Emergency Preparedness Resilience and Response (EPRR) Annual Report 2019/20

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Trust Board paper H1

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
Executive Board	27/08/2019	This paper was discussed at EQPB before being sent on to the Trust Board

Executive Summary

Context

NHS England requires that the Trust Board is updated at least annually on the Trust's EPRR arrangements and this paper supports that requirement.

Questions

1. What are the key outcomes for the Trust relating to EPRR in the 12 month period to August 2019?
2. Is the Board satisfied with progress made against the existing EPRR work programme in the 12 month period to August 2019?

Conclusion

1. The Trust has undertaken a significant amount of work in the 12 month period to August 2019, in line with the EPRR work programme which was put in place in April 2018 to address gaps in existing arrangements which were identified following an internal review.
2. The improvements made to the Trust's EPRR arrangements has resulted in an uplift in compliance against NHS England's core standards for EPRR and the Trust is now substantially compliant against the standards.
3. The Trust remains confident it will become fully compliant against NHS England's core standards for EPRR in 2021/22.

Input Sought

The Trust Board is asked to note the content of this report and the attached EPRR work programme.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1.   Quality priorities

Safe, surgery and procedures	No
Safely and timely discharge	No
Improved Cancer pathways	No
Streamlined emergency care	No
Better care pathways	No
Ward accreditation	No

2.   Supporting priorities:

People strategy implementation	No
Estate investment and reconfiguration	No
e-Hospital	No
More embedded research	No
Better corporate services	No
Quality strategy development	No

3.   Equality Impact Assessment and Patient and Public Involvement considerations:

An Equality Impact Assessment (EIA) was completed for this report and no impacts were identified

4.   Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a ***Principal Risk*** on the BAF?		
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register	X	If the Trust fails to improve its emergency preparedness, resilience and response (EPRR) arrangements… caused by a lack of appropriate time and resources to develop them… then there is a risk that the Trust is not adequately prepared to respond to a business continuity, critical or major incident.

5.   Scheduled date for the **next paper** on this topic: September 2020

6.   Executive Summaries should not exceed **5 sides**   My paper does comply

REPORT TO:	**UHL TRUST BOARD**
DATE:	**05 SEPTEMBER 2019**
REPORT BY:	**REBECCA BROWN – CHIEF OPERATING OFFICER**
SUBJECT:	**EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE ANNUAL REPORT 2019/20**

1. INTRODUCTION

1.1 The patients and communities we serve expect us to be there for them when they need it, irrespective of the circumstances we face. As a Trust, we must do all that we can to ensure we are well prepared to respond to any disruptive challenges or emergencies and this is achieved in the NHS through a programme of work referred to as emergency preparedness, resilience and response (EPRR).

1.2 NHS England requires that the Trust Board is regularly updated, at least annually, on the Trust's EPRR arrangements and this paper supports that requirement.

1.3 This report sets out, for the period of August 2018 – August 2019, details of the Trust's:

- Governance and resource arrangements;

- EPRR work programme;

- Incidents of note;

- EPRR policies and plans;

- Training; and

- Tests and exercises.

1.4 This paper is presented to the Trust Board alongside the "NHS England Core EPRR Standards for EPRR 2019/20" report which provides the Trust Board with full details on the outcomes of the annual self-assessment against which the EPRR programme is assessed.

2. GOVERNANCE AND RESOURCE ARRANGEMENTS

2.1 Introduction

2.1.1 The Trust has in place a robust set of governance and resource arrangements to ensure it can suitably meet all its statutory and non-statutory EPRR requirements.

2.2 EPRR Board

2.2.1 The aim of the EPRR Board is to ensure that the Trust delivers against its statutory and non-statutory obligations, including

- Civil Contingencies Act 2004;

- Health and Social Care Act 2012;

- Care Quality Commission Regulations 9 and 24 (regulated activities) outcomes 4 and 6;

- Trust Development Authority (TDA) Planning Framework;

- NHS England core standards for EPRR;

- International Standard (ISO) 22301.

2.3 The EPRR Board is chaired by the Trust's Accountable Emergency Officer and its membership is made up of senior members of staff from across the organisation. This includes all clinical management groups (CMGs) as well as key stakeholders from within corporate services.

2.4 The EPRR Board now meets on a quarterly basis and in the period covered by this report met on 21st November 2018, 13th March 2019 and 5th June 2019.

2.5 The EPRR Board reports directly to the Trust Board via the EPRR Annual Report.

2.6 **Accountable Emergency Officer**

The Trust is required to have an Accountable Emergency Officer with the strategic responsibility for EPRR and for providing assurance to the Trust Board that the organisation is meeting its statutory and legal requirements. This role is fulfilled by the Chief Operating Officer, Rebecca Brown.

2.7 **Non-Executive Director**

The Non-Executive Director with EPRR added to their portfolio is Ian Crowe.

2.8 **Director of Safety and Risk**

The Director of Safety and Risk provides strategic management support to the emergency planning office and is fulfilled by Moira Durbridge.

2.9 **Risk Manager**

Figure 1: EPRR Governance Structure

The Risk Manager provides day-to-day management support to the emergency planning office and is currently fulfilled by Richard Manton.

2.10 Emergency Planning Office

2.10.1 The emergency planning office leads on the delivery of the Trust's EPRR work programme and includes a full-time Emergency Planning Officer (Ben Collins) and a part-time Emergency Planning Assistant (Katie Leah).

2.10.2 The emergency planning office is currently in the process of recruiting to a new post; a full-time Band 6 Emergency Planning and Business Continuity Officer. This new post follows the outcome of a recent internal audit and a review into the resources in place which support the implementation and delivery of the EPRR work programme.

2.11 Emergency Planning Budget

In 2019/20, the EPRR work programme was provided a non-pay budget of £9,230. This sum includes funding for:

- The emergency notification cascade system (Everbridge);

- The Trust's required contribution to the Leicester, Leicestershire & Rutland (LLR) Local Resilience Forum (LRF)

- Equipment maintenance costs; and

- Training and exercising.

2.12 Internal Audit

2.12.1 An Internal Audit into Business Continuity and Emergency Planning was submitted to Audit Committee on the 24th May 2019. The scope of this audit was divided into two areas: EPRR and IT Disaster Recovery.

2.12.2 The EPRR review was classified as "low risk (4 points)" and generated three actions which have since been completed. As part of its review, the audit inspected the Trust's 2018/19 self-assessment against NHS England's core standards for EPRR. The audit was in agreement with the scores which resulted in an overall compliance rating of 'partially compliant.' The audit recognised that while further work is required to achieve full compliance against the standards, many of the controls, plans and processes required to achieve it are now in place. Furthermore, the audit found that the 3-year EPRR work programme contains the activities necessary to make the Trust fully compliant with the core standards.

2.12.3 The IT disaster recovery review was classified as "high risk (16 points)" and generated four actions, all of which are due to be complete by June 2020. This work is being led by IM&T, in close partnership with the Emergency Planning Office.

2.13 NHS England's Core Standards for EPRR

2.13.1 On 8th July 2019, the National Head of EPRR for NHS England and NHS Improvement, Stephen Groves, wrote to all Accountable Emergency Officers to inform them of the annual assurance process for EPRR which requires Trusts to undertake a self-assessment against NHS England's core standards for EPRR.

2.13.2 NHS England's core standards for EPRR are the minimum standards which NHS organisations and providers of NHS funded care must meet to comply with the

requirements of the NHS England's planning framework, NHS Contract and the Civil Contingencies Act 2004.

2.13.3 The Trust's Emergency Planning Officer undertook the self-assessment process in August 2019.

2.13.4 As of 30th August 2019, UHL is fully compliant with 89% of the core standards which it is expected to achieve. Based on the outcomes of the self-assessment, UHL will be assigned an overall assurance rating of 'substantially compliant' as it is compliant with 89 – 99% of the core standards it is expected to achieve.

2.13.5 The 2019/20 self-assessment shows a significant improvement in compliance from the previous self-assessment which was undertaken in 2018/19. This progress is illustrated in table 2 below:

Year	Self-Assessment Rating	Total standards applicable	Fully compliant	Partially compliant	Non compliant
2018/19	Partially Compliant	64	49	6	9
2019/20	Substantially Compliant	64	57	6	1
Change	-	-	+8	-	-8

Table 1: 12 Month Progress against NHS England's Core Standards for EPRR

2.13.6 The uplift in compliance reflects the progress being made through the implementation and delivery of the ongoing 3-year EPRR work programme which was signed off by the Trust Board in October 2018.

2.13.7 Based on NHS England's existing core standards for EPRR, the Trust forecasts:

- In 2020/21, achieving substantial compliance with 63/64 standards being fully compliant;

- In 2021/21, achieving full compliance with all 64 standards being fully compliant.

2.13.8 Full details of the NHS England Core Standards for EPRR are detailed in a separate report to the Trust Board.

2.14 **Multi-Agency Working**

2.14.1 The Trust works closely with multi-agency partners to ensure all of our emergency plans are joined up and best able to meet the needs of the local communities we serve. As part of this, the Trust is represented at a number of local and regional groups, including:

- Leicester, Leicestershire & Rutland (LLR) Local Health Resilience Partnership (LHRP) Executive Committee;

- Leicester, Leicestershire & Rutland (LLR) Local Health Resilience Partnership (LHRP) Sub-Group;

- Leicester, Leicestershire & Rutland (LLR) Prepared Executive Board;

- Leicester, Leicestershire & Rutland (LLR) Prepared Governance & Delivery Group;

- Leicester, Leicestershire & Rutland (LLR) Prepared People and Communities;

- Leicester, Leicestershire & Rutland (LLR) Prepared Practice Group;

- Leicester, Leicestershire & Rutland (LLR) Prepared Media & Communications.

3. EPRR WORK PROGRAMME

3.1 Following a comprehensive review of the Trust's EPRR arrangements in April 2018, the Emergency Planning Office put forward a 3-year EPRR work programme to ensure UHL is meeting all of its requirements, as per NHS England's core standards for EPRR.

3.2 The 3-year EPRR work programme contains an extensive range of projects which focus on all stages of the emergency planning cycle, including:

- Putting in place robust governance arrangements;

- Completing EPRR risk assessments;

- Developing emergency and business continuity plans;

- Training staff; and

- Testing and exercising business continuity plans.

3.3 The EPRR work programme was last approved by the Trust Board on the 4th October 2018.

3.4 The Trust is now approaching the mid-way point in to the 3-year timescale which was assigned for this work. The Trust has made significant progress against the EPRR work programme and remains confident that it will be able to deliver the programme – in full – by the 1st April 2021.

3.5 An up-to-date copy of the EPRR work programme, as of 30th August 2019, is attached to this report.

4. INCIDENTS OF NOTE

4.1 The Trust did not formally declare any business continuity, critical or major incidents in the period August 2017 – August 2018. However, there were a number of incidents which triggered an extraordinary response by the Trust to maintain business as usual, including:

- IM&T downtime on 26th October 2018;

- Leicester City helicopter crash on 27th October 2018;

- Decontamination of patients at Leicester Royal Infirmary on 7th July 2019;

- Suspect package at Leicester Royal Infirmary on 17th July 2019; and

- Fire evacuation of 9 wards at Leicester Royal Infirmary on 26th July 2019.

4.2   All the above listed incidents were followed by either an internal or external debrief to identify lessons learned for future incidents and to inform the planning process.

5.   EPRR POLICIES AND PLANS

5.1   A significant proportion of the 3-year EPRR work programme involves reviewing the Trust's EPRR policies, plans and procedures to ensure staff have clear arrangements to follow in the event of any major disruptive incident or emergency.

5.2   In the period covered by this report, the Emergency Planning Office has overseen the development or review of 13 plans and policies, all of which have been brought into line with a new format, thus ensuring they are simple to follow and easy to understand. This includes a standardised layout, common terminology and a new-look action card to provide life-saving or key incident management actions in an easy to read format.

5.3   The most significant piece of work in the past 12 months has been the development of the Trust's new Incident Response Plan which sets out a clear and simple framework for responding to all business continuity, critical and major incidents. The new plan brings together and replaces the former Major Incident Policy (Section A), the Internal Incident Plan and Business Continuity Plan.

5.4   In developing the Trust's new Incident Response Plan, the Emergency Planning Office has overseen the creation of nine new Incident Coordination Centres, bringing the total to 10. Each Incident Coordination Centre has been fully equipped with the necessary resources to coordinate a response, including dedicated phone lines, single point of access email addresses and printed copies of the Trust's emergency and business continuity plans.

5.5   As of 30th August 2019, the Trust has in place the following EPRR policies and plans:

- EPRR Policy, V2.0 **[new policy, effective from 30th October 2018 and updated April 2019]**

- Business Continuity Policy, V3.0 **[new policy, effective from 12th April 2019]**

- Lockdown Policy **[new policy, effective from 1st August 2019]**

- Incident Response Plan, V1.0 **[new plan, published 1st May 2019]**

- Relative's Reception Centre Plan, V4.2 **[updated April 2019]**

- Chemical, Biological, Radiological, Nuclear (CBRN) plan **[updated December 2018]**

- Evacuation and Shelter Plan, V1.0

- Influenza Pandemic Plan, V10.0 **[currently under review]**

- Operation Consort and Carbon Steeple (VIP/High Profile Patient), V2.1 **[updated April 2019]**

- Severe Weather Plan, V1.0 **[new plan, published 1ˢᵗ March 2019]**

- Heatwave Plan, V2.1 **[updated 5ᵗʰ June 2019]**

- Cold Weather Plan, V1.0 **[new plan, published August 2018]**

- Bomb Threat, Suspect Package and Lockdown Plan **[new plan, published March 2019]**

- Viral Hemorrhagic Fever Plan, V1.0 **[new plan, published August 2019]**

5.6   All of the Trust's EPRR policies and plans are available to all staff on INsite and printed copies are available in each of the Trust's 10 incident coordination centres.

6.   EPRR TRAINING

6.1   Training is an essential part of the emergency planning and business continuity cycle. To reflect this, a full training needs analysis is now undertaken as part any developmental work to the Trust's new or existing emergency or business continuity plans. These training needs are then used to inform planned training which is included on the new EPRR Training and Exercise Plan and which is overseen by the EPRR Board.

6.2   In the 12 months up to 30ᵗʰ August 2019, the Emergency Planning Office has overseen the following training:

- 28 members of Switchboard received face-to-face training on using UHL ALERTS;

- 19 on-call directors received face-to-face training to support them in their role as a member of the UHL Strategic Incident Coordination Team;

- 85+ members of staff received face-to-face training to support them in their role as a member of the UHL Tactical Incident Coordination Team;

- 350+ members of staff received face-to-face training to support them in their role as a either a Functional Area Operational Commander or as a member of a CMG Tactical Incident Coordination Team;

- 40+ members of staff were trained as Loggists.

- 10 members of staff were trained to be trainers for incidents involving chemical, biological, radiological and nuclear (CBRN) materials.

7.   TESTS AND EXERCISES

7.1   NHS emergency planning guidance and NHS England core standards for EPRR require that the Trust regularly tests its emergency arrangements through:

- Live, or simulated live exercises at least every 3 years;

- Tabletop exercises at least every year; and

- Communication tests at least every 6 months.

7.2 During the period August 2018 – August 2019:

- The Trust did not carry out any live or simulated exercise as its previous live exercise was undertaken in July 2017 (Exercise Soteria);

- 12 members of staff participated in the multi-agency tabletop exercise, Exercise Blue Peter, on the 18th October 2018. Exercise Blue Peter was part of a national exercise programme to test and train the Major Trauma Network responses to a mass casualty incident and was developed and organised by Public Health England. Alongside UHL, Exercise Blue Peter involved 29 participating NHS organisations, including acute trusts, ambulance trusts, clinical commissioning groups (CCGs) and NHS England from the Midlands and East region;

- The Emergency Planning Officer and representatives from UHL Tactical Command, Renal and Womens and Childrens participated in a multi-agency tabletop exercise of LLR's newly established Health & Social Care Cell on the 18th March 2019;

- The Emergency Planning Officer and Head of Communications participated in a multi-agency tabletop exercise, Exercise Incus, on the 8th March 2019;

- The Trust ran Exercise Mercury and Exercise Venus to test its emergency notification system, UHL ALERTS

  o Exercise Mercury was undertaken on the 19th September 2018 and provided assurance that the Trust can notify and update all staff registered to receive UHL ALERTS of a business continuity, critical, or major incident within 10 minutes of a call being placed to switchboard by the on-call Director.

  o Exercise Venus was undertaken on the 13th February 2019 and provided assurance that if additional staff were required to support the response to a major incident, the Trust could reasonably expect at least 136 staff to be able to arrive at their place of work within 4hrs and an additional 27 staff in 4-12hrs.

8. CONCLUSION

8.1 In the 2018/19, the EPRR Annual Report highlighted that the Trust was only 'partially compliant' with NHS England's core standards for EPRR and that a significant amount of work was required to reach full compliance against these standards. To achieve this, the report included a 3-year EPRR work programme to address the gaps which had been identified as part of an internal review.

8.2 In the 12 months to August 2019, the Trust has made significant progress towards the implementation and delivery of its three-year EPRR work programme. During this time, the Trust has put in place robust governance arrangements, including a more accountable EPRR Board and three new policies to support the delivery of this work. The Trust's Emergency Planning Office has overseen the development or review of

10 emergency plans. Furthermore, the Emergency Planning Office has delivered a number of tests and exercises and has overseen the delivery of training to over 535 staff which will support them in responding to business continuity, critical and major incidents.

8.3   As a result of the work undertaken in the 12 months to August 2019, the Trust has been able to improve its compliance against NHS England's core standards for EPRR and is now substantially compliant with the standards.

8.4   Over the next 12 months, the Trust will continue towards the delivery and implementation of its EPRR work programme. Key projects for the next 12 months include:

- Writing a new Major Incident and Mass Casualty Plan;

- Hosting a half day training conference for all medics and senior nurses on the new Clinical Guidelines for Major Incidents and Mass Casualty Events;

- Implementing the new Business Continuity Management Policy, ensuring all services and departments across the Trust has in place robust business continuity plans.

8.5   The Trust remains confident that it will be able to fully complete its EPRR work programme by April 2021, at which point it will become fully compliant against all of NHS England's core standards for EPRR.

8.6   The Trust Board is asked to note the content of this report and the attached EPRR work programme which sets outs how the Trust will remedy any remaining gaps in the Trust's EPRR arrangements.

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
EPRR Governance	**Resourcing**	Human Resources	**Requirement:** The Trust is required to adequately resource the EPRR programme of work with at least: • A Non-Executive Director (NED) with the EPRR portfolio attached; • An Accountable Emergency Officer (AEO); • An Emergency Planning Officer. **Current Position:** The Trust currently has in place the following roles to support EPRR: • A Non-Executive Director (NED) with EPRR portfolio - Ian Crowe; • An Accountable Emergency Officer (AEO) – COO; • An Emergency Planning Officer (EPO) - Ben Collins; • An Emergency Planning Assistant (EPA) - Katie Leah; • An ED Lead for ED/CBRN - Tim Coates; Subsequently, the Trust is meeting the minimum resourcing requirements, as set by NHS England.	1. The Trust should consider identifying the following identified roles to further support the EPRR programme: • A named EPRR managerial lead for each CMG and Directorate (who will become the named individual responsible for attending the current Emergency Planning & Business Continuity Committee.	Accountable Emergency Officer	Year 1	Complete
		Funding	**Requirement:** The Trust should ensure adequate resources are in place to support the EPRR agenda. **Current Position:** The Trust currently funds the following recurring costs: • The major incident call out system (Everbridge) at £8,199.14/year from the Emergency Planning budget; • Local Resilience Forum (LRF) funding of £4,046/year from the Emergency Planning budget; • Variable annual costs to maintain CBRN equipment from the Emergency Department's budget. Funding for additional expenses such as equipment (i.e. for incident coordination centres), training and exercising are sought on an ad-hoc basis with no formal EPRR budget in place.	N/A	N/A	N/A	N/A
	Board Reporting	Annual Board Report	**Requirement:** The Trust is required under NHS England's Core Standards for EPRR to provide the Trust Board with an annual report on EPRR. **Current Position:** The Trust submitted its annual report to the Trust Board during August 2017.	2. The Trust should provide the Board with an annual EPRR report with supporting work plans to address any gaps identified as part of the annual EPRR core standards self-assessment. The timing of the report should mirror that of the core standards report to provide further context to Board members on its annual submission.	Emergency Planning Office Accountable Emergency Office	Annually	2018/19: Complete 2019/20: In Progress 2020/21: N/A

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
Core Standards		Annual Self-Assessment	**Requirement:** NHS England requires all providers of NHS funded care to complete an annual self-assessment against its own Core Standards for EPRR. The self-assessment return must be approved by the Trust Board, via a written 'statement of compliance.' **Current Position:** The Trust submitted its last self-assessment in line with expectations during the summer of 2017.	3. The Trust must complete an annual self-assessment against the latest set of NHS England's Core Standards for EPRR. This should include the Trust Board providing a 'statement of compliance' to NHS England on its Core Standards for EPRR.	Emergency Planning Office Accountable Emergency Officer Trust Board	Annually	2018/19: Complete 2019/20: In Progress 2020/21: N/A
	Sharing Information	Access to rotas	**Requirement:** Key rotas for staff who may be involved in responding to a business continuity, critical, or major incident should be readily accessible with a single point of contact for partner organisations to contact. **Current Position:** The key point of access to on-call rotas (Silver – Operational, Silver – Nursing, Gold) is via the hospital switchboard. The single point of contact for partner organisations is the On Call Director.	N/A	N/A	N/A	N/A
		Access to EPRR policies	**Requirement:** All Trust staff should be freely able to access all EPRR policies. **Current Position:** The key point of access to EPRR policies is via the 'Guidelines and Policies' section of InSite.	N/A	N/A	N/A	N/A
		Access to unrestricted EPRR plans and procedures	**Requirement:** All Trust staff should be freely able to access all unrestricted EPRR plans and procedures. **Current Position:** Some unrestricted internal plans/procedures are available to staff on InSite, via SharePoint. Some plans have been reclassified as policy documents to enable them to be listed under the 'Guidelines and Policies' section of InSite.	4. The Trust should make all unrestricted plans and procedures (internal and external) readily available to staff on the emergency planning pages of InSite.	Emergency Planning Office	Year 1	Complete
				5. The Trust should ensure its EPRR documentation is correctly classified as being either a policy, a strategy, a plan, or a procedure.	Emergency Planning Office	Year 3	In Progress
		Access to restricted plans and procedures	**Requirement:** All Trust staff who may be involved in managing the response to a business continuity, critical, or major incident should be freely able to access all restricted EPRR plans and procedures. **Current Position:** Some restricted plans/procedures are available to on-call staff via the 'On Call Manager' shared drive. The list of available plans is incomplete and does not contain the latest version of some plans.	6. The Trust should update the 'On Call Manager' shared drive to ensure all of the necessary plans and procedures (both internal and external) are available and up to date.	Emergency Planning Office	Year 1	Complete

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
EPRR Committees & Forums	**Emergency Planning and Business Continuity Committee (UHL)**	Terms of Reference	**Requirement:** The Trust should have an internal EPRR group/forum with senior-level representation to ensure the Trust is meeting its obligations under the Civil Contingencies Act, as well as statutory and non-statutory NHS guidance. The Group should be chaired by the Trust's Accountable Emergency Officer as they have ultimate responsibility for ensuring compliance with NHS England's Core Standards for EPPR and providing the Trust Board with assurance against this work programme. **Current Position:** The Trust has in place a terms of reference for its Emergency Planning & Business Continuity Committee, due for review February 2016. The current terms of reference does not accurately reflect who has been in attendance over the last 12 months.	7. The Trust should complete a full review of its terms of reference, including the aim, objectives and membership of the committee.	Emergency Planning Office	Year 1	Complete
		Meeting Schedule	**Requirement:** The Trust's internal EPRR group/forum should meet at least quarterly to enable the Accountable Emergency Officer to receive adequate assurance of progress against the current EPRR work programme and to ensure members of the group/forum are up-to-date on the current EPRR agenda. **Current Position:** Meetings of the committee take place on a quarterly basis and in 2017 there were a total of 4 meetings which took place.	N/A	N/A	N/A	N/A
		Attendance	**Requirement:** Membership of the Trust's internal EPRR group/forum should include senior representation from each directorate/CMG. **Current Position:** Attendance at the committee during the 2017 calendar year was as follows: • Accountable Emergency Officer = 0% attendance*; • Non-Executive Director = 0% attendance; • ITAPS = 0% attendance; • MSS = 0% attendance; • Supplies = 25% attendance; • IM&T = 0% attendance; • Infection Control = 25% attendance; • Operations = 25% attendance; • Estates & Facilities = 50% attendance; • CHUGGS = 75% attendance; • ESM = 75% attendance; • RRCV = 75% attendance; • W&C = 75% attendance; • CSI = 100% attendance;	8. The Trust's Accountable Emergency Officer should Chair the EPRR Board in order to "provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident," as per the requirement of NHS England's EPRR Framework (2015).	Accountable Emergency Officer	Year 1	Complete
				9. The Trust needs to better engage members of the EPRR Board to ensure improved attendance at the committee. Where attendance is not possible, members of the committee should be required to send an appropriate deputy with delegated authority.	Accountable Emergency Officer	Year 1	Complete

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		• Risk Management = 100% attendance; • Emergency Planning = 100% attendance. *The Accountable Emergency Officer does not currently attend the committee and is not on the committee's distribution list.				
	Local Health Resilience Partnership (LHRP) Executive Committee	Meeting Overview	**Requirement:** NHS England's Core Standards for EPRR require that the Local Health Resilience Partnership is attended by a director-level member of staff. **Current Position:** This quarterly meeting was attended by the Trust's previous substantive Accountable Emergency Officer, or nominated deputy.	10. The Trust must continue to ensure executive-level attendance at the Local Health Resilience Partnership Executive Committee, preferably via the Trust's Accountable Emergency Officer or nominated deputy.	Accountable Emergency Officer	Ongoing: Quarterly	**2018/19:** 14/06/18 07/09/18 07/12/18 **2019/20:**
	Local Health Resilience Partnership (LHRP) Sub-Group Meeting	Meeting Overview	**Requirement:** The Local Health Resilience Partnership has a sub-group meeting for practitioner-based staff where it is expected the Trust's Emergency Planning Officer attends. **Current Position:** This quarterly meeting is currently attended by the Trust's Emergency Planning Officer.	11. The Trust must continue to ensure practitioner-level attendance at the Local Health Resilience Partnership Sub-Group Committee, preferably via the Trust's Emergency Planning Officer or nominated deputy.	Emergency Planning Office	Ongoing: Quarterly	**2018/19:** 21/06/18 27/09/18 20/12/18 **2019/20:**
	LRF: LLR Prepared Executive Board (Chair: Police)	Meeting Overview	**Requirement:** NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum. **Current Position:** This twice-annual meeting is currently unattended, but was attended in the past by the Trust's previous Accountable Emergency Officer.	12. The Trust should ensure executive-level attendance at the LLR Prepared Executive Board, preferably via the Trust's Accountable Emergency Officer, or nominated deputy.	Accountable Emergency Officer	Ongoing: Twice Annually	**2018/19:** 07/09/18 **2019/20:**
	LRF: Governance & Delivery Group (Chair: Fire)	Meeting Overview	**Requirement:** NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum. **Current Position:** This quarterly meeting is currently attended by NHS England who feedback to the Trust via the Local Health Resilience Partnership.	N/A	N/A	N/A	N/A
	LRF: People and Communities (Chair: LRF)	Meeting Schedule	**Requirement:** NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum. **Current Position:** This quarterly meeting is currently attended by Leicestershire Partnership Trust who feedback to the Trust via the Local Health Resilience Partnership.	N/A	N/A	N/A	N/A

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
	LRF: Practice Group Meeting (Training and Exercising) (Chair: LRF/LPT)	Meeting Overview	**Requirement:** NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum. **Current Position:** This quarterly meeting is currently attended by the Trust's Emergency Planning Officer.	13. The Trust should maintain practitioner-level attendance at the LLR Prepared Practice Group meeting (Training & Exercising) preferably by the Trust's Emergency Planning Officer, or nominated deputy.	Emergency Planning Office	Ongoing: Quarterly	**2018/19:** 06/06/18 10/09/18 10/12/18 **2019/20:** 29/04/19
	LRF: Planning and Capabilities (PCAP) (Chair: Police)	Meeting Overview	**Requirement:** NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum. **Current Position:** This quarterly meeting is currently attended by the Trust's Emergency Planning Officer.	14. The Trust should maintain practitioner-level attendance at the LLR Planning and Capabilities meeting, preferably by the Trust's Emergency Planning Officer, or nominated deputy.	Emergency Planning Office	Ongoing: Quarterly	**2018/19:** 10/09/18 10/12/18 **2019/20:**
	LRF: Media and Communications Group (Chair: UHL)	Meeting Overview	**Requirement:** NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum. **Current Position:** This quarterly meeting is currently attended and chaired by the Trust's Deputy Director of Communications.	15. The Trust should continue to chair LLR Prepared Media and Communications Group, via the Deputy Director of Communications.	Deputy Director of Comms	Year 1 only	Complete
Policies	**EPRR Policy**	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has an overarching policy for EPRR. **Current Position:** The Trust does not have an overarching EPRR policy. However, elements of what should be included in such a document are contained in the Trust's current major incident policy.	16. The Trust should develop an overarching policy which sets out expectations of emergency preparedness, resilience and response.	Emergency Planning Office	Year 1	Complete
	BCM Policy	Documentation & Governance	**Requirement:** Best practice and NHS guidelines set out that NHS Trust's should have an overarching policy for business continuity management. **Current Position:** The Trust has a Business Continuity Management policy (V2.0, January 2013) which is next due for review in February 2019.	17. The Trust should review and update its Business Continuity Management policy.	Emergency Planning Office	~~Year 1~~ Year 2	Complete
	On-Call Policy	Documentation & Governance	**Requirement:** It is best practice for on-call staff who may be responsible for responding to a business continuity, critical, or major incident to do so within the remit of an on-call policy. **Current Position:** The Trust does not have an on-call policy.	18. The Trust should develop an on-call policy for those staff who may be responsible for leading the response to a business continuity, critical, or major incident.	Emergency Planning Office to produce 1st draft. Policy owner to be identified by COO.	~~Year 1~~ Year 2	Complete: Director On-Call SOP put in place by the COO

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
Comms & Engagement	**UHL Staff**	Internal Trust Intranet	**Requirement:** The Trust should communicate its EPRR-agenda to its staff Trust wide. **Current Position:** The Trust has two pages on InSite: • Emergency Planning: provides limited information on what is a major incident http://insite.xuhl-tr.nhs.uk/homepage/management/corporate-directorates/operations/emergency-planning • SharePoint: provides access to all staff a list of some plans and procedures http://insitetogether.xuhl-tr.nhs.uk/corp/CorpOperations/EP/Pages/default.aspx	19. The Trust should undertake a full review of the information it has available on InSite with regards to EPRR and update accordingly.	Emergency Planning Office	Year 1	Complete
	Partner Organisations	Resilience Direct	**Requirement:** The Trust is required by law under the Civil Contingencies Act to share information and co-operate with other category one and two responders and Resilience Direct is the online platform used by those responders in the Local Resilience Forum area to achieve this. **Current Position:** The Trust has a Resilience Direct account. The Trust's Resilience Direct page is currently out of date and includes some old versions of plans/procedures which have subsequently been updated or taken out of circulation altogether. All Gold Command Staff have been advised to set up an account.	20. The Trust should undertake a full review of the information it has available on Resilience Direct and update accordingly.	Emergency Planning Office	Year 1	Complete
	The Public	External Trust Website	**Requirement:** The Trust is required by law under the Civil Contingencies Act to share information and inform the public. **Current Position:** The Trust has no public-facing information on its website about planning for emergencies (specifically around the Trust's obligations under the Civil Contingencies Act and how this is delivered). The Trust has a single page "Dealing with Major Incidents" on its public facing website, aimed primarily at how the Trust will work with the media: http://www.leicestershospitals.nhs.uk/aboutus/our-news/dealing-with-major-incidents/	21. The Trust should include public-facing information on its website about planning for emergencies (specifically around the Trust's obligations under the Civil Contingencies Act and how this is delivered).	Emergency Planning Office Comms Team	Year 1	Complete
	Mobile Telecomms Privilege Access Scheme (MTPAS)	Access	**Requirement:** None. **Current Position:** The Trust has previously held 3 MTPAS-registered mobile phones in the Trust but the people to whom these were assigned have subsequently changed roles.	22. The Trust should undertake a full review of its MTPAS capabilities, including the number of registered phones and their allocation.	Emergency Planning Office Comms Team	~~Year 1~~ Year 2	Complete

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
Risk Assessment	**EPRR & BCM Risks**	Risk Assessment	**Requirement:** NHS England's Core Standards for EPRR require that: • The Trust assesses the risk, no less frequently than annually, of emergencies or business continuity incidents occurring; • There should be a process to ensure the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum) and national risk registers; • There is a process to ensure that the risk assessment(s) is informed by, consulted and shared with the organisation and its relevant partners. **Current Position:** The Trust currently has 4 risks registered on its risk register which may lead to a business continuity incident, including loss of staff, loss of premises/services, loss of IT/communications and loss of supply chain. The Trust currently has no risks which may trigger the need for a critical or major incident to be declared. The Trust does not have a process to ensure any risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum) and national risk registers. The Trust does not have a process to ensure that any risk assessment(s) is informed by, consulted and shared with the organisation and its relevant partners.	23. The Trust should ensure its new EPRR Policy sets out how the Trust will assess risks of emergencies or business continuity incidents occurring in line with the requirements of NHS England's Core Standards for EPRR and best practice.	Emergency Planning Office	Year 1	Complete
				24. The Trust should undertake a comprehensive assessment of the risks which may trigger a business continuity, critical, or major incident, in line with the requirements of any new Trust-wide EPRR policy.	Emergency Planning Office Emergency Planning & Business Continuity Committee Risk Management	Year 1	Complete
Emergency Plans	**Incident Response Plan**	Documentation & Governance	**Requirement:** The NHS Core Standards for EPRR require that the Trust has an overarching corporate management framework for responding to business continuity, critical and major incidents (Incident Response Plan). **Current Position:** The Trust has three main documents which collectively support an incident response. These include: • Major incident policy (section A) – Sets out how the Trust will respond to a major incident; • Major incident policy (section B) – Sets out how individual CMGs will respond to a major incident; • Internal incident plan – Sets out how the Trust will respond to critical incidents.	25. The Trust should create a new incident response plan which sets out a clear framework for responding to all types of incident, including business continuity, critical and major incidents. The new incident response plan should replace the existing major incident policy (section A), major incident policy (section B) and the critical incident policy.	Emergency Planning Office	~~Year 1~~ Year 2	Complete

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Definitions and Terminology	**Requirement:** The Trust should ensure terms and definitions used in its incident response plan are consistent and in line with that of NHS guidance. **Current Position:** The Trust's major incident policy (section A and B) and internal incident plan refer to outdated definitions and terminology, including: • Significant incidents • Internal incident • Internal critical incident • Internal major incident	26. The Trust should ensure that its new incident response plan uses the latest NHS England definitions and terminology.	Emergency Planning Office	Year 1	Complete
		Notification Procedure	**Requirement:** The Trust's Incident Response Plan should include clear arrangements of how it will be notified of a potential or actual business continuity, critical or major incident. **Current Position:** The Trust's major incident policy sets out that the Trust will be notified of a major incident via East Midlands Ambulance Service to the red phone in the emergency department. Neither the major incident policy nor the internal incident plan set out how the Trust might be notified of non-casualty based incidents.	27. The Trust's new incident response plan should more clearly set out how the Trust may be notified of an incident which may lead to either a business continuity, critical or major incident being declared.	Emergency Planning Office	Year 1	Complete
		Escalation Arrangements	**Requirement:** The Trust's Incident Response Plan should have in place clear arrangements of how any notification of a potential or actual business continuity, critical or major incident will be escalated to a director level member of staff. **Current Position:** For major incidents declared by East Midlands Ambulance Service, there are no escalation arrangements in place and it is the ED nurse/doctor in charge who determines whether to activate the Trust's major incident call-out protocol. For non-casualty based incidents, it is the director on-call who determines whether to activate the major incident policy or the internal incident plan. However, neither plan set out how information about the incident will be escalated to the director on-call.	28. The Trust's new incident response plan should more clearly set out how an incident notification is readily escalated to a senior member of staff who has the full authority to: a. Determine whether or not the incident meets the criteria for either a business continuity, critical or major incident; b. Declare a business continuity, critical or major incident on behalf of the Trust.	Emergency Planning Office	Year 1	Complete

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Decision Framework	**Requirement:** The Trust's Incident Response Plan should clearly set out how senior decision makers determine whether or not a business continuity, critical or major incident has occurred. **Current Position:** Neither the major incident policy or internal incident plan provide any information to assist key decision makers in determining whether or not a business continuity, critical or major incident has occurred.	29. The Trust's new incident response plan should clearly set out how senior decision makers determine whether or not a business continuity, critical or major incident has occurred.	Emergency Planning Office	Year 1	Complete
		Activation Procedures	**Requirement:** The Trust's Incident Response Plan should include clear arrangements on how a business continuity, critical or major incident is activated. **Current Position:** Neither the major incident policy or internal incident plan set out how a business continuity incident may be activated. Critical incidents are activated on the decision of the director on-call. Major incidents are activated on the decision of East Midlands Ambulance Service or the director on-call.	30. The Trust's new incident response plan should make it clear that only the director on-call or chief executive have the delegated authority to declare a business continuity, critical or major incident.	Emergency Planning Office	Year 1	Complete
		Cascade Arrangements	**Requirement:** The Trust's Incident Response Plan should include clear arrangements on who is informed (and how) when a business continuity, critical or major incident is activated. **Current Position:** System The Trust has a contract with Everbridge to provide instant emergency notifications and staff polling via phone, SMS and email. Users The Trust has approximately 1,750 registered contacts out of a potential capacity of 6,000, under the existing contract terms. The Trust does not have any documented guidelines on which staff groups should be encouraged to register their contact details on the Everbridge system. The Trust currently relies on a manual process for updating registered contact details which is labour intensive. Governance The Trust does not currently have any documented governance arrangements in place to support the use of the Everbridge	31. The Trust should identify which staff groups it wants to encourage to register their contact details on the Everbridge system.	EPRR Board	Year 1	Complete
				~~32. The Trust should calculate how many contacts it requires on the Everbridge system if all of its targeted staff were to register their details on the Everbridge system. From this, the Trust should review its existing contract with Everbridge when it comes up for renewal in August 2019.~~	~~Emergency Planning Office~~	~~Year 1~~	N/A
				33. The Trust should develop a communications and marketing strategy to encourage identified staff to register their contact details on the Everbridge system.	Emergency Planning Office Communications	Year 1	Complete
				34. The Trust should explore electronic options to allow staff to add/review/update/remove their contact details themselves.	Emergency Planning Office	Year 1	Complete
				35. The Trust should review what governance arrangements need to be in place to support the Trust's usage of the Everbridge system.	Emergency Planning Office Governance	Year 1	Complete

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		system. For example: • No written information is provided to staff to explain how their data will be stored/used or how they can review/amend/remove their information after registering; • The Trust has not integrated existing HR processes for staff absence/leave (i.e. suspension/termination of contract, maternity, sick leave), meaning individuals may continue to receive emergency notifications from the Everbridge system whilst on long-term leave or after their employment terms have ended. Operational Usage The Trust has no standard operating procedures in place for how to use the Everbridge system. Notification The Everbridge system allows the Trust to send out notification messages to registered staff. The Trust has prepared various templates which would be used at the start of an incident to notify staff. These do not provide any details beyond whether the Trust has activated a critical or major incident declared/standby. The Trust's major incident policy/internal incident plan sets out that it is the responsibility of switchboard staff to initiate the cascade, using the appropriate template. Polling The Everbridge system allows the Trust to poll staff during an incident (i.e. can they come to work, support an incident). The Trust has not assessed how this tool can be best utilised during an incident. The Trust has prepared polling templates to identify whether or not staff can come to work to support the incident response. These templates have been tailored to meet the needs of individual services/departments. If used, individual services/departments would need to log on to the system using generic account details to view staff responses and decide whether or not to call additional staff to work.	36. The Trust should develop standard operating procedures for staff who may need to use the Everbridge system.	Emergency Planning Office	Year 1	Complete
			37. The Trust should review how it will use the Everbridge system to notify staff in the event of a business continuity, critical or major incident.	EPRR Board	Year 1	Complete
			38. The Trust should review how it will use the Everbridge system to poll staff in the event of a business continuity, critical or major incident.	EPRR Board	Year 1	Complete

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS

	Incident Coordination Centre(s)	**Requirement:** The Trust's Incident Response Plan should include details of incident coordination centres from which the response to a business continuity, critical or major incident can be coordinated. These should include:
		
		• 1x primary gold/strategic incident coordination centre;
		• 1x backup gold/strategic incident coordination centre;
		• 1x primary silver/tactical incident coordination centre;
		• 1x backup silver/tactical incident coordination centre;
		• Bronze/operational incident coordination centres in each directorate/CMG.
		
		Each incident coordination centre should be fully equipped and resourced to best enable responding teams to fulfil their duties, including standard operating procedures as required.
		
		Current Position: The Trust has the following incident coordination centres:
		
		• 1x primary gold/strategic incident coordination centre in the Samuel Jordan Room, Level 3, Balmoral, LRI
		• 1x primary silver/tactical incident coordination centre in the ED Undercroft
		• 12x bronze/operational 'command points' for:
		  o Glenfield hospital
		  o RRCV CMG
		  o Women's and Children's
		  o CSI CMG
		  o ESM CMG
		  o MSK & Specialist Surgery CMG
		  o CHUGGS CMG
		  o IPTAS CMG
		  o Theatres
		  o Therapies
		  o Communications
		  o Corporate (IM&T and Estates and Facilities)
		
		The Trust's major incident policy does not include any detail on where the Trust's incident coordination centres are located. These details are only contained in the Trust's internal incident plan.
		
		As demonstrated during daily operational command meetings, existing infrastructure to support cross-site communication (i.e. teleconferencing/videoconferencing) is not fit for purpose.
			39. The Trust should undertake a comprehensive review of its incident coordination centres. This should include:
			  a. A needs assessment, with reference to minimum standards and best practice (this includes NHS England's Resilient Telecommunications Guidance);
			  b. An overview of what the Trust currently has in place;
			  c. What the Trust would be required to do in in order to close any identified gaps;
				Emergency Planning Office	Year 1	Complete

THEME		PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Emergency Planning Mailbox	**Requirement:** The Trust should have a single point of electronic access for outside organisations in the event of a business continuity, critical, or major incident. **Current Position:** The Trust has an emergency planning mailbox, however, access to the mailbox is currently restricted to members of the emergency planning team.	40. ~~The Trust should enable members of the tactical incident control team to access the emergency planning mailbox from the Trust's silver incident coordination centre(s).~~ The Trust should enable members of its tactical and strategic incident coordination teams to access single point of contact email addresses.	Emergency Planning Office	Year 1	Complete
				41. The Trust should develop a standard operating procedure which members of the silver incident control team can refer to when accessing and using the emergency planning mailbox.	Emergency Planning Office	Year 1	Complete
				42. The Trust should consider including a role-specific action card in the revised Incident Response Plan for a "Mailbox Administrator" who will be tasked with coordinating all incoming/outgoing emails during the response phase of a business continuity, critical, or major incident.	Emergency Planning Office	Year 1	Complete
		Command and Control: Roles & Responsibilities	**Requirement:** The Trust's Incident Response Plan should clearly identify the roles and responsibilities of those staff who would be expected to respond to a business continuity, critical or major incident as part of any gold/strategic or silver/tactical incident control team. **Current Position:** Roles and responsibilities of key staff who would be expected to respond to a business continuity, critical or major incident are clearly defined. Roles and responsibilities of individual services/departments/CMGs are included within their own respective sections of the major incident policy (section B).	43. ~~The Trust's new incident response plan should include a clear summary of the roles and responsibilities of each CMG/directorate, as well as any key services/departments which may be directly involved in the response to a business continuity, critical or major incident.~~ Each of the Trust's new/updated emergency and business continuity plans should include a clear summary of the roles and responsibilities of each CMG/directorate, as well as any key services/departments which may be directly involved in the response.	Emergency Planning Office	~~Year 1~~ Year 3	In Progress
		Command and Control: Action Cards	**Requirement:** The Trust's Incident Response Plan should include role-specific action cards for those staff who would be expected to respond to a business continuity, critical or major incident as part of any gold/strategic or silver/tactical incident control team. **Current Position:** The Trust's major incident policy and internal incident plan include role-specific action cards for key roles.	44. The Trust should review all of its role-specific action cards as part of any review to its existing major incident policy/internal incident plan.	Emergency Planning Office	Year 1	Complete

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS

	Response Strategies	**Requirement:** The Trust's Incident Response Plan should include a standardised methodology which staff can use to develop appropriate response strategies.
		
		Current Position: The Trust's major incident policy and internal incident plan do not include a standardised methodology which staff can use to develop appropriate response strategies.
			45. The Trust's new incident response plan should include a standardised methodology which staff can use to develop appropriate response strategies. This should include a process for:
			
			  a. Reviewing the available information;
			  b. Undertaking an impact assessment; and
			  c. Checking for the availability of pre-agreed response procedures/plans.
				Emergency Planning Office	Year 1	Complete

	Information Flow	**Requirement:** The Trust's Incident Response Plan should include clear arrangements of how gold/silver/bronze control teams communicate with one another. **Current Position:** The Trust's major incident policy sets out a fixed meeting schedule/reporting rhythm for use during a major incident.	46. The Trust's new incident response plan should include a framework for managing the flow of information between gold/silver/bronze teams which is flexible and can be readily scaled up and down to suit the needs of the incident.	Emergency Planning Office	Year 1	Complete
	Contact Details	**Requirement:** The Trust's Incident Response Plan should include contact details of all available incident coordination centres, key personnel and relevant partner organisations. **Current Position:** The Trust's major incident policy (Part B) contains a list of 17 internal contact numbers and the Trust's internal incident plan contains a list of contact numbers for the Trust's incident coordination centres. External contact numbers are maintained on ResilienceDirect.	47. The Trust's new incident response plan should be reviewed to include contact details of all available incident coordination centres, key personnel and relevant partner organisations.	Emergency Planning Office	Year 1	Complete
	Recovery Arrangements	**Requirement:** The Trust's Incident Response Plan should clearly set out how the Trust will manage the process of recovery and returning to normal processes. **Current Position:** The Trust's major incident policy and internal incident plan together provide clear arrangements on how the Trust would manage the process of recovery and returning to normal processes after an incident has taken place.	N/A	N/A	N/A	N/A
	Stand Down Arrangements	**Requirement:** The Trust's Incident Response Plan should include clear arrangements for how a declared business continuity, critical or major incident is stood down. **Current Position:** The Trust's major incident policy and internal incident plan set out that any stand-down message towards the end of an incident would be communicated out to staff via the Everbridge notification system. The Trust's major incident policy and internal incident plan do not include any guidance on at what point should an incident be stood down.	48. The Trust's new incident response plan should include guidance to support the gold and silver commanders decide at what point an incident should be stood down.	Emergency Planning Office	Year 1	Complete

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Debriefing Arrangements	**Requirement:** The Trust's Incident Response Plan should clearly set out how the Trust will manage the debrief process after a declared business continuity, critical or major incident is stood down. **Current Position:** The Trust's major incident policy and internal incident plan establish the need for hot and cold debriefs to take place at the end of an incident.	N/A	N/A	N/A	N/A
		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** Based on existing training records: • Switchboard staff have been trained on how to use the Everbridge notification system; • 60+ staff have been trained to fulfil the role of Loggists during an incident; • 14 staff have completed JESIP training; • 6 staff have completed Director On-Call training; • No training has been provided for duty managers or silver since 2013; • There is currently no training provided on the use of incident coordination centres; • There is currently no training provided to staff in the emergency department on responding to major incidents.	49. The Trust should undertake a training needs analysis for its new Incident Response Plan and incorporate any needs identified into the EPRR training plan.	Emergency Planning Office	Year 1	Complete
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust regularly carries out tests and exercises of its major incident policy.	50. The Trust should undertake an exercising needs analysis for its new Incident Response Plan and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office	Year 1	Complete
Surge & Escalation Framework		Documentation & Governance	**Requirement:** The Trust is required to following NHS England's Operational Escalation Level (OPEL) framework. **Current Position:** The Trust has a Capacity Flow and Escalation Plan which is overseen by the Director of Operational Improvement. The plan sets out who is responsible for managing patient flow within the Trust and describes who is responsible for doing what at each of the four OPEL levels. The Trust routinely declares 'internal critical incidents' and 'internal major incidents' when operational pressure exceeds that which is described under OPEL level 4. However, these terms are not included in the Trust's capacity flow and escalation plan,	51. The Trust should review its Capacity Flow and Escalation Plan and in particular, what action is taken when operational pressure exceeds that which is described under OPEL level 4. It is suggested that the Trust integrates NHS England's Emergency Preparedness, Resilience and Response (EPRR) framework so that the Trust can escalate above OPEL level 4 to either a 'Business Continuity Incident' or a 'Critical Incident', as per the nationally agreed definitions. In the event that either a Business Continuity Incident or a Critical Incident was declared, the Trust should be	Director of Operational Improvement Emergency Planning Office	Year 1	Complete

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
			meaning there are no agreed criteria for when these incidents can be declared, nor are there any descriptions around what these declarations enable the Trust to do differently above and beyond an OPEL level 4. The Trust does not do anything differently when declaring an 'internal critical/major incident' above and beyond that which is undertaken at OPEL 4. Consequently, there is a risk that staff's expectations on what to do and what to expect during an official critical or major incident is likely to be adversely impacted.	required to follow its new Incident Response Plan, in full, as per any other business continuity or critical incident. As part of this review, the Trust should be clear about what declaring a business continuity incident or a critical incident will enable them to do, which can't already be achieved an OPEL level 4.			

	Casualty / Mass Casualty Response Plan	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has documented plans and procedures for responding to major incidents involving mass casualties.
			
			During a mass casualty incident, the Trust is required to make available:
			
			• 10% of its total bed base within 6 hours of the incident being declared;
			• 20% of its total bed base within 12 hours of the incident being declared.
			
			Current Position: The Trust has no documented plans or procedures for how it will upscale its emergency response procedures to an incident involving mass casualties.
				52. The Trust should create a specific casualty / mass casualty response plan and include this as an annex to its new incident response plan. The plan should build on pre-existing arrangements for major incidents and sufficiently address all of the requirements set out in the Local Resilience Forum's mass casualty framework. This includes ensuring plans are in place to, amongst other things to:
				
				• Make available:
				  o 10% of its total bed base within 6 hours of a mass casualty incident being declared;
				  o 20% of its total bed base within 12 hours of a mass casualty incident being declared;
				• Make available clinical support to attend the scene of the incident.
					Emergency Planning Office
					
					Chief Operating Officer
						Year 2	In Progress

		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** No training is currently provided to staff on incidents involving mass casualties.	53. The Trust should undertake a training needs analysis for its casualty / mass casualty plan and incorporate any needs identified into the EPRR training plan.	Emergency Planning Office	Year 2	In Progress
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust has not tested or exercised how it would respond to a mass casualty incident.	54. The Trust should undertake an exercising needs analysis for its casualty / mass casualty plan and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office	Year 2	In Progress

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
	Relative's Reception Centre Response Plan	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has documented plans and procedures for responding to major incidents. As part of this planning, best practice includes having in place arrangements for managing the relatives of patients/casualties who have been involved in the major incident. **Current Position:** The Trust has in place a relatives' reception centre plan which has been developed with key stakeholders, including chaplaincy, emergency planning, security and Leicestershire Police, amongst others. The relatives' reception centre is based in the clinical skills centre in the Victoria building on level 2.	55. In light of the lessons learned from exercise Soteria, the Trust should undertake a full review of its relatives' reception centre plan.	Emergency Planning Office Chaplaincy / Nursing	Year 1	Complete
				56. The Trust should identify the key requirements of a relatives' reception centre (in terms of physical location and facilities) and assess whether or not the current location is fit for purpose, and if a better location can be identified.	Emergency Planning Office Chaplaincy / Nursing	~~Year 1~~ Year 2	Complete
		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** No training is currently provided to staff on the relatives' reception centre plan.	57. The Trust should undertake a training needs analysis for its revised relatives' reception centre plan and incorporate any needs identified into the EPRR training plan.	Emergency Planning Office Chaplaincy / Nursing	Year 1	Complete
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust last tested its relatives' reception centre plan as part of a live casualty exercise in 2017. The exercise (Exercise Soteria) generated a wealth of learning in terms of where improvements to the plan could be made.	58. The Trust should undertake an exercising needs analysis for its revised relatives' reception centre plan and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office Chaplaincy / Nursing	Year 1	Complete
	Hazardous Materials (HAZMAT) and Chemical, Biological, Radiological & Nuclear (CBRN) Response Plan	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has documented plans and procedures for managing patients who are suspected/confirmed of coming into contact with a hazardous or CBRN material. **Current Position:** The Trust has a CBRN plan which sets out how the Trust's emergency department will respond to self-presenting contaminated patients. The scope of the CBRN plan only covers self-presenting contaminated patients and does not include patients who may arrive via ambulance. It is not clear how the response to a CBRN plan links with the Trust's existing major incident policy.	59. The Trust, in partnership with East Midlands Ambulance Service, should undertake a risk assessment of the location where contaminated patients will congregate before being decontaminated.	Emergency Planning Office	Year 2	Not Started
				60. The Trust, in partnership with multi-agency partners, should review the mass decontamination element of the CBRN plan.	Emergency Planning Office	Year 2	Not Started
				61. The Trust should consider what it will do with its waste water if its waste water tank becomes full and cannot be emptied in time by a waste contractor.	Emergency Planning Office Estates & Facilities	Year 2	Not Started

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS

		The CBRN plan does not clearly describe any roles and responsibilities for services outside of the emergency department.
		
		Once a possible CBRN incident has been identified, the CBRN plan does not set out to identify possible self-presenters until they are inside the emergency department. This could result in avoidable contamination of the department.
		
		It is not clear what the impact will be of contaminated casualties congregating close to the ambulance receiving bays, before receiving decontamination.
		
		The plan sets out that the Trust should call for multi-agency support, including mass decontamination, for if there are 12 or more contaminated patients. Mass decontamination would be set up on Aylestone Road between the Victoria Building and the LRI multi-storey car park.
		
		The CBRN plan has no alternative means of capturing waste water if its waste water tank becomes full and cannot be emptied in time by a waste contractor.
			62. The Trust should review and update its existing CBRN plan in line with the most up-to-date planning assumptions and guidance from NHS England. As part of this review, the Trust should consider:
			
			  a. Widening the scope to include patients who may arrive via ambulance;
			  b. Making clear the links to the Trust's existing major incident policy;
			  c. Widening the scope to include the roles and responsibilities of services outside of the emergency department;
			  d. How the Trust can identify possibly contaminated casualties before they enter the emergency department (once a CBRN incident has been identified);
				Emergency Planning Office
				
				Emergency Department
				
				Estates & Facilities
					Year 2	Not Started

	Equipment	**Requirement:** NHS England requires the Trust to have 24 powered respirator protective suits (PRPS) to support the decontamination of patients who may have come into contact with a hazardous or CBRN-material. The Trust should also have in place a full inventory of its CBRN equipment and a maintenance checklist. **Current Position:** The Trust has in place the following equipment to support its CBRN plan: • More than 24 PRPS; • 1x Erectable tent; • 1x Decontamination shower room, with space for 7 ambulant casualties;	63. The Trust should create a full inventory for its CBRN equipment.	Emergency Planning Office	Year 1	Complete
			64. The Trust should create a maintenance schedule for its CBRN equipment.	Emergency Planning Office	Year 1	Complete
	Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** The Trust currently provides training to nursing staff as part of the Emergency Department Staff Orientation programme for new starters. This includes an overview of the decontamination process and how to put on and take off the PRPS. No training is currently provided for medical staff in the emergency department. No training is currently provided for any staff outside of the emergency department.	65. The Trust should undertake a training needs analysis for its revised CBRN plan and incorporate any needs identified into the EPRR training plan.	Emergency Planning Office	Year 2	Not Started

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust has not tested or exercised its CBRN plan in the last 5 years.	66. The Trust should undertake an exercising needs analysis for its revised CBRN plan and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office	Year 2	Not Started
	Mass Counter-measures Response Plan	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has documented plans and procedures for the distribution on mass countermeasures. **Current Position:** The Trust's Chemical, Biological, Radiological, Nuclear (CBRN) plan references the need to administer prophylaxis but there are there are no documented plans on how this would be delivered.	67. The Trust should develop a mass countermeasures response plan.	Emergency Planning Office Infection Prevention Pharmacy	Year 2	Not Started
		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** No training is currently provided to staff on the mass countermeasures.	68. The Trust should undertake a training needs analysis for its new mass countermeasures plan and incorporate any identified needs into its EPRR training plan.	Emergency Planning Office Infection Prevention Pharmacy	Year 2	Not Started
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust has not tested or exercised the need to deploy mass countermeasures.	69. The Trust should undertake an exercising needs analysis for its new mass countermeasures plan and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office Infection Prevention Pharmacy	Year 2	Not Started
	Excess Deaths & Mass Fatalities Response Plan	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has documented plans and procedures for excess deaths and mass fatalities. **Current Position:** The Trust would follow the Local Resilience Forum's (LRF) Mass Fatalities Plan.	143. The Trust should develop a mass fatalities plan, in line with the LLR Excess Deaths Plan	Emergency Planning Office Mortuary	Year 3	Not Started
		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** No training is currently provided to on the LRF's Excess Deaths Plan to any staff outside of the mortuary.	70. The Trust should undertake a local training needs analysis for the LRF's Excess Deaths Plan and incorporate any identified needs into its EPRR training plan.	Mortuary Emergency Planning Office	~~Year 2~~ Year 3	Not Started

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** Testing and exercising of this plan will be organised by the Local Resilience Forum.	N/A	N/A	N/A	N/A

	Influenza Pandemic Plan	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has in place documented plans for explaining how the Trust will respond to an outbreak of influenza pandemic.
			
			Current Position: The Trust has in place a Pandemic Influenza Plan for the Management of Surges and Demands on the Trust during a Pandemic.
				71. The Trust should review and update its existing influenza pandemic plan in line with the most up-to-date planning assumptions and guidance from NHS England. As part of this review, the Trust should consider:
				
				  a. Establishing a working group to lead on the development of planning arrangements for a future outbreak of influenza pandemic;
				  b. Better defining the roles and responsibilities of key staff and services during an outbreak of influenza pandemic;
					Emergency Planning Office
					
					Infection Prevention
						Year 2	In Progress

				72. The Trust should establish an Influenza Pandemic planning group to assist the Trust develop its preparations for a future outbreak of influenza pandemic. This may include, but not be limited to:
				
				  a. Workforce planning;
				  b. Vaccination delivery planning;
				  c. Antiviral distribution points;
				  d. Developing an ethical framework for the management of patient care.
					Emergency Planning Office	Year 2	In Progress

		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** No training is currently provided to staff on the Trust's Pandemic Influenza Plan.	73. The Trust should undertake a training needs analysis for its revised Influenza Pandemic Plan and incorporate any identified needs into its EPRR training plan.	Emergency Planning Office	Year 2	In Progress
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust has not tested or exercised its Pandemic Influenza Plan.	74. The Trust should undertake an exercising needs analysis for its revised Influenza Pandemic Plan and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office	Year 2	In Progress

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
VIP and/or High Profile Patient (Ops Consort)		Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has in place documented plans for explaining how VIP and/or high profile patients will be managed. **Current Position:** The Trust has documented procedures which are up-to-date for the management of VIP and/or high profile patients (Operation Consort). The plan has been agreed with Leicestershire Police. The plan does not address the risk that staff may be approached by the media for comment or offered bribes for information (as per the learning from the Manchester attacks). The plan does not specify that staff involved in the care of a VIP should not ask for autographs or pose for photographs (as per the learning from the Ed Sheeran visit to Ipswich Hospital in October 2017).	75. The Trust should update and review Operation Consort. As part of this review, details should be included: a. To remind staff that they may be approached by the media for comment or offered bribes for information (as per the learning from the Manchester attacks). b. To specify that staff involved in the care of a VIP should not ask for autographs or pose for photographs (as per the learning from the Ed Sheeran visit to Ipswich Hospital in October 2017).	Emergency Planning Office Emergency Department Leicestershire Police	Year 1	Complete
		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** Staff are currently trained on an ad-hoc basis in advance of a planned visit by a VIP/high profile patient.	76. The Trust should undertake a training needs analysis for its revised Operation Consort and incorporate any identified needs into its EPRR training plan.	Emergency Planning Office Emergency Department Leicestershire Police	Year 1	Complete
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** Operation Consort was last tested as part of a royal visit to the Trust in 2018.	77. The Trust should undertake an exercising needs analysis for its revised Operation Consort and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office Emergency Department Leicestershire Police	Year 1	Complete
Police Response Plans		Documentation & Governance	**Current Position:** Leicestershire Police have operational response plans for the Trust.	78. The Trust should work closely with Leicestershire Police to ensure site-specific police response plans are up-to-date.	Emergency Planning Office	Ongoing	Ongoing

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
Infectious Diseases / Outbreak Plan		Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has in place documented plans for infectious disease outbreaks. **Current Position:** The Trust has in place an infection prevention policy. The Trust has in place a Viral Haemorrhagic Fever (VHF) policy for the management of suspected or confirmed cases of Ebola or other VHF diseases. This is supported by a separate VHF Patient Management Plan.	79. The Trust should review and updates its VHF policy to ensure it is fit for purpose for the Trust's new emergency department. As part of this review, the Trust should combine the VHF Policy with the VHF Patient Management Plan.	Infection Prevention Emergency Planning Office	~~Year 1~~ Year 2	Complete
		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** The Trust's infection prevention team are responsible for training staff on dealing with patients with suspected or confirmed infectious diseases.	80. The Trust should undertake a training needs analysis for its revised VHF policy and incorporate any identified needs into the infection prevention team's training plan.	Infection Prevention Emergency Planning Office	~~Year 1~~ Year 2	Complete
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust last tested its VHF policy as part of the Ebola outbreak in 2014.	81. The Trust should undertake an exercising needs analysis for its revised VHF policy and incorporate any identified needs into its EPRR exercise programme.	Infection Prevention Emergency Planning Office	~~Year 1~~ Year 2	Complete

Lockdown Plan		Documentation & Governance	**Requirement: Requirement:** NHS England's Core Standards for EPRR require that the Trust has in place a lockdown plan.
			
			Current Position: The Trust has in place a "UHL Lockdown Plan" but does not include any operational detail on how its three main sites will be locked down.
				82. The Trust should develop a lockdown policy to ensure:
				  a. There is a clear framework in place for approaching the management of lockdown of premises
				  b. Roles and responsibilities for the management of lockdown of premises is clear
					Emergency Planning Office	~~Year 1~~
						Year 2
							Complete

				83. The Trust should review and develop its existing lockdown plan, in line with NHS guidance and best practice, to include:
				
				  a. Local departmental lockdown templates;
				  b. Practical, site-wide lockdown plans which cover all external entrances and exits.
					Emergency Planning Office	~~Year 1~~
						Year 2
							In Progress

		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** The Trust does not have in place lockdown plans for its three main sites, so no training has been provided.	84. The Trust should undertake a training needs analysis for its new lockdown plan and incorporate any identified needs into its EPRR training plan.	Emergency Planning Office	Year 1	Complete

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust does not have in place lockdown plans for its three main sites, so no tests or exercises have been carried out.	85. The Trust should undertake an exercising needs analysis for its new lockdown plan and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office	Year 1	Complete
	Bomb Threat Plan	Documentation & Governance	**Requirement:** NHS guidance and best practice guidelines recommend NHS Trusts have in place plans to respond to a bomb threat. **Current Position:** The Trust has a Bomb Threat Response Plan. Whilst the plan is made available to switchboard operators, it is not within arm's reach of the call handlers.	86. The Trust should review its bomb threat response plan and make this readily available, within arm's reach, of switchboard call handlers.	Emergency Planning Office	Year 1	Complete
		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** Bomb threat response is included as part of Griffin training provided through security. Switchboard staff do not currently receive training.	87. The Trust should undertake a training needs analysis for its suspect package plan and incorporate any identified needs into its EPRR training plan.	Emergency Planning Office	Year 1	Complete
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust has not tested or exercised its arrangements for dealing with a bomb threat.	88. The Trust should undertake an exercising needs analysis for its bomb threat plan and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office	Year 1	Complete
	Suspect Package Plan	Documentation & Governance	**Requirement:** NHS guidance and best practice guidelines recommend NHS Trusts have in place plans to respond to a suspect package **Current Position:** The Trust has a 'Suspect Package Flow Chart' and a 'Suspect Package Working Instruction'. Neither of these documents are included in Trust policy, nor are they available on InSite.	89. The Trust should review its suspect package response arrangements and include these as part of any revised bomb threat response plan.	Emergency Planning Office	Year 1	Complete
		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** Local Security Management Specialists (LSMS) provide training to security officers on the Trust's arrangements for dealing with suspect packages.	90. The Trust should undertake a training needs analysis for its suspect package plan and incorporate any identified needs into its EPRR training plan.	Emergency Planning Office	Year 1	Complete

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust has not tested or exercised its arrangements for dealing with suspect packages.	91. The Trust should undertake an exercising needs analysis for its suspect package plan and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office	Year 1	Complete

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS

Evacuation & Shelter Plan	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has in place a shelter and evacuation plan.
		
		Current Position: The Trust has a UHL Evacuation Plan.
		
		The evacuation plan sets out that a 'Tracking Officer(s)' will be responsible for tracking the location of all evacuated patients and staff, but provides no detail on how this will be achieved.
		
		The evacuation plan identifies four scales of evacuation (horizontal, vertical, whole building, whole site), but evacuation routes have only been identified for horizontal evacuation.
		
		The evacuation plan does not describe how it will link with the Trust's major incident policy or internal incident plan.
		
		The evacuation plan does not adequately describe how Trust staff will be notified on the scale of evacuation required.
		
		The evacuation plan relies on the Trust's control rooms at LRI not being affected by the evacuation.
		
		The evacuation plan does not provide guidance on what staff should do in the event that patients cannot be evacuated.
		
		Trust staff have not received training on the evacuation plan.
		
		The evacuation plan has not been tested.
		
		The Trust's evacuation plan links closely with the Trust's Fire Safety Policy. The Fire Safety Policy states that it is the responsibility of senior managers to:
		
		• Organise and document local fire safety arrangements, fire precautions and fire prevention for the areas under their control. This includes the development of a local fire evacuation procedure
		• Prepare and maintain a personal emergency evacuation plan (PEEP) for any person(s) in their department that have a need for additional assistance to evacuate in the event of an emergency.
		
		The Trust does not have a central register to document whether or not departments have up to date fire evacuation plans.
		
		The Trust does not have a process for validating local fire evacuation plans, to ensure one department's plan does not negatively impact on the safety of another's.
			92. The Trust should undertake a comprehensive review of its evacuation plan. As part of the review, the Trust should:
			  a. Describe how staff will be notified of the need of evacuation and the scale of evacuation required;
			  b. Describe how it will link with the Trust's Incident Response Plan in terms of business continuity/critical/major incident;
			  c. Establish backup control rooms;
			  d. Clarify how 'Tracking Officers' will keep an accurate record of the whereabouts of staff and patients;
			  e. Ensure every department in the Trust has:
			    i. A horizontal evacuation plan
			    ii. A vertical evacuation plan
			    iii. A whole building evacuation plan
			    iv. A whole site evacuation plan
			  f. Ensure individual departments' evacuation plans are coordinated, to ensure one department's plan does not negatively impact on the safety of another's.
				Emergency Planning Office
				
				Estates and Facilities
				
				All Trust Services
					Year 3	N/A

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Training	**Requirement:** NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency. **Current Position:** The Trust has not provided any training on its evacuation plan.	93. The Trust should undertake a training needs analysis for its evacuation plan and incorporate any identified needs into its EPRR training plan.	Emergency Planning Office	Year 3	Not Started
		Exercising	**Requirement:** NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans. **Current Position:** The Trust held an evacuation workshop in 2015.	94. The Trust should undertake an exercising needs analysis for its shelter and evacuation plan and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office	Year 3	Not Started
	Incident Register	Documentation & Governance	**Requirement:** The Trust should maintain an accurate record of if and when it has declared a business continuity, critical or major incident. **Current Position:** The Trust's emergency planning office maintains an incident register for business continuity, critical and major incidents.	95. The Trust should continue to maintain an incident register for business continuity, critical and major incidents.	Emergency Planning Office	Ongoing	Ongoing
Business Continuity Plans	**Severe Weather** *Including rain, thunderstorms, wind, snow, lightning, ice and fog, heatwave and cold weather*	Severe Weather Plan(s), including rain, thunderstorms, lightning, wind, fog, snow & ice	**Requirement:** The Trust is required to plan for and respond to incidents which may affect its ability to continue to provide its critical and essential processes, such as severe weather. **Current Position:** The Trust has no plans or procedures to follow in the event of forecasted/actual severe weather, including rain, thunderstorms, lightning, wind, fog, snow & ice.	96. The Trust should develop plans/procedures to follow in the event of forecasted/actual severe weather, including rain, thunderstorms, lightning, wind, fog, snow & ice.	Emergency Planning Office	Year 2	Complete
		Met Office alerts	**Requirement:** The Trust is required to plan for and respond to incidents which may affect its ability to continue to provide its critical and essential processes, such as severe weather. **Current Position:** The Trust receives Met Office alerts for severe weather, heatwave and cold weather into the Emergency Planning Office. The Trust has no documented procedure about how and when alerts from the Met Office are distributed more widely within the Trust.	97. The Trust should document procedures for how and when Met Office alerts for severe weather, heatwave and cold weather are distributed more widely within the Trust.	Emergency Planning Office Comms	Year 1	Complete

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
	Flood Plan(s)	Documentation & Governance	**Requirement:** The Trust is required to plan for and respond to incidents which may affect its ability to continue to provide its critical and essential processes, such as flooding. **Current Position:** The Trust has not formally assessed the risk of flooding at any of its three main acute sites and has no up to date plans or procedures to follow in the event of forecasted/actual flooding.	98. The Trust should work with the Environment Agency to undertake thorough flood risk assessments for all of its three main acute sites and assess the need for site-specific flood plans to be developed in the future.	Emergency Planning Office Environment Agency Estates & Facilities	Year 2	Not Started
	Heatwave Plan	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust plans for severe weather, including heatwave, by following the recommendations set out in Public Health England's Heatwave Plan for England. **Current Position:** The Trust has a 'Heatwave' procedure sheet within its Internal Incident Plan (V1.1, Jul 2015), however, the procedure sheet makes no reference to: • How information is communicated to staff about a forecasted/actual heatwave; • Who is responsible for coordinating any response to a forecasted/actual heatwave; • The national Heatwave Plan for England and associated guidance; • Responsibilities for healthcare professionals (for example on identifying cool areas below 26C and for issuing advice/guidance to vulnerable patients); • If and how services/departments should monitor the temperature of their areas.	99. The Trust should undertake a full review of its heatwave plan and base any new/revised plan on Public Health England's Heatwave Plan for England.	Emergency Planning Office Estates & Facilities Nursing Comms	Year 1	Complete
	Cold Weather Plan	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require that the Trust plans for severe weather, including cold weather, by following the recommendations set out in Public Health England's Cold Weather Plan for England. **Current Position:** The Trust has a 'Cold Weather' procedure sheet within its Internal Incident Plan (V1.1, Jul 2015), however, the procedure sheet makes no reference to: • How information is communicated to staff about cold weather alerts; • Who is responsible for coordinating any response to a cold weather alert; • The national Cold Weather Plan for England and associated guidance; • Responsibilities for healthcare professionals (for example on issuing advice/guidance to vulnerable patients); • If and how services/departments should monitor the temperature of their areas.	100. The Trust should undertake a full review of its cold weather plan and base any new/revised plan on Public Health England's Cold Weather Plan for England.	Emergency Planning Office Estates & Facilities Nursing Comms	Year 1	Complete

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
	Loss of Staff (Sickness & Absenteeism)	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a loss of staff, due to sickness and absenteeism. **Current Position:** The Trust does not have any documented procedures for how it would respond to a significant loss of staff (sickness/absenteeism).	101. Generic response procedures for loss of staff should be developed by a task and finish business continuity group. The finalised procedures should establish clear expectations on what all services should do in the event of a loss of staff and from these, enable services to develop more localised business continuity plans.	Emergency Planning Office Business Continuity Task & Finish Group	Year 2	Not Started
	Loss of Staff (Industrial Action)	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a loss of staff, due to industrial action. **Current Position:** The Trust does not have any documented procedures on how it will respond to planned industrial action.	102. The Trust should put in place documented procedures for how it would respond to loss of staff (industrial action).	Human Resources Emergency Planning Office	Year 2	Not Started
	Loss of Utilities	Loss of Power	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a loss of power. **Current Position:** The Trust has in place power generators at each of its three main sites and these are capable of providing power for approximately 200 hours, based on regular demand. Power generators are fuelled by oil and the Trust has in place reserve fuel on site for in the event that fuel levels in the generators become low. In addition, the Trust has an arrangement in place with a private contractor to deliver emergency supplies of oil, should it become necessary. The Trust does test its backup power generators but testing is not undertaken routinely or consistently across the three acute sites. This is due to concerns about the potential risk(s) to the operational safety of equipment during the transfer of electrical power from mains supply to generator supply. Arrangements for the loss of power are currently documented in a draft 'procedure sheet' within the Estates & Facilities Business Continuity Plan. The procedure sheet sets out responsibilities, critical areas/functions, generic risks and mitigating actions (within estates/facilities, corporately and at a ward level).	103. The Trust should assess the risk(s) associated with the use of backup power generators.	Estates and Facilities Risk Management	~~Year 1~~ Year 2	In Progress / Delayed
				104. The Trust should review the objectives, scope and schedule of backup power generator tests.	Estates and Facilities Risk Management Emergency Planning Office	~~Year 1~~ Year 2	In Progress / Delayed
				105. The Trust should take estates/facilities' existing procedure sheets for loss of power and separate out the generic response arrangements of Trust-wide staff from the technical response arrangements of estates/facilities. The technical response arrangements of estates/facilities should be managed and controlled within the estates/facilities department, whilst the generic response procedures for loss of power should be included as a separate annex to the Trust's new Incident Response Plan.	Emergency Planning Office Estates and Facilities	Year 2	Not Started

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
			106. In order for services to develop business continuity plans which are fit for purpose, the Trust needs to provide more clarity surrounding what can be expected during a loss/interruption to power supply, for example: a. What equipment will continue to function on backup power generators; b. What level of disruption may be incurred between the change-over from mains power supply to generator supply (informed by the risk assessment completed as part of Action #102).	Estates and Facilities	~~Year 1~~ Year 2	Not Started / Delayed
			107. Generic response procedures for loss of power should be reviewed and developed by a task and finish business continuity group. The finalised procedures should establish clear expectations on what all services should do in the event of a loss of power and from these, enable services to develop more localised business continuity plans.	Emergency Planning Office Business Continuity Task & Finish Group	Year 2	Not Started
		Loss of Water / Drainage	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a loss of water. **Current Position:** The Trust has water storage tanks on its three main sites which will continue to provide water in the event of a loss of supply to the site. This provision provides 8hrs supply at Glenfield Hospital and 12hrs supply at both the Leicester Royal Infirmary and the General Hospital. In the event of a loss of supply of water from off-site, agreements are in place that Severn Trent Water will deliver bottled water to the three main acute sites and this will be distributed by estates and facilities as required. In the event of a loss of supply of water due to a problem on-site, agreements are in place with private contractors to supply bottled water and this will be distributed by estates and facilities to dedicated collections as required. Arrangements for the loss of water are currently documented in a draft 'procedure sheet' within the Estates & Facilities Business Continuity Plan. The procedure sheet sets out responsibilities, critical areas/functions, generic risks and mitigating actions (within	108. The Trust should take estates/facilities' existing procedure sheets for loss of water and separate out the generic response arrangements of Trust-wide staff from the technical response arrangements of estates/facilities. The technical response arrangements of estates/facilities should be managed and controlled within the estates/facilities department, whilst the generic response procedures for loss of water should be included as a separate annex to the Trust's new Incident Response Plan.	Emergency Planning Office Estates and Facilities	Year 2	Not Started

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		estates/facilities, corporately and at a ward level).	109. In order for services to develop business continuity plans which are fit for purpose, the Trust needs to provide more clarity surrounding what can be expected during a loss/interruption to water supply, for example: a. The minimum time period that the water supply will continue, thanks to on-site storage tanks; b. How this time period can be extended by reducing water consumption by varying percentages (i.e. 10%, 25%, 50%, 75%); c. How quickly bottled water will be made available to site by either Severn Trent or private contractors; d. What system will be put in place to manage the distribution of bottled water when it is on-site;	Estates and Facilities	~~Year 1~~ Year 2	Not Started / Delayed
			110. Generic response procedures for loss of water should be reviewed and developed by a task and finish business continuity group. The finalised procedures should establish clear expectations on what all services should do in the event of a loss of water and from these, enable services to develop more localised business continuity plans.	Emergency Planning Office Business Continuity Task & Finish Group	Year 2	Not Started
	Loss of Medical Gases	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a loss of medical gases. **Current Position:** The Trust has in place arrangements so that a disruption in the supply of oxygen, Entonox, medical air and surgical air can be supplied by cylinders. Arrangements for the loss of medical gases are currently documented in a draft 'procedure sheet' within the Estates & Facilities Business Continuity Plan. The procedure sheet sets out responsibilities, critical areas/functions, generic risks and mitigating actions (within estates/facilities, corporately and at a ward level).	111. The Trust should take estates/facilities' existing procedure sheets for loss of medical gases and separate out the generic response arrangements of Trust-wide staff from the technical response arrangements of estates/facilities. The technical response arrangements of estates/facilities should be managed and controlled within the estates/facilities department, whilst the generic response procedures for loss of medical gases should be included as a separate annex to the Trust's new Incident Response Plan.	Emergency Planning Office Estates and Facilities	Year 2	Not Started

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
			112. In order for services to develop business continuity plans which are fit for purpose, the Trust needs to provide more clarity surrounding what can be expected during a loss/interruption to medical gases, for example: a. How affected services will be informed of a disruption to the supply; b. How long will it take for supplies of medical gas cylinders to be delivered to the necessary areas and made operational; c. For how long the Trust can function on medical gas cylinders, in the event of a Trust-wide disruption. d. How long vacuum may be out of operation for, in the event that the duty/standby compressor is activated.	Estates and Facilities	~~Year 1~~ Year 2	Not Started / Delayed
			113. Generic response procedures for loss of medical gases should be reviewed and developed by a task and finish business continuity group. The finalised procedures should establish clear expectations on what all services should do in the event of a loss of medical gases and from these, enable services to develop more localised business continuity plans.	Emergency Planning Office Business Continuity Task & Finish Group	Year 2	Not Started
	Loss of Heating / Cooling	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a loss of heating / cooling. **Current Position:** In the event of a loss of heating/cooling, estates and facilities have a supply of portable heaters/fans which can be allocated to high risk areas. Individual services are not allowed to have their own supply of portable heaters/fans. Arrangements for the loss of heating/cooling are currently documented in a draft 'procedure sheet' within the Estates & Facilities Business Continuity Plan. The procedure sheet sets out responsibilities, critical areas/functions, generic risks and mitigating actions (within estates/facilities, corporately and at a ward level).	114. The Trust should identify safe indoor temperature ranges for staff and patients.	Emergency Planning Office Workforce & OD Chief Nurse Medical Director	Year 2	Not Started
			115. The Trust should develop a standard operating procedure for monitoring indoor temperatures and accessing portable heating/cooling devices from estates and facilities when the temperature falls below or exceeds pre-agreed limits.	Estates and Facilities Emergency Planning Office	Year 2	Not Started

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
				116. The Trust should take estates/facilities' existing procedure sheets for loss of heating/cooling and separate out the generic response arrangements of Trust-wide staff from the technical response arrangements of estates/facilities. The technical response arrangements of estates/facilities should be managed and controlled within the estates/facilities department, whilst the generic response procedures for loss of heating/cooling should be included as a separate annex to the Trust's new Incident Response Plan.	Emergency Planning Office Estates and Facilities	Year 2	Not Started
				117. Generic response procedures for loss of heating/cooling should be reviewed and developed by a task and finish business continuity group. The finalised procedures should establish clear expectations on what all services should do in the event of a loss of heating/cooling and from these, enable services to develop more localised business continuity plans.	Emergency Planning Office Business Continuity Task & Finish Group	Year 2	Not Started
		Fuel Shortage	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a fuel shortage. **Current Position:** In the event of a fuel disruption, the Trust will follow the National Emergency Plan for Fuel. Arrangements for fuel shortage power are currently documented in a draft 'procedure sheet' within the Estates & Facilities Business Continuity Plan. The procedure sheet sets out responsibilities, critical areas/functions, generic risks and mitigating actions (within estates/facilities, corporately and at a ward level)	118. The Trust should take estates/facilities' existing procedure sheet for loss of fuel and separate out the generic response arrangements of Trust-wide staff from the technical response arrangements of estates/facilities. The technical response arrangements of estates/facilities should be managed and controlled within the estates/facilities department, whilst the generic response procedures for loss of fuel should be included as a separate annex to the Trust's Incident Response Plan.	Emergency Planning Office Estates and Facilities	Year 2	Not Started
				119. Generic response procedures for loss of fuel should be reviewed and developed by a task and finish business continuity group. The finalised procedures should establish clear expectations on what all services should do in the event of a loss of heating/cooling and from these, enable services to develop more localised business continuity plans.	Emergency Planning Office Business Continuity Task & Finish Group	Year 2	Not Started

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Loss of Premises	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a loss of premises. **Current Position:** The Trust has no documented plans in place for what to do in the event of a loss of a site or premises.	120. Generic response procedures for loss of premises should be developed by a task and finish business continuity group. The finalised procedures should establish clear expectations on what all services should do in the event of a loss of premises and from these, enable services to develop more localised business continuity plans.	Emergency Planning Office Business Continuity Task & Finish Group	Year 2	Not Started
		Loss of Telephony (Landline, Mobile, Internet)	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a loss of telephony. **Current Position:** The Trust has contracts in place with private companies to respond to technical faults with the Trust's telephone systems. The Trust has no documented plans or procedures on how it will continue to deliver critical and essential functions which rely on the use of the hospital's telephone systems.	121. Generic response procedures for loss of telephony should be developed by a task and finish business continuity group. The finalised procedures should establish clear expectations on what all services should do in the event of a loss of telephony and from these, enable services to develop more localised business continuity plans.	Emergency Planning Office Business Continuity Task & Finish Group	Year 2	Not Started
	Loss of Equipment	Documentation & Governance	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a loss of critical and essential equipment. **Current Position:** The Trust has no process in place for identifying critical or essential pieces of equipment. The Trust holds no centralised list of critical or essential equipment. The Trust has no documented plans held centrally for what to do in the event of a loss of critical or essential equipment.	122. The Trust should develop a framework for identifying critical or essential pieces of equipment.	Emergency Planning Office	Year 2	Not Started
				123. The Trust should identify its critical or essential pieces of equipment.	Emergency Planning Office	Year 3	Not Started
				124. Generic response procedures for loss of critical or essential equipment should be developed by a task and finish business continuity group. The finalised procedures should establish clear expectations on what all services should do in the event of a loss of critical or essential equipment and from these, enable services to develop more localised business continuity plans.	Emergency Planning Office Business Continuity Task & Finish Group	Year 2	Not Started

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
Loss of Suppliers	Documentation & Governance		**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. This includes arrangements for a loss of key supplier. **Current Position:** Procurement have a Supplier Relationship Management approach which involves categorising each supplier according to their criticality. There are four generic types of supplier relationships according to a mixture of risk and opportunity and they are: • Critical supplier • Strategic supplier • Tactical supplier • Performance managed All of the Trust's suppliers are required to have business continuity arrangements in place under the terms of contract with the Trust. The business continuity plans belonging to critical suppliers and strategic suppliers are requested and sent to both procurement and the emergency planning office. Procurement and suppliers does review business continuity plans it receives but not against a common framework or set of standards.	125. The Trust should develop a framework which can be used to review whether or not suppliers' business continuity plans are fit for purpose.	Emergency Planning Office Supplies	Year 3	Not Started
Cyber Attack	Wannacry Recommendations		**Requirement:** Lessons from the Wannacry cyber security attack in 2017 have resulted in a series of lessons being developed for health and social care organisations to take forward and these are set out under 'Action Required'. **Current Position:** The Trust is compliant against ISO:27001 – Information security management systems. The Trust has an 'IT Major Incident Management' process (V2.0 December 2016)	126. The CIO must provide NHS Digital details of the Trust's position against the Data Security Protection Toolkit (DSPT). The position statement should include an action plan setting out how the Trust will address any shortfalls in its compliance and plans for the forthcoming General Data Protection Regulations (GDPR).	Chief Information Officer	Year 1	Complete
				127. The Trust should ensure that local contracts, processes and controls are in place to manage and monitor third party contracts for local IT systems, and that the provisions for software updates and business continuity are understood.	IM&T	Year 2	Not Started

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
				128. The Trust's business continuity and disaster recovery plans should include the necessary detail around response to cyber incidents, and must include a clear assessment of the impact of the loss of these services on other parts of the health and social care system. In addition, these plans must identify critical third party services (provided by other health, social care and private sector organisations), setting out the impact of the loss of these services on their operations and necessary business continuity actions required to address the loss of such services. Plans should be regularly tested across local areas both with the NHS and its partners, and reviewed and updated locally with board level oversight.	IM&T Emergency Planning Office	Year 2	In Progress:
				129. The Trust Board should undertake annual cyber awareness training	IM&T / Training / Trust Board	Year 1 & then ongoing	Complete
				130. The Trust should ensure that staff receive regular and targeted cyber and information security awareness training appropriate to their job role. This may range from internal phishing attacks to test the awareness of staff to the danger of opening spam email, through to specific training associated with the management of cyber incidents.	IM&T Training	Year 1 & then ongoing	Complete
				131. The Trust should become compliant with the Cyber Essentials Plus standard by June 2021	IM&T	Year 3	In Progress
IT & Disaster Recovery	Documentation & Governance		**Requirement:** NHS England's Core Standards for EPRR require that the Trust has in place robust disaster recovery plans. Requirements for these plans are also required under the Cyber Essentials Plus, the GDPR regulations and the Trust's standard contract. **Current Position:** The Trust has 1 data centre at the Leicester Royal Infirmary, 1.5 data centres at Glenfield Hospital and 1.5 data centres at Leicester General Hospital. Due to limitations on existing infrastructure, the Trust is unable to ensure all data is fully replicated between its data centres. The Trust decides what application system data is replicated based on criticality.	132. The Trust should compile a complete list of all systems currently in use across the Trust alongside their system owner(s).	IM&T	Year 2	Not Started

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
			The Trust has approximately 450 different systems in use. The Trust does not have a complete database of all the systems currently in use. The Trust does not have a complete list of all system owners. System owners are responsible for developing disaster recovery plans for their own individual systems. The Trust does not currently provide any awareness training to system owners to ensure they are aware of their responsibilities regarding disaster recovery planning. The Trust does not currently provide templates, examples or best practice to system owners on how best to develop robust disaster recovery plans. All services/departments in the Trust are responsible for developing robust business continuity plans to ensure they can continue to deliver critical and essential functions in the event of a loss of IT services. The Trust does not currently provide any awareness training to services/departments to ensure they are aware of their responsibilities regarding business continuity planning. The Trust does not currently provide templates, examples or best practice to services/departments on how to develop robust business continuity plans for a loss of IT services.	133. The Trust should make all system owners aware of their responsibilities for disaster recovery and business continuity planning. This should include: • Defining any agreed downtime arrangements in place with whoever is contracted to host the system • Providing tried and tested business continuity templates for services and departments to use in the event of a period of downtime. These should be made available to staff on a new central page on InSite	IM&T Emergency Planning Office	Year 2	Not Started
				134. The Trust should provide system owners with generic templates which can be used to assist the development of disaster recovery plans. This should be supported with completed examples which can be referred to as best practice.	IM&T Emergency Planning Office	Year 2	Not Started
				145. System owners should ensure all systems and applications have in place robust disaster recovery and business continuity plans	System Owners	Year 3	Not Started
				135. The Trust should ensure that as part of its next review of its Business Continuity Policy: a. It is made clear that all services/departments are responsible for developing robust business continuity plans to ensure they can continue to deliver critical and essential functions in the event of a loss of IT services; b. There is sufficient awareness training provided to services/departments to make them aware of their responsibilities regarding business continuity planning; c. The Trust provides services/departments with generic templates and examples of best practice to support them developing robust business continuity plans to ensure they can continue to deliver d. critical and essential functions in the event of a loss of IT services;	Emergency Planning Office	Year 2	Not Started

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
	Service-Level Business Continuity Plans	Governance & Documentation	**Requirement:** NHS England's Core Standards for EPRR require the Trust to have in place robust business continuity plans. As part of the business continuity planning process, all functions within the Trust should have completed: a) A business impact analysis; b) A business disruption risk assessment; c) A business continuity plan **Current Position:** The Trust does not currently have an up to date business impact analysis or business disruption risk assessment for each of its functions. The Trust has a range of documented business continuity plans. It is not clear which services do/do not have business continuity plans in place. Business continuity plans which have been developed have not been informed by the outcomes of up-to-date business disruption risk assessments or business impact analyses. Consequently, plans have not been developed in accordance with NHS guidance or best practice.	136. The Trust should develop a business continuity toolkit which can be used by all functions across the Trust. The toolkit should include: a. Business continuity risk assessment template b. Business impact analysis template c. Business continuity plan template d. Completed best practice examples	Emergency Planning Office	Year 2	Not Started
				137. The Trust should undertake a Trust-wide mapping exercise to identify all of its individual functions.	Emergency Planning Office	Year 2	Not Started
				138. The Trust should ensure all functions across the Trust have completed the business continuity toolkit.	Emergency Planning Office All services & departments	Year 2	Not Started
Training	**Governance**	Training Needs Analysis	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has a training needs analysis. **Current Position:** The Trust has an EPRR training needs analysis. However, no rationales have been provided for why each training need has been identified.	139. The Trust should undertake a comprehensive review of its EPRR training needs analysis and include clear rationales as to why each training need has been identified. As part of this review, the Trust should consult the National Occupational Standards for Civil Contingencies to help identify training needs for the organisation and its workforce.	Emergency Planning Office	Year 1	Complete
		Training Plan	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has a training plan in place to ensure the outcomes of it training needs analysis are fully met. **Current Position:** The Trust does not have an EPRR training plan.	140. The Trust should develop an annual training plan which, alongside this work programme, can be overseen by the Trust's EPRR Board.	Emergency Planning Office Learning & Occupational Development	Year 1 & then ongoing: annually	**2018/19:** Complete **2019/20:** Complete

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	STATUS
		Training Records	**Requirement:** The Trust needs to be able to demonstrate levels of compliance against its EPRR training needs analysis. **Current Position:** The Trust's emergency planning office currently collates information on all attendances at EPRR training and exercise events and stores these locally on the emergency planning shared drive.	141. The Trust should use its central learning management system to: a. Enable staff to identify what EPRR training they are required to undertake as part of their role; b. Advertise future EPRR training events and enable staff to reserve training places; c. Log attendance records for all training and exercise events; d. Provide a digital 'personal development portfolio' for all staff; e. Enable the Trust to quickly audit compliance against its EPRR training needs analysis.	Emergency Planning Office Learning & Occupational Development	Year 1 and then ongoing	Complete
		Personal Development Portfolios for Incident Commanders	**Requirement:** NHS England's Core Standards for EPRR require that all incident commanders (on-call managers and directors) maintain a continuous personal development portfolio demonstrating training and/or participation in either real incidents or exercises. **Current Position:** No formal personal development portfolios are in place. Instead, the Trust's emergency planning office currently collates information on all attendances at EPRR training and exercise events and stores these locally on the emergency planning shared drive.				
Exercising	**Governance**	Exercise Programme	**Requirement:** NHS England's Core Standards for EPRR require that the Trust has an ongoing exercising programme that includes exercising needs analysis and informs future work. **Current Position:** The Trust does not have an exercising needs analysis or ongoing exercise programme.	142. The Trust should develop an EPRR Exercise Programme, which, alongside this work programme, can be overseen by the Trust's EPRR Board. The exercise programme should contain details of all exercises in which UHL participates, including its own mandated exercises (communication exercises 2x/ year, tabletop exercises 1x/year, live casualty exercises 1x/3 years) as well as external multi-agency exercises in which UHL are invited to attend.	Emergency Planning Office	Year 1 and then ongoing	**2018/19:** Complete **2019/20:** Complete **2020/21:** N/A
				143. The Trust should develop an exercising needs analysis to help better inform the development of its exercising programme.	Emergency Planning Office	Year 1 and then ongoing: annually	**2018/19:** Complete **2019/20:** Complete **2020/21:** N/A