPLIANT**

Please pass my thanks to your team for their hard work and commitment to the key process.

Yours sincerely,



Paul Jefferies  
Associate Director of Emergency Preparedness, Resilience and Response Deputy  
Accountable Emergency Officer