

Emergency Preparedness Resilience and Response (EPRR) Annual Report 2020/21

Author: Ben Collins, EPRR Manager Sponsor: Ms D Mitchell, Acting Chief Operating Officer Trust Board paper H

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	X
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	
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 Performance Board	25.8.20	For assurance

Executive Summary

Context

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

Questions

1. Is the Trust Board assured by the progress made to its EPRR in the 12 months to August 2020?
2. What are the key priorities for the Trust in the next 12 months relating to its EPRR?

Conclusion

1. The Trust has undertaken a significant amount of work in the 12 month period to August 2020, including the development of plans for major/mass casualty incidents and for business continuity.
2. The Trust has undertaken a self-assessment against NHS England's core standards for EPRR which has illustrated a further uplift from the previous self-assessment. The Trust remains 'substantially compliant' against the core standards.
3. There are 5 key areas of work required to achieve full compliance with NHS England's core standards for EPRR. This work has been scheduled for the next 12 months and is included in a refreshed EPRR Work Programme which is attached to this report.

4. The Trust remains confident that it will become fully compliant with 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 approve the attached EPRR work programme.

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

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: August 2021
6. Executive Summaries should not exceed **5 sides** My paper does comply

REPORT TO: TRUST BOARD
DATE: 03 SEPTEMBER 2020
REPORT BY: BEN COLLINS, EPRR MANAGER
SUBJECT: EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE ANNUAL REPORT 2020/21

1. INTRODUCTION

- 1.1.1 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).
- 1.1.2 In the 12 months since the last annual report, EPRR has increased in profile at a local, national and international level. This follows a number of incidents to have taken place within UHL during 2019 and then the emergence of a worldwide pandemic during 2020.
- 1.1.3 NHS England requires that the Trust Board is updated regularly, no less frequently than annually, and this paper supports that requirement.
- 1.1.4 This report sets out, for the period of August 2019 – August 2020, details of the Trust's:
- Governance arrangements;
 - Compliance with NHS England's Core Standards for EPRR;
 - EPRR work programme;
 - EPRR policies and plans;
 - EPRR training;
 - EPRR tests and exercises; and
 - Incidents of note.

2. GOVERNANCE ARRANGEMENTS

2.1 Introduction

2.1.1 The Trust has robust governance arrangements to support it meet its statutory and non-statutory requirements for EPRR.

2.2 Accountable Emergency Officer

2.2.1 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.

2.2.2 The Trust's Accountable Emergency Officer post is fulfilled by the Acting Chief Operating Officer, Debra Mitchell.

2.3 Non-Executive Director

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

2.4 EPRR Board

2.4.1 The aim of the EPRR Board is to ensure 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;
- NHS England's Core Standards for EPRR;
- International Standard (ISO) 22301 – Societal Security – Business Continuity Management Systems.

2.4.2 The EPRR Board reports directly to the Trust Board via the EPRR annual report.

2.4.3 The EPRR Board is chaired by the Accountable Emergency Officer and its membership includes senior members of staff from across the Trust, including each clinical management group (CMG) and a number of corporate services.

2.4.4 In the period covered by this report, the EPRR Board met on 4th December 2019 and 11th March 2020.

2.5 Deputy Chief Operating Officer

2.5.1 The Deputy Chief Operating Officer provides strategic management support to the EPRR Team and is fulfilled by Fiona Lennon.

2.5.2 Up until 1st August 2020, the provision of strategic management support was provided by the Director of Safety and Risk. However, on 1st August 2020, the EPRR function transferred from Safety & Risk to the Operations Directorate to reflect the operational nature of the role.

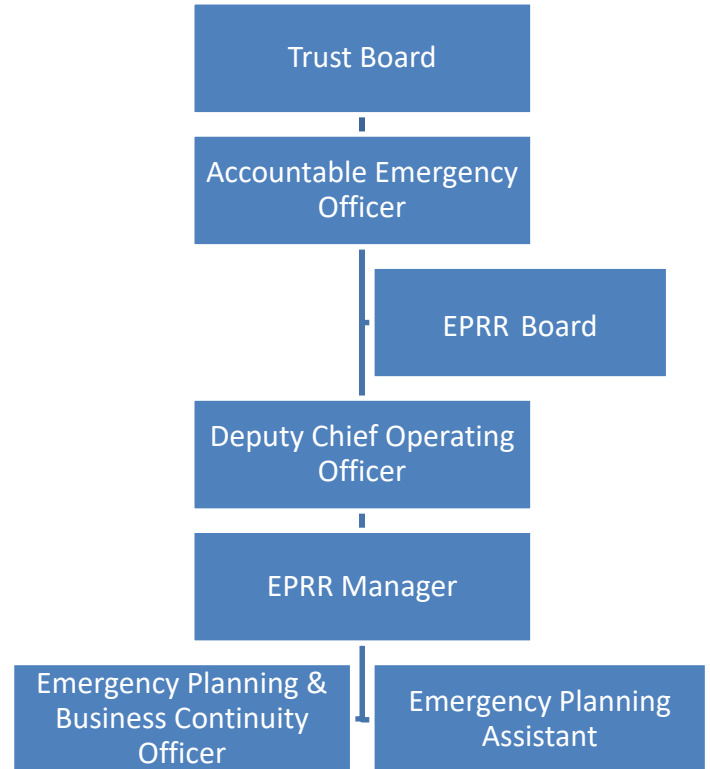


Figure 1: EPRR Governance Structure, as of 01/08/20

2.6 **EPRR Team**

2.6.1 The EPRR Team leads on the operational delivery of the Trust's EPRR work programme.

2.6.2 The EPRR Team includes a full-time EPRR Manager (Ben Collins) and a part-time Emergency Planning Assistant (Katie Leah). Additionally, the team now also includes a full-time Emergency Planning & Business Continuity Officer which is a new post and which was recruited into in October 2019. The new post, fulfilled by Mo Patel, was put in place to support the delivery of the EPRR work programme and in particular, the development of the Trust's business continuity plans.

2.7 **Emergency Planning Budget**

2.7.1 In 2020/21, the EPRR work programme was provided a non-pay budget to support funding for:

- The emergency notification cascade system (Everbridge);
- The Trust's contribution to the Leicester, Leicestershire & Rutland (LLR) Local Resilience Forum (LRF);
- Equipment maintenance costs; and
- Training and exercising.

2.8 **Internal Audit**

2.8.1 No internal audits were undertaken during the period covered by this report.

2.9 **Multi-Agency Working**

2.9.1 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.

2.10 NHS England's Core Standards for EPRR

2.10.1 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 EPRR Framework, NHS Contract and the Civil Contingencies Act 2004.

2.10.2 Due to the COVID-19 pandemic, NHS England and NHS Improvement did not implement its annual assurance process for EPRR which usually requires Trusts to undertake a self-assessment against NHS England's core standards for EPRR.

2.10.3 While the national core standards assurance process was not undertaken at a national level, NHS England and NHS Improvement (Midlands) requested that UHL undertake a self-assessment so that assurance can be provided on progress made against its ongoing EPRR Work Programme.

2.10.4 The Trust's EPRR Manager undertook a self-assessment against NHS England's core standards for EPRR on 13th July 2020.

2.10.5 As of 13th July 2020, UHL is fully compliant with 92% 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.

2.10.6 The 2020/21 self-assessment shows further improvement in compliance from the previous self-assessment which was undertaken in 2019/20. The progress made over the past 3 years is illustrated in Table 1 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
2020/21	Substantially Compliant	64	59	5	0
3-Year Change	-	-	+10	-1	-9

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

2.10.7 The documented uplift in compliance reflects the substantial progress which has been made through the implementation and delivery of the ongoing EPRR Work Programme which was originally signed off by the Trust Board in October 2018.

2.10.8 While significant progress has been made, the self-assessment shows that there are five core standards where work is still required. This includes the need for the following work which is included as part of the EPRR Work Programme:

- A new Pandemic Plan;
- A new Viral Haemorrhagic Fever Plan;

- An updated plan for incidents involving Chemical, Biological, Radiological and Nuclear (CBRN) contaminants, including arrangements for the distribution of mass countermeasures;
- A new Shelter and Evacuation Plan;
- A new Business Impact Analysis.

3. EPRR WORK PROGRAMME

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

3.1.2 Following the self-assessment against NHS England's core standards, the EPRR Team have taken the opportunity to update the EPRR Work Programme. The purpose of this update was to ensure that the Trust is prioritising work which will enable it to become fully compliant against the remaining 5 core standards for which it is only 'partially compliant'.

3.1.3 The outcome of this work is a revised EPRR Work Programme which is attached to this report. The revised EPRR Work Programme:

- More clearly defines the core requirements of the Trust in relation to:
 - The NHS Act (2006);
 - NHS England's EPRR Framework (2015);
 - NHS England's core standards for EPRR.
- Reflects the significant amount of work undertaken in the past 2½ years since April 2018;
- Defines any remaining gaps against the above stated core requirements;
- Defines the work required to address the identified gaps.

3.1.4 Following the review of the EPRR Work Programme, the EPRR team now forecast achieving full compliance with all 64 of the existing standards in its next self-assessment which is expected to be undertaken in the summer months of 2021.

4. EPRR POLICIES AND PLANS

4.1 Introduction

4.1.1 A significant proportion of the EPRR Work Programme is focused on reviewing each of the Trust's EPRR policies and plans. In the 12 months covered by this report, the EPRR Team has concentrated its efforts on the development of two key plans which will fulfil a central role to the Trust's preparedness moving forward.

4.2 UHL & LLR Major Incident and Mass Casualty Plan

- 4.2.1 The Major Incident and Mass Casualty Plan sets out the tactical and strategic-level response arrangements for how the Trust and LLR partners will respond to major and mass casualty incidents.
- 4.2.2 To meet the needs of NHS England's Concept of Operations for Managing Mass Casualty Incidents, the new plan sets out how the Trust will free up 10% of its bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours.
- 4.2.3 The new plan was developed in close partnership with each of the Trust's CMGs to ensure a joined-up response could be provided.
- 4.2.4 In recognition that any major or mass casualty incident will be multi-agency, the plan was developed in close partnership with a number of LLR system partners, including Leicester CCGs, East Midlands Ambulance Service, Thames Ambulance Service Ltd. (TASL), Leicester Partnership Trust (LPT), Leicester City Council, Leicestershire County Council and Rutland County Council. The plan was consulted with all LLR partners and consequently endorsed as the LLR-wide plan for managing major and mass casualty incidents.

4.3 Business Continuity Plan

- 4.3.1 The aim of the Business Continuity Plan is to provide generic response procedures for the Trust to follow in preparing for, responding to and recovering from disruptive events, including business continuity and critical incidents. To enable this, the new plan provides:
- An understanding of how specific business continuity risks may trigger a disruptive event;
 - Clear planning assumptions for services and departments to assist in preparing for, responding to and recovering from disruptive events;
 - A clear and simple framework for all staff to respond to and recover from disruptive events.
- 4.3.2 The Business Continuity Plan provides the Trust, for the first time, clear and simple arrangements which can be followed in response to the following key risks:
- Loss of staff (including loss of specialist staff & industrial action);
 - Loss of specialist equipment;
 - Loss of supply chain;
 - Loss of fuel supply;
 - Loss of information and communications technology (ICT);
 - Loss of telephony;
 - Loss of switchboard;

- Loss of site;
- Loss of power;
- Loss of water supply;
- Loss of heating
- Loss of cooling (including ventilation failure);
- Loss of medical gas.

4.4 **Current EPRR Policies and Plans**

4.4.1 As of 1st August 2020, the Trust has in place the following EPRR policies and plans:

- EPRR Policy, V2.0
- Business Continuity Policy, V3.0
- Lockdown Policy, V1.0
- Viral Hemorrhagic Fever Policy, V6.0 (currently under review)
- Incident Response Plan, V1.0
- UHL & LLR Major Incident & Mass Casualty Plan, V1.0 **[NEW]**
- Business Continuity Plan, V1.0 **[NEW]**
- Relative's Reception Centre Plan, V4.2
- Chemical, Biological, Radiological, Nuclear (CBRN) Plan (V4.0)
- Influenza Pandemic Plan, V10.0 (currently under review)
- Operation Consort and Carbon Steeple (VIP/High Profile Patient), V2.1
- Severe Weather Plan, V1.0
- Heatwave Plan, V1.3
- Cold Weather Plan, V1.1
- Bomb Threat, Suspect Package and Lockdown Plan, V1.1

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

5. **EPRR TRAINING**

5.1.1 Training is an essential part of the emergency planning and business continuity cycles. 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 EPRR Training and Exercise Plan and which is overseen by the EPRR Board.

5.1.2 In the 12 months covered by this report, the EPRR Team has overseen the following training:

- 11 on-call directors received face-to-face training to support them in their role as a member of the UHL Strategic Incident Coordination Team. All on-call directors have now received this training within the past two years;
- 93 members of staff received face-to-face training to support them in their role as a member of the UHL Tactical Incident Coordination Team. 178 staff have now received this training within the past two years;
- 45 members of staff received face-to-face training to support them in their role as either a Functional Area Operational Commander or as a member of a CMG Tactical Incident Coordination Team. 395 staff have now received this training within the past two years;
- The communications team were provided training on the use of UHL ALERTS;

5.1.3 The most significant training to be provided in the last 12 months was a one-off Time to Train event on the Clinical Guidelines for Major Incidents. The event, held on 4th November 2019 at King Power Stadium, aimed to raise awareness of the Clinical Guidelines for Major Incidents and to enable clinical staff to consider how best to implement them locally. The event was attended by 392 medics and senior nurses and the learning was used to help inform the new UHL & LLR Major Incident and Mass Casualty Plan.

6. TESTS AND EXERCISES

6.1.1 NHS England's EPRR framework requires the Trust regularly tests its emergency arrangements through:

- A live, or simulated live exercise at least every 3 years;
- A tabletop exercise at least every year; and
- A communication test at least every 6 months.

6.1.2 During the period covered by this report:

- 7 members of staff attended Exercise Vanya which was held on a number of dates by LLR Prepared to simulate the delivery of a Tactical Coordination Group (TCG) and Strategic Coordination Group (SCG).
- The EPRR Manager attended an LLR tabletop exercise on 20th September 2019 to explore the risks associated with a fuel shortage;
- The Service Delivery & Transition Manager and Emergency Planning Assistant attended an NHSEI tabletop exercise, Exercise Eris, on 10th October 2019 to explore risks associated with a cyber attack;

- 9 members of staff attended a tabletop exercise, Exercise Pluto, on 10th December 2019 which explored the recently approved Severe Weather Plan;
- The Trust ran Exercise Venus 2 to test its emergency notification system, UHL ALERTS on 19th December 2019. The exercise provided further 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.
- The Trust did not carry out any live or simulated exercise as its previous live exercise was undertaken in July 2017 (Exercise Soteria);

7. INCIDENTS OF NOTE

7.1.1 In the 12 months to August 2020, the Trust faced a number of challenging incidents, including:

- The presentation of a patient with suspected Ebola on 9th August 2019;
- A power failure at the LRI on 29th December 2019 which led to the Trust declaring a business continuity incident;
- A requirement to plan for a no-deal EU exit;
- Preparing for and responding to the COVID-19 pandemic from mid-January 2020.

7.1.2 For both the suspect Ebola and power failure incidents, the EPRR Team facilitated post-incident debriefs, the outcomes of which generated clear incident debrief reports. Each report includes:

- A summary of the incident;
- An evaluation of the strengths and weaknesses of the response
- Lessons learned and recommendations which were subsequently incorporated into the Trust's EPRR Issue Register and Action Log.

8. CONCLUSION

8.1.1 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 an ambitious 3-year EPRR work programme to address the gaps which had been identified as part of an internal review.

8.1.2 In the two years to August 2020, the Trust has made significant progress towards the implementation and delivery of its 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 EPRR Team has overseen the development or review of 12 emergency plans. Furthermore, the EPRR Team has delivered a number of tests and exercises and has overseen the delivery of training to over 700 staff which will support them in responding to business continuity, critical and major incidents.

- 8.1.3 As a result of the work undertaken in the 2 years to August 2020, the Trust has improved its compliance against NHS England's core standards for EPRR and is now substantially compliant with the standards.
- 8.1.4 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 preparing:
- A new Pandemic Plan;
 - A new Viral Haemorrhagic Fever Plan;
 - An updated plan for incidents involving Chemical, Biological, Radiological and Nuclear (CBRN) contaminants, including arrangements for the distribution of mass countermeasures;
 - A new Shelter and Evacuation Plan; and
 - Rolling out the new Business Continuity Toolkit to all services and departments across the Trust, which includes a Business Impact Analysis.
- 8.1.5 If the Trust is able to deliver the above projects in accordance with its revised EPRR Work Programme, the Trust will be able to achieve full compliance against all of NHS England's core standards for EPRR in time for the next self-assessment due in July/August 2021.
- 8.2 The Trust Board is asked to note the content of this report and the attached EPRR work programme which sets out how the Trust will remedy any remaining gaps in the Trust's EPRR arrangements.

Last Updated 14/09/2020	EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE (EPRR) REQUIREMENTS & ASSOCIATED WORK PROGRAMME									
PROJECT	REQUIREMENT	Link to NHSEI Core Standards for EPRR?	CURRENT POSITION	COMPLIANCE	ACTION REQUIRED					
	DESCRIPTION				DESCRIPTION	FREQUENCY	BY WHO?	DUE DATE	PROGRESS TO DATE	STATUS
Leadership & Management	The NHS Act 2006 (as amended) places a duty on relevant service providers to appoint an individual to be responsible for discharging their duties under section 252A. This individual is known as the Accountable Emergency Officer (AEO). The AEO must be a Board level director responsible for EPRR with responsibilities listed under Section 9.1 of NHS England's EPRR Framework (V2.0). The AEO is responsible for ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR.	Yes	The Trust has a nominated Accountable Emergency Officer (AEO) (the Chief Operating Officer).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Leadership & Management	NHS England's EPRR Framework (V2.0) requires that AEOs are supported by a non-executive director or other appropriate Board member to endorse assurance to the Board that the organisation is meeting its obligations with respect to EPRR and relevant statutory duties under the Civil Contingencies 2004 and the NHS Act 2006 (as amended). This will include assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements.	Yes	The Trust has a nominated Non-Executive Director (NED) with EPRR in their portfolio (Ian Crowe).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Leadership & Management	NHS England's Core Standards for EPRR require the organisation to have an annual EPRR work programme, informed by: - Lessons identified from incidents and exercises. - Identified risks. - Outcomes of any assurance and audit processes.	Yes	The Trust has an ongoing EPRR Work Programme (this document).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Update the EPRR Work Programme.	Recurring Action - Quarterly	Ben Collins, EPRR Manager	30/09/2020	N/A	5 - Complete
Leadership & Management	NHS England's Core Standards for EPRR require the organisation to have clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	Yes	The Trust has an ongoing EPRR Issue Register & Action Log (see enclosed tab) to capture learning from incidents and exercises to inform the development of future EPRR arrangements.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Update the EPRR Issue Register & Action Log.	Recurring Action - Quarterly	Ben Collins, EPRR Manager	30/09/2020	N/A	5 - Complete
Leadership & Management	NHS England's EPRR Core Standards require the Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Yes	The Trust has in place a dedicated EPRR team to oversee the delivery of the EPRR Work Programme, including an EPRR Manager (Ben Collins), Emergency Planning & Business Continuity Officer (Mo Patel) and an Emergency Planning Assistant (Katie Leah).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Leadership & Management	NHS England's EPRR Framework (V2.0) requires that providers of NHS funded care have robust and effective structures in place to adequately plan, prepare and exercise the tactical and operational response arrangements both internally and with their local healthcare partners.	No	The Trust has an EPRR Board with senior-level representation from each CMG and Corporate Services. The EPRR Board has a defined Terms of Reference and meets on a quarterly basis.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Update the Terms of Reference for the EPRR Board.	Recurring Action - Annually	Ben Collins, EPRR Manager	30/09/2020	N/A	5 - Complete
Compliance & Assurance	NHS England's EPRR Framework (V2.0) requires AEOs 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 described in NHS England's Core Standards for EPRR, this assurance must be provided no less frequently than annually.	Yes	The Trust Board received its last EPRR report in September 2019.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Provide the Board with an annual report on EPRR, including supporting work plans to address any gaps identified through NHS England's core standards self-assessment process, internal and external audits and other learning from recent tests, exercises and incidents.	Recurring Action - Annually	Ben Collins, EPRR Manager	30/09/2020	Annual report has been written and due to be presented on 03/09/2020.	4 - On Track
Compliance & Assurance	NHS England's EPRR Framework (V2.0) requires that providers of NHS funded care provide assurance that organisations are delivering their contractual obligations with respect to EPRR. NHS England's EPRR Framework (V2.0) requires AEOs to ensure that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance. NHS England requires all providers of NHS funded care to complete an annual self-assessment against its own Core Standards for EPRR which must be approved by the Trust Board.	No	The Trust has in place a system to receive any requests from NHS England, or agents of NHS England, in respect of monitoring compliance and continues to meet these requirements on an ongoing basis. The Trust last undertook a self-assessment against NHS England's core standards in August 2020 and scored itself as "substantially compliant".	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Complete an annual self-assessment against NHS England's Core Standards for EPRR.	Recurring Action - Annually	Ben Collins, EPRR Manager	30/09/2020	N/A	5 - Complete
Compliance & Assurance	NHS England's EPRR Framework (V2.0) requires AEOs to provide NHS England with such information as it may require for the purpose of discharging its functions.	No	The Trust has in place a system to receive any requests for information from NHS England and continues to provide required information on an ongoing basis.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						

Cooperation	NHS England's EPRR Framework (V2.0) requires AEOs to ensure that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate. For LLR, this includes: 1. Local Health Resilience Partnership Executive Committee 2. Local Health Resilience Partnership Sub-Group 3. LLR Prepared Executive Board 4. LLR Governance & Delivery (G&D) Group 5. LLR People & Communities (PCOM) Group 6. LLR Practice Group 7. LLR Planning and Capabilities (PCAP) Group 8. LLR Media & Communications Group NHS England's Core Standards for EPRR require that the Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings. NHS England's Core Standards for EPRR require that the organisation participates in, contributes to, or is adequately represented at the Local Resilience Forum (LRF), demonstrating engagement and co-operation with partner responders.	Yes	The Trust is an active member of, engages with and effectively contributes with LLR system partners via: 1. Local Health Resilience Partnership Executive Committee - Attended by the AEO 2. Local Health Resilience Partnership Sub-Group - Attended by the EPRR Manager 3. LLR Prepared Executive Board - Attended by the AEO 4. LLR Governance & Delivery (G&D) Group - Represented by Leicester CCGs 5. LLR People & Communities (PCOM) Group - Represented by Leicester Partnership Trust 6. LLR Practice Group - Attended by the EPRR Manager 7. LLR Planning and Capabilities (PCAP) Group - Attended by the EPRR Manager 8. LLR Media & Communications Group - Attended by the Deputy Director of Communications & Engagement	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Continue to be an active member of, engage with, and effectively contribute to the following LLR system groups: 1. Local Health Resilience Partnership Executive Committee - Attended by the AEO 2. Local Health Resilience Partnership Sub-Group - Attended by the EPRR Manager 3. LLR Prepared Executive Board - Attended by the AEO 4. LLR Practice Group - Attended by the EPRR Manager 5. LLR Planning and Capabilities (PCAP) Group - Attended by the EPRR Manager 6. LLR Media & Communications Group - Attended by the Deputy Director of Communications & Engagement	Ongoing	Rebecca Brown, Accountable Emergency Officer	31/03/2021	During 2020/21, the Trust has attended: 1. Local Health Resilience Partnership Executive Committee: No meetings held 2. Local Health Resilience Partnership Sub-Group: No meetings held 3. LLR Prepared Executive Board - No meetings held 4. LLR Practice Group - 0/1 meetings attended 5. LLR Planning and Capabilities (PCAP) Group - 0/1 meetings attended 6. LLR Media & Communications Group - TBC	5 - Complete
Policies	NHS England's Core Standards for EPRR require the organisation to have an overarching EPRR policy statement.	Yes	The Trust has an agreed EPRR Policy (V2.0, April 2019). This is next due for review in April 2022.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Policies	NHS England's Core Standards for EPRR requires that the organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	Yes	The Trust has a Business Continuity Management Policy (V4.0, July 2019). This is next due for review in April 2022.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Cooperation	NHS England's Core Standards for EPRR requires the organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Yes	In the event of an incident, the Trust would continue to share information in line with its business as usual processes. Any additional requests that are not considered business as usual would be in line with the relevant legislation and guidance.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Communication	NHS England's EPRR Framework (V2.0) requires that providers of NHS funded care ensure robust 24/7 communication "cascade and escalation" policies and procedures are in place, to inform CCGs and healthcare partners, as appropriate, of any incident impacting on service delivery. NHS England's core standards for EPRR require a resilient and dedicated EPRR on-call mechanism is in place 24/7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond to or escalate notifications to an executive level.	Yes	The Trust has a robust 24/7 management structure which includes a director on-call system out of hours who can inform CCGs and healthcare partners, as appropriate, of any incident impacting on service delivery.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Maintain the Trust's director on-call rota.	Ongoing	Maira Durbridge, Director of Safety & Risk	31/03/2021	The director on-call rota is in place and routinely updated to ensure 24/7 cover is provided.	5 - Complete
Communication	NHS England's Core Standards for EPRR require that the organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Yes	The Trust's Incident Response Plan clearly sets out how it will communicate and engage with partners and stakeholders in sections 5.20 and 5.24 and these arrangements are supported by a 24/7 on-call communications functions. The Trust has its own page on ResilienceDirect which would serve to act as the main platform for sharing information during an emergency.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Ensure the latest EPRR plans, policies and procedures are available on ResilienceDirect.	Recurring Action - Quarterly	Mo Patel, Emergency Planning & Business Continuity Officer	30/09/2020	N/A	5 - Complete
Communication	NHS England's Core Standards for EPRR require that the organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.	Yes	The Trust would communicate with members of the public and its staff through its business-as-usual communication channels, including email, website and intranet notifications, social media feeds, traditional media outlets and via LLR partner organisations. The Trust would also use its emergency notification cascade system, UHL ALERTS which allows it to send Voice/SMS/email notifications to ~2,000 members of its staff within 15 minutes 24/7.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Communication	NHS England's Core Standards for EPRR require that the organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a trained media spokesperson able to represent the organisation to the media at all times.	Yes	The Trust's media strategy is set out under section 5.24 of its Incident Response Plan. In addition, the Trust would also discharge these responsibilities in partnership with multi-agency partners via the LLR Media and Comms Cell.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Risk Management	NHS England's EPRR Framework (V2.0) requires that providers of NHS funded care ensure organisational planning and preparedness is based on current risk registers. NHS England's Core Standards for EPRR require the organisation to have a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers. In addition, the organisation is required to have a robust method of reporting, recording, monitoring and escalating EPRR risks.	Yes	The Trust has clearly defined processes for regularly assessing and reviewing risks which may trigger business continuity, critical and/or major incidents and these are documented in the Trust's EPRR Policy and in accordance with the Trust's wider Risk Management Policy.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Review and update the EPRR risks on DATIX.	Recurring Action - Six-monthly	Mo Patel, Emergency Planning & Business Continuity Officer	30/09/2020	N/A	4 - On Track

Risk Management	NHS England's Core Standards for EPRR require that HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.	Yes	The Trust has a dedicated risk on the Trust Risk Register for CBRN/HAZMAT (Ref: Risk 3282).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.							
Emergency Plans	NHS England's Core Standards for EPRR require that plans are developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Yes	The Trust ensures each of its emergency plans undergo a rigorous consultation process when either being written or updated and this includes appropriate consultation with multi-agency partners.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.							
Emergency Plans	NHS England's Core Standards for EPRR require version controlled, hard copies of all response arrangements to be available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Yes	Electronic copies of all emergency and business continuity plans are available to staff on the Trust's Intranet, INsite and Sharepoint. Hard copies of all emergency plans are stored in each of the Trust's 10x Incident Coordination Centres.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Ensure the latest EPRR plans, policies and procedures are available on the on call managers shared drive.	Recurring Action - Quarterly	Mo Patel, Emergency Planning & Business Continuity Officer	30/09/2020	N/A		5 - Complete
Emergency Plans	NHS England's Core Standards for EPRR require, in line with current guidance and legislation, the organisation to have effective arrangements in place to respond to business continuity, critical and major incidents (as defined within the EPRR Framework).	Yes	The Trust has in place an Incident Response Plan which sets out a clear and simple framework for responding to all business continuity, critical and major incidents. This plan was published on the 1st May 2019 and signed off by the Trust's EPRR Board (V1.0, March 2019). <i>This plan was due for review by March 2020 to reflect feedback and learning from staff following its initial 12 months in operation. While this date was missed (due to the COVID-19 pandemic), the plan remains fit for purpose.</i>	Fully Compliant: The Trust is compliant with the identified requirement. Minor gaps/issues remain which if addressed, would provide a more substantial level of compliance.	Review and update the Incident Response Plan.	Recurring Action - Bi-annually	Ben Collins, EPRR Manager	31/12/2021	N/A		1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require, in line with current guidance and legislation, the organisation to have effective arrangements in place to respond to business continuity, critical and major incidents (as defined within the EPRR Framework). 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.	Yes	The Trust has in place a Relative's Reception Centre Plan (V4.2, April 2019). <i>This plan was due for review by March 2020 to reflect feedback and learning from Exercise Soteria. While this date was missed (due to the COVID-19 pandemic), the plan remains fit for purpose.</i>	Fully Compliant: The Trust is compliant with the identified requirement. Minor gaps/issues remain which if addressed, would provide a more substantial level of compliance.	Update the Relatives' Reception Centre Plan, including a change in location to the Jarvis Building Clinical Education Centre.	One-Off Project	Katie Leah, Emergency Planning Assistant	31/12/2020	N/A		1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require the organisation has a pre-identified Incident Coordination Centre (ICC) and alternative fall-back location(s). Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.	Yes	The Trust's Incident Response Plan sets out the details for 10x Incident Coordination Centres. All Incident Coordination Centres are fully equipped and setup and details on these, including testing and training schedules are included in the Incident Response Plan. In the event one of the ICCs should become unavailable, the Trust will have a number of others to co-locate with, should that be necessary.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.							
Emergency Plans	NHS England's Core Standards for EPRR require that the organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Yes	The Trust's Incident Response Plan sets out in section 5.17 how it will collect information and report on this internally and externally, including to NHS England, the CCG and LLR partners.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.							
Emergency Plans	NHS England's Core Standards for EPRR require that the organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Yes	The Trust's Incident Response Plan sets out in section 5.21 how it will manage mutual aid arrangements during an incident.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.							
Emergency Plans	NHS England's Core Standards for EPRR require that the organisation has 24 hour access to a trained loggists to ensure decisions are recorded during business continuity, critical and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards.	Yes	The Trust has 40+ trained loggists, all of whom have received full training in the last 12 months. While the Trust does not have loggists on an on-call rota, it expects that out of 40+ trained individuals, there will be a sufficient number willing and able to support a response, if required, out of hours.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.							
Emergency Plans	NHS England's Core Standards for EPRR require that, in line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Yes	The Trust has in place a Major Incident & Mass Casualty Plan (V1.0, May 2020) which was developed in close partnership with LLR stakeholders. This is next due for review in April 2022.	Fully Compliant: The Trust is compliant with the identified requirement. Minor gaps/issues remain which if addressed, would provide a more substantial level of compliance.	CMGs to develop their own specific annex to support the implementation of the Major Incident & Mass Casualty Plan at an operational level.	One-Off Project	Ben Collins, EPRR Manager	01/04/2021	N/A		1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require that the organisation has arrangements to ensure a safe identification system for unidentified patients in an emergency/mass casualty incident. This system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number and capture patient sex.	Yes	The Trust has implemented changes to its electronic patient management system, NerveCentre, to ensure the requirements of the Patient Safety Alert (reference number: NHS/PSA/RE/2018/008) are fully met.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.							
Emergency Plans	NHS England's Core Standards for EPRR require that key clinical staff (especially emergency department) have access to the 'Clinical Guidelines for Major Incidents and Mass Casualty events' handbook.	Yes	The Clinical Guidelines for Major Incidents and Mass Casualty Events are available to all staff on the Trust's intranet, INsite. Printed copies are also available to staff working in the Trust's Emergency Department (ED).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.							

Emergency Plans	NHS England's Core Standards for EPRR require that, in line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Yes	The Trust has in place a Heatwave Plan (V1.3, June 2020). This is next due for review in May 2021.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Review and update the Heatwave Plan.	Recurring Action - Annually	Katie Leah, Emergency Planning Assistant	30/06/2021	N/A	1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require that, in line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Yes	The Trust has in place a Cold Weather Plan (V1.1, September 2019). This is next due for review in September 2020.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Review and update the Cold Weather Plan.	Recurring Action - Annually	Katie Leah, Emergency Planning Assistant	30/09/2020	N/A	1 - Not Yet Commented
			The Trust has in place a Severe Weather Plan (V1.2, March 2020). This is next due for review in March 2021.		Review and update the Severe Weather Plan.	Recurring Action - Annually	Katie Leah, Emergency Planning Assistant	31/03/2021	N/A	1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require that, in line with current guidance and legislation, the organisation has effective arrangements in place to respond to an influenza pandemic.	Yes	The Trust has in place a UHL Pandemic Influenza Plan (V10.0, September 2016). <i>This plan was due for review by August 2018. Following the COVID-19 pandemic, this plan is no longer considered fit for purpose. However, the response to COVID-19 has provided a strong foundation for any future plan and while not formally documented or signed-off at this time, arrangements for pandemics are now well-understood and so a partial level of compliance can be claimed.</i>	Partially Compliant: The Trust is able to provide a partial level of compliance with the identified requirement. Fundamental gaps/issues remain and work is still required to achieve full compliance.	Prepare a new Pandemic Plan.	One-Off Project	Ben Collins, EPRR Manager	30/09/2020	A draft plan was prepared prior to the COVID-19 pandemic. This will form the basis of an interim plan until a full debrief has been undertaken for the COVID-19 pandemic.	4 - On Track
Emergency Plans	NHS England's Core Standards for EPRR require that in line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases such as Viral Haemorrhagic Fever.	Yes	The Trust has in place a Viral Haemorrhagic Fever Policy (V6.0, November 2015). <i>This policy was due for review by November 2016. Following a number of query Ebola patients attending the LRI emergency department in 2019 and COVID-19 pandemic, this policy is no longer considered fit for purpose. However, the response to these incidents has provided a strong foundation for any future plan and while not formally documented or signed-off at this time, the requirements for patients with suspected of confirmed infectious diseases are now well-understood and so a partial level of compliance can be claimed.</i>	Partially Compliant: The Trust is able to provide a partial level of compliance with the identified requirement. Fundamental gaps/issues remain and work is still required to achieve full compliance.	Prepare a new Viral Haemorrhagic Fever Plan.	One-Off Project	Ben Collins, EPRR Manager	31/12/2020	N/A	1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require that the organisation must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to, and are trained to use, FFP3 mask protection (or equivalent) 24/7.	Yes	The Trust has stores of FFP3 masks available to staff in the areas most at risk of needing them, including the Emergency Department (ED), Infectious Diseases Unit (IDU), Intensive Care Units (ICUs) and on ECMO.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Emergency Plans	NHS England's Core Standards for EPRR require that, in line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Yes	The Trust has in place fire evacuation plans which include all UHL buildings. However, there are currently no plans in place to support full-site evacuation and shelter.	Non-Compliant: The Trust is able to provide very little or no compliance with the identified requirement. Significant work is required to achieve full compliance.	Prepare a new UHL Shelter & Evacuation Plan. As part of the review, the Trust should: - Describe how staff will be notified of the need of evacuation and the scale of evacuation required; - Describe how it will link with the Trust's Incident Response Plan in terms of business continuity/critical/major incident; - Establish backup control rooms; - Clarify how 'Tracking Officers' will keep an accurate record of the whereabouts of staff and patients; - 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 - Ensure individual departments' evacuation plans are coordinated, to ensure one department's plan does not negatively impact on the safety of another's.	One-Off Project	Ben Collins, EPRR Manager	30/06/2021	N/A	1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require that, in line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.	Yes	The Trust has in place a Bomb Threat, Suspect Package & Lockdown Plan (V1.1, March 2020). This is next due for review in February 2022.	Fully Compliant: The Trust is compliant with the identified requirement. Minor gaps/issues remain which if addressed, would provide a more substantial level of compliance.	Complete local lockdown procedures for areas identified as high risk.	One-Off Project	Local Area Lockdown Managers	31/12/2020	13/47 local lockdown procedures have been developed and approved	1 - Not Yet Commented
			The Trust has an agreed Lockdown Policy (V1.1, September 2020). This is next due for review in September 2022.		Complete the remaining building lockdown procedures.	One-Off Project	Estates & Facilities (Security)	31/12/2020	10/49 building lockdown procedures have been developed and approved	1 - Not Yet Commented
			The Trust has 13 out of 47 local lockdown procedures in place, 10 out of 49 building lockdown procedures in place and 1 out of 3 site lockdown procedures in place.		Complete the remaining site lockdown procedures.	One-Off Project	Estates & Facilities (Security)	31/12/2020	1/3 site lockdown procedures have been developed and approved	1 - Not Yet Commented

Emergency Plans	NHS England's Core Standards for EPRR require that, in line with current guidance and legislation, the organisation has effective arrangements in place to respond and manage 'protected individuals'; Very Important Persons (VIPs), high profile patients and visitors to the site.	Yes	The Trust has in place Operation Consort & Carbon Steeple (V1.1, March 2020). This is next due for review in February 2022.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Emergency Plans	NHS England's Core Standards for EPRR require the organisation to have contributed to, and understand, its role in the multiagency arrangements for excess deaths and mass fatalities, including mortuary arrangements. This includes arrangements for rising tide and sudden onset events.	Yes	The Trust has a wealth of expertise relating to forensic pathology and works closely with the Coroner and LLR partners to support the LLR LRF Mass Fatalities Plan, including arrangements to provide mortuary capacity space for incidents involving upto 60 fatalities.	Fully Compliant: The Trust is compliant with the identified requirement. Minor gaps/issues remain which if addressed, would provide a more substantial level of compliance.	Prepare a UHL Excess Deaths & Mass Fatalities Plan to better document how business continuity can be maintained during a local, regional or national event requiring use of UHL mortuary facilities.	One-Off Project	Ben Collins, EPRR Manager	30/06/2021	N/A	1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require that there are documented organisation specific HAZMAT/ CBRN response arrangements.	Yes	The Trust has in place a CBRN Plan which sets out arrangements for managing a HAZMAT/CBRN incident (V4.0, September 2018). <i>This plan was due for review by September 2019, however, delays to the EPRR Work Programme during Q3/Q4 2019 and the COVID-19 pandemic in 2020 has led to the start of this work being delayed.</i>	Partially Compliant: The Trust is able to provide a partial level of compliance with the identified requirement. Fundamental gaps/issues remain and work is still required to achieve full compliance.	Prepare a new CBRN Plan, which should include arrangements to support the distribution of mass countermeasures.	One-Off Project	Ben Collins, EPRR Manager	31/03/2021	N/A	1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require that in line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including arrangement for administration, reception and distribution of mass prophylaxis and mass vaccination.	Yes	The Trust has no documented plans to support the distribution of mass countermeasures.	Non-Compliant: The Trust is able to provide very little or no compliance with the identified requirement. Significant work is required to achieve full compliance.						
Emergency Plans	NHS England's Core Standards for EPRR require that clinical staff have access to the PHE 'CBRN incident: Clinical Management and health protection' guidance.	Yes	The 2018 CBRN Handbook is available to all staff on the Trust's intranet, Insite. Printed copies are also available to staff working in the Trust's Emergency Department (ED).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Emergency Plans	NHS England's Core Standards for EPRR require that key clinical staff have access to telephone advice for managing patients involved in CBRN incidents.	Yes	Key contact numbers are included in the latest version of the Trust's CBRN Plan (V4.0, September 2018).	Fully Compliant: The Trust is compliant with the identified requirement. Minor gaps/issues remain which if addressed, would provide a more substantial level of compliance.	Update key contact numbers in the Trust's new CBRN Plan.	One-Off Project	Ben Collins, EPRR Manager	31/03/2021	N/A	1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require that the organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week.	Yes	The Trust has a fully-functional shower room built into its Emergency Department with 7x shower heads available at any one time.	Fully Compliant: The Trust is compliant with the identified requirement. Minor gaps/issues remain which if addressed, would provide a more substantial level of compliance.	Update the CBRN Plan with details of how waste water from the shower facility stored in a waste water tank will be managed and disposed of.	One-Off Project	Ben Collins, EPRR Manager	31/03/2021	N/A	1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require that the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients.	Yes	The Trust has all the required equipment and supplies, as documented in the EPRR Equipment Inventory.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Update the EPRR Equipment Inventory.	Recurring Action - Six-monthly	Katie Leah, Emergency Planning Assistant	31/03/2020	N/A	5 - Complete
Emergency Plans	NHS England's Core Standards for EPRR require that the organisation has the expected number of PRPS (sealed and in date) available for immediate deployment. There is a plan and finance in place to revalidate (extend) or replace suits that are reaching their expiration date.	Yes	The Trust has 14x live PRPS suits.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Emergency Plans	NHS England's Core Standards for EPRR require that there are routine checks carried out on the decontamination equipment including: - PRPS Suits - Decontamination structures - Disrobe and robe structures - Shower tray pump - RAM GENE (radiation monitor) - Other decontamination equipment. There is a named individual responsible for completing these checks.	Yes	A programme for checking and maintaining the Trust's CBRN equipment and supplies is in place and overseen by Chris Barbrook, General Manager for Emergency Department.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Update the CBRN Equipment Inventory.	Recurring Action - Six-monthly	Chris Barbrook, General Manager	31/08/2020	N/A	1 - Not Yet Commented
Emergency Plans	NHS England's Core Standards for EPRR require that there is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for: - PRPS Suits - Decontamination structures - Disrobe and robe structures - Shower tray pump - RAM GENE (radiation monitor) - Other equipment	Yes	A programme for checking and maintaining the Trust's CBRN equipment and supplies is in place and overseen by Chris Barbrook, General Manager for Emergency Department.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Emergency Plans	NHS England's Core Standards for EPRR require that there are effective disposal arrangements in place for PPE no longer required, as indicated by manufacturer / supplier guidance.	Yes	Any equipment being disposed of is done so in line with manufacturer's guidance	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						

Emergency Plans	NHS England's Core Standards for EPRR require that the current HAZMAT / CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training.	Yes	10 members of staff attended the CBRN Train-the-Trainer course with East Midlands Ambulance Service in February 2019 and these details have been uploaded to the HELM, the Trust's electronic learning system so that they can be linked to staff's personal development portfolios.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Emergency Plans	NHS England's Core Standards for EPRR require that internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programmes should include training for PPE and decontamination.	Yes	Training resources are in line with best practice and based on that which was supplied in the Train-the-Trainer package provided by East Midlands Ambulance Service in February 2019	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Emergency Plans	NHS England's Core Standards for EPRR require that the organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.	Yes	10 members of staff attended the CBRN Train-the-Trainer course with East Midlands Ambulance Service in February 2019 and these details have been uploaded to the HELM, the Trust's electronic learning system so that they can be linked to staff's personal development portfolios	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Emergency Plans	NHS England's Core Standards for EPRR require that staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Yes	The Emergency Department provides CBRN decontamination training to all new starters (nursing).	Partially Compliant: The Trust is able to provide a partial level of compliance with the identified requirement. Fundamental gaps/issues remain and work is still required to achieve full compliance.	Put in place a new CBRN training programme for staff in the Emergency Department.	One-Off Project	Ben Collins, EPRR Manager	31/03/2021	N/A	1 - Not Yet Commented
Emergency Plans	NHS England's EPRR Framework (V2.0) requires that the Trust has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served.	No	The Trust manages patient demand in line with the Operational Pressures and Escalation Levels (OPEL) framework.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Emergency Plans	NHS England's EPRR Framework (V2.0) requires that providers of NHS funded care ensure that recovery planning is an integral part of its EPRR function	No	The Trust's Incident Response Plan sets out in section 5.15 how it will manage recovery during a business continuity, critical or major incident.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Business Continuity	NHS England's EPRR Framework (V2.0) requires that the Trust, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this. NHS England's Core Standards for EPRR require that the organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers, and are assured that these providers business continuity arrangements work with their own.	Yes	The Trust's Business Continuity Policy (V4.0, January 2019) sets out the requirement to review existing contracts, develop service level agreements and/or memoranda of understanding to help in monitoring the business continuity arrangements of relevant external service providers and/or contractors. The roll-out of the Trust's Business Continuity Toolkit to all services and departments will enable Procurement & Supplies to better identify high risk suppliers for more comprehensive assessments of their plans to be undertaken.	Fully Compliant: The Trust is compliant with the identified requirement. Minor gaps/issues remain which if addressed, would provide a more substantial level of compliance.	Outcomes of the Trust-wide business impact analysis to be shared with Procurement & Supplies so that assurance on business continuity arrangements can be sought from identified high-risk suppliers and contractors.	One-Off Project	Mo Patel, Emergency Planning & Business Continuity Officer	31/07/2021	N/A	1 - Not Yet Commented
Business Continuity	NHS England's Core Standards for EPRR require that, in line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework). NHS England's Core Standards for EPRR require that the organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: - people - information and data - premises - suppliers and contractors - IT and infrastructure These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises.	Yes	The Trust has in place an Incident Response Plan (V1.0, March 2019) which sets out a clear and simple framework for responding to all business continuity, critical and major incidents. The Trust has in place a dedicated Business Continuity Plan (V1.0, March 2020) which sets out Trust-wide response arrangements for key business disruption risks.	Fully Compliant: The Trust is compliant with the identified requirement. Minor gaps/issues remain which if addressed, would provide a more substantial level of compliance.	Distribute physical copies of the new Business Continuity Plan to the Emergency Planning Folders.	One-Off Project	Katie Leah, Emergency Planning Assistant	30/09/2020	N/A	1 - Not Yet Commented
					The Trust should make all system owners aware of their responsibilities for disaster recovery and business continuity planning, as per the Trust's Business Continuity Policy.	One-Off Project	Mo Patel, Emergency Planning & Business Continuity Officer	31/12/2021	N/A	1 - Not Yet Commented
					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.	One-Off Project	Mo Patel, Emergency Planning & Business Continuity Officer	31/12/2021	N/A	1 - Not Yet Commented
					All IT system applications to have in place robust disaster recovery and business continuity plans	One-Off Project	System Owners	31/12/2022	N/A	1 - Not Yet Commented
Business Continuity	The Trust should complete site-specific flood risk assessments and where appropriate develop site-specific flood plans.	No	N/A	Non-Compliant: The Trust is able to provide very little or no compliance with the identified requirement. Significant work is required to achieve full compliance.	Undertake site-specific flood risk assessments and where appropriate develop site-specific flood plans.	One-Off Project	Mo Patel, Emergency Planning & Business Continuity Officer	31/12/2021	N/A	1 - Not Yet Commented
Business Continuity	NHS England's Core Standards for EPRR require that the organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	Yes	The scope and objectives of the Trust's BCMS are clearly set out in Section 2.0 of the Trust's new Business Continuity Management Policy (V3.0, January 2019).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Business Continuity	NHS England's Core Standards for EPRR require that the organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Yes	The Trust does not currently have a business impact analysis in place. However, a new Business Continuity Toolkit to support the development of this in place and a project plan to roll this out to all services and departments is in place for completion over the next 18 months.	Non-Compliant: The Trust is able to provide very little or no compliance with the identified requirement. Significant work is required to achieve full compliance.	Ensure each service and department across UHL has completed its Business Continuity Toolkit and collate this information to create a single Trust-wide Business Impact Analysis.	One-Off Project	Mo Patel, Emergency Planning & Business Continuity Officer	31/08/2021	N/A	1 - Not Yet Commented

Business Continuity	NHS England's Core Standards for EPRR require that the organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Yes	Details for how the Trust's BCMS will be monitored and evaluated are clearly set out in Section 7.0 of the Trust's new Business Continuity Management Policy (V3.0, January 2019).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Business Continuity	NHS England's Core Standards for EPRR require that the organisation has a process for internal audit, and outcomes are included in the report to the board.	Yes	Details for how the Trust will audit its BCMS are clearly set out in Section 5.14 of the Trust's new Business Continuity Management Policy (V3.0, January 2019).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Business Continuity	NHS England's Core Standards for EPRR require that there is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Yes	Details for how the Trust will ensure ongoing continuous improvement of its BCMS are clearly set out in Section 5.16 of the Trust's new Business Continuity Management Policy (V3.0, January 2019).	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Business Continuity	NHS England's Resilient Telecommunications Guidance for NHS England and the NHS in England requires Trusts to ensure that key incident response staff who reply upon mobile telephones are to have a system to preserve access to mobile networks when the network capacity is under pressure (e.g. MTPAS).	No	8 members of the Trust's UHL Strategic Incident Coordination Team are registered with MTPAS.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Review the Trust's MTPAS allocation.	Recurring Action - Annually	Katie Leah, Emergency Planning Assistant	30/09/2020	N/A	1 - Not Yet Commented
Business Continuity	NHS England's Core Standards for EPRR require that the organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Yes	The Trust is 100% compliant with the Data Protection & Security Toolkit and this has been reported to NHS Digital.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Training & Exercising	NHS England's EPRR Framework (V2.0) requires that providers of NHS funded care have robust and effective structures in place to adequately plan, prepare and exercise the tactical and operational response arrangements both internally and with their local healthcare partners. NHS England's Core Standards for EPRR require that the organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements. Organisations should meet the following exercising and testing requirements: - a six-monthly communications test - an annual table top exercise - a live exercise at least once every three years - a command post exercise every three years. Lessons identified must be captured, recorded and acted upon as part of continuous improvement.	Yes	The Trust's EPRR Policy (V2.0, April 2019) states that the Trust will undertake: - a six-monthly communications test - an annual table top exercise - a live exercise at least once every three years - a command post exercise every three years. The Trust has an annual training plan which is updated on a quarterly basis. The Trust has an annual exercise plan which is updated on a quarterly basis.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.	Update the EPRR Training & Exercise Plan to ensure training and exercising requirements continue to be met.	Recurring Action - Quarterly	Ben Collins, EPRR Manager	30/09/2020	N/A	5 - Complete
Training & Exercising	NHS England's Core Standards for EPRR require that the organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.	Yes	Each of the Trust's emergency and business continuity plans includes a training needs analysis and these requirements are incorporated into the annual EPRR Training & Exercise Plan. Training records are manually recorded and then uploaded to the HELM, the Trust's electronic learning system so that they can be linked to staff's personal development portfolios.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Training & Exercising	NHS England's Core Standards for EPRR require that on-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer. The identified individual: - Should be trained according to the NHS England EPRR competencies (National Occupational Standards) - Can determine whether a critical, major or business continuity incident has occurred - Has a specific process to adopt during the decision making - Is aware who should be consulted and informed during decision making - Should ensure appropriate records are maintained throughout.	Yes	All staff who may fulfil the role of UHL Tactical Commander and UHL Strategic Commander have attended a 2hr training session on the Trust's new Incident Response Plan. These staff are also asked to review the National Occupational Standards for Civil Emergencies and ensure any skills, behaviours and knowledge gaps are addressed as part of their personal development planning and annual appraisal process. On-call staff at the tactical level are supported with an Incident Decision Form which can be found in the appendix of the Incident Response Plan. This provides a clear and simple framework for identifying if an incident can be managed within business as usual parameters and if not, which type of incident of incident should be declared.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Training & Exercising	NHS England's Core Standards for EPRR require that strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and/or incident / exercise participation.	Yes	All EPRR-related training records are uploaded to HELM, the Trust's electronic learning system so that they can be linked to staff's personal development portfolios.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						
Other	The Trust should maintain an accurate record of if and when it has declared a business continuity, critical or major incident, alongside other near-misses.	No	The Trust has a dedicated Incident Log which is kept up-to-date by the EPRR Team.	Fully Compliant: The Trust is compliant with the identified requirement. No further work is required beside regular updates to maintain currency.						