

NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) 2018/19

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Trust Board paper G1

Executive Summary

Context

On 30th July 2018, Stephen Groves, National Head of EPRR, wrote to all NHS Accountable Emergency Officers to inform them of the emergency preparedness, resilience and response (EPRR) annual assurance process for 2018/19. This requires all providers of NHS funded care to complete a self-assessment against a set of core standards for EPRR and to report the outcomes to their respective Trust Boards.

Questions

1. How has UHL performed in its annual self-assessment against NHS England's core standards for EPRR?
2. Is the Board assured that the Trust has satisfactory arrangements in place to improve performance against the NHS England core standards for EPRR?

Conclusion

1. UHL has assessed itself as fully compliant against 77% of the applicable core standards for 2018/19, giving it an overall assurance rating of 'partially compliant.'
2. The Trust's EPRR Board will oversee a comprehensive 3-year programme of work to ensure all gaps identified as part of this self-assessment are fully addressed.

Input Sought

The Trust Board is asked to note the content of this report, approve the core standards self-assessment and the 3-year EPRR work programme to remedy the identified gaps.

For Reference

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Not applicable]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Not applicable]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Not applicable]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Yes]

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
3289	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.	15	8	Operations

b. Board Assurance Framework [Not applicable]

3. Related **Patient and Public Involvement** actions taken, or to be taken: N/A

4. Results of any **Equality Impact Assessment**, relating to this matter: N/A

5. Scheduled date for the **next paper** on this topic: September/October 2019

6. Executive Summaries should not exceed **4 sides** My paper does comply

7. Papers should not exceed **7 sides**. My paper does comply

REPORT TO: UHL TRUST BOARD

DATE: 4 OCTOBER 2018

REPORT BY: REBECCA BROWN – CHIEF OPERATING OFFICER

SUBJECT: NHS ENGLAND CORE STANDARDS FOR EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE 2018/19

1 INTRODUCTION

- 1.1 Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care must show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients. This work is referred to in the health service as emergency preparedness, resilience and response (EPRR).
- 1.2 As part of the NHS England EPRR Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.
- 1.3 NHS England has an annual statutory requirement to formally assure its own, and the NHS in England, EPRR readiness. To do this, NHS England asks commissioners and providers of NHS funded care to complete an EPRR annual assurance process. This process incorporates four stages:
1. EPRR Self-assessment by commissioners and providers of NHS funded care;
 2. Local Health Resilience Partnership (LHRP) confirm and challenge;
 3. NHS England regional EPRR team confirm and challenge;
 4. NHS England national EPRR team confirm and challenge;
- 1.4 Based on this process, NHS England will submit a national EPRR assurance report to the NHS England Board. The report is then shared with the Department of Health and Social Care (DHSC) and the Secretary of State for Health and Social Care.

2 CORE STANDARDS FOR EPRR

- 2.1 The NHS England core standards for EPRR are the minimum requirements commissioners and providers of NHS funded services must meet. These core standards are the basis of the EPRR annual assurance process. Commissioners and providers of NHS funded services must assure themselves against the core standards.
- 2.2 The NHS England Core Standards for EPRR are split into nine domains, along with a deep dive into a specific area. The domains are as follows:
1. Governance
 2. Duty to risk assess
 3. Duty to maintain plans

4. Command and control
5. Training and exercising
6. Response
7. Warning and informing
8. Cooperation Business continuity
9. Chemical Biological Radiological Nuclear (CBRN).

2.3 Deep-Dive

- 2.3.1 Each year a 'deep dive' is conducted to gain additional assurance into a specific area.
- 2.3.2 The 'deep dive' topic for 2018/19 is command and control.
- 2.3.3 The self-assessment against the 'deep dive' standards does not contribute to the organisation's overall EPRR assurance rating and should be reported separately.

3 CORE STANDARDS SELF-ASSESSMENT

- 3.1 The first stage of the NHS England assurance process is for all commissioners and providers of NHS funded care to complete a self-assessment against the core standards for EPRR.
- 3.2 For 2018/19, there were a total of 64 applicable core standards on which UHL was required to assess itself against. For each standard, the Trust must determine if it is:
 - a) Fully compliant
 - b) Partially compliant: The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.
 - c) Not compliant: In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months
- 3.3 In addition to the above, there were an additional 8 'deep dive' core standards which UHL was required to assess itself against.
- 3.4 The Trust's Emergency Planning Office undertook the self-assessment in August 2018, the results of which are outlined in table 1 below.

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	14	7	2	5
Command and control	2	1	0	1
Training and exercising	3	1	2	0
Response	7	4	2	1
Warning and informing	3	3	0	0

Cooperation	4	4	0	0
Business Continuity	9	7	0	2
CBRN	14	14	0	0
Total	64	49	6	9

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Incident Coordination Centres	4	1	3	0
Command structures	4	2	2	0
Total	8	3	5	0

Table 1: UHL Self-Assessment Outcomes

- 3.5 UHL is fully compliant with 77% of the core standards it is expected to achieve in line with the NHS England assessment criteria. Based on the outcomes of the self-assessment, UHL will be assigned an overall assurance rating of 'partially compliant' as it is compliant with 77 – 88% of the core standards the organisation is expected to achieve.
- 3.6 The outcome of this self-assessment supports the findings of an internal review into the Trust's EPRR arrangements which was carried out in the first quarter of 2018/19 by the Trust's new Emergency Planning Officer.
- 3.7 In response to this internal review, the Trust's Emergency Planning Office developed a comprehensive 3-year EPRR work programme which aims to address all of the gaps identified in the Trust's resilience. The 3-year EPRR work programme has subsequently been signed off by the Trust's EPRR Board and work to deliver on this has since begun.
- 3.8 The agreed 3-year EPRR work programme will address all non-conformities identified in the 2018/19 core standards for EPRR self-assessment.
- 3.9 If the 3-year EPRR work programme is delivered upon within the agreed timescales, the Trust will be able to provide an overall assurance rating of full compliance by 2021/22.
- 3.10 In line with the agreed assurance process, the Trust submitted the following information to NHS England on 20th August 2018:
- UHL's Core standards self-assessment for 2018/19; and
 - UHL's 3-year EPRR Work Programme.

4 NEXT STEPS

- 4.1 **Stage Two: Local Health Resilience Partnership (LHRP) Confirm and Challenge Process.**
- 4.1.1 NHS England, in conjunction with the LHRP, will host a 'confirm and challenge' process to review and consider the Trust's EPRR self-assessment return.
- 4.1.2 The confirm and challenge meeting will take place on Tuesday 9th October 2018. The Trust will be represented at the meeting:
- Rebecca Brown, Chief Operating Officer (Accountable Emergency Officer);

- Moira Durbridge, Director of Safety and Risk;
 - Richard Manton, Risk Manager;
 - Ben Collins, Emergency Planning Officer.
- 4.1.3 As a result of the Trust's 'non-compliant' 2018/19 core standards for EPRR self-assessment:
- The LHRP can be expected to investigate further, and support the development of any corrective actions; and
 - Arrangements will be made by the LHRP to regularly monitor and assist progress to an agreed level of compliance.
- 4.1.4 At the end of the confirm and challenge process, the LHRP will provide the NHS England local and / or regional Director responsible for EPRR with a report on the preparedness of all organisations in its Partnership.
- 4.1.5 The deadline for completing stage 2 is 31 October 2018.
- 4.2 **Stage Three: NHS England Regional EPRR Team Confirm and Challenge Process**
- 4.2.1 The NHS England Regional EPRR team will conduct a 'confirm and challenge' process with the LHRP co-chairs and submit a regional summary assurance return to the NHS England National EPRR team by 31 December 2018.
- 4.3 **Stage Four: NHS England National EPRR Team Confirm and Challenge Process**
- 4.3.1 The NHS England National EPRR team will hold a 'confirm and challenge' meeting with the NHS England Regional EPRR team by 28 February 2019.
- 4.3.2 A national assurance report will be prepared for the NHS England Board by 31 March 2019. This report will also be used to provide national EPRR assurance to central government.

5 CONCLUSION AND RECOMMENDATIONS

- 5.1 The Trust has undertaken stage 1 of NHS England's core standards EPRR assurance process and identified itself as being overall 'partially compliant'.
- 5.2 The Trust has in place an agreed 3-year EPRR work programme which will address all non-conformities identified in the 2018/19 core standards for EPRR self-assessment.
- 5.3 The Trust expects that it will achieve full compliance against NHS England's core standards for EPRR within 3 years.
- 5.4 The Trust Board is asked to review and approve the core standards self-assessment and the 3-year EPRR work programme to remedy the identified gaps.

**EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) AND BUSINESS CONTINUITY MANAGEMENT (BCM)
THREE YEAR WORK PROGRAMME: YEAR 1 (2018/19) – YEAR 2 (2019/20) – YEAR 3 (2020/21)**

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
EPRR Governance	Resourcing	<p>Requirement: The Trust is required to adequately resource the EPRR programme of work with at least:</p> <ul style="list-style-type: none"> • A Non-Executive Director (NED) with the EPRR portfolio attached; • An Accountable Emergency Officer (AEO); • An Emergency Planning Officer. <p>Current Position: The Trust currently has in place the following roles to support EPRR:</p> <ul style="list-style-type: none"> • 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; <p>Subsequently, the Trust is meeting the minimum resourcing requirements, as set by NHS England.</p>	<p>1. The Trust should consider identifying the following identified roles to further support the EPRR programme:</p> <ul style="list-style-type: none"> • 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
	Funding	<p>Requirement: The Trust should ensure adequate resources are in place to support the EPRR agenda.</p> <p>Current Position: The Trust currently funds the following recurring costs:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>	N/A	N/A	N/A
	Board Reporting	Annual Board Report	<p>Requirement: The Trust is required under NHS England's Core Standards for EPRR to provide the Trust Board with an annual report on EPRR.</p> <p>Current Position: The Trust submitted its annual report to the Trust Board during August 2017.</p>	<p>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.</p>	Emergency Planning Office Accountable Emergency Officer

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) AND BUSINESS CONTINUITY MANAGEMENT (BCM) THREE YEAR WORK PROGRAMME: YEAR 1 (2018/19) – YEAR 2 (2019/20) – YEAR 3 (2020/21)

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Core Standards	<p>Annual Self-Assessment</p> <p>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.'</p> <p>Current Position: The Trust submitted its last self-assessment in line with expectations during the summer of 2017.</p>	<p>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.</p>	<p>Emergency Planning Office</p> <p>Accountable Emergency Officer</p> <p>Trust Board</p>	Annually
		<p>Access to rotas</p> <p>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.</p> <p>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.</p>	N/A	N/A	N/A
		<p>Access to EPRR policies</p> <p>Requirement: All Trust staff should be freely able to access all EPRR policies.</p> <p>Current Position: The key point of access to EPRR policies is via the 'Guidelines and Policies' section of InSite.</p>	N/A	N/A	N/A
	Sharing Information	<p>Access to unrestricted EPRR plans and procedures</p> <p>Requirement: All Trust staff should be freely able to access all unrestricted EPRR plans and procedures.</p> <p>Current Position: Some unrestricted internal plans/procedures are available to staff on InSite, via SharePoint.</p> <p>Some plans have been reclassified as policy documents to enable them to be listed under the 'Guidelines and Policies' section of InSite.</p>	<p>4. The Trust should make all unrestricted plans and procedures (internal and external) readily available to staff on the emergency planning pages of InSite.</p> <p>5. The Trust should ensure its EPRR documentation is correctly classified as being either a policy, a strategy, a plan, or a procedure.</p>	<p>Emergency Planning Office</p> <p>Emergency Planning Office</p>	Year 1
		<p>Access to restricted plans and procedures</p> <p>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.</p> <p>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.</p>	<p>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.</p>	<p>Emergency Planning Office</p>	Year 1

**EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) AND BUSINESS CONTINUITY MANAGEMENT (BCM)
THREE YEAR WORK PROGRAMME: YEAR 1 (2018/19) – YEAR 2 (2019/20) – YEAR 3 (2020/21)**

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
EPRR Committees & Forums	Emergency Planning and Business Continuity Committee (UHL)	<p>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 EPRR and providing the Trust Board with assurance against this work programme.</p> <p>Current Position: The Trust has in place a terms of reference for its Emergency Planning & Business Continuity Committee, due for review February 2016.</p> <p>The current terms of reference does not accurately reflect who has been in attendance over the last 12 months.</p>	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
		<p>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.</p> <p>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.</p>	N/A	N/A	N/A
		<p>Requirement: Membership of the Trust's internal EPRR group/forum should include senior representation from each directorate/CMG.</p> <p>Current Position: Attendance at the committee during the 2017 calendar year was as follows:</p> <ul style="list-style-type: none"> • 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; 	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
			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

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) AND BUSINESS CONTINUITY MANAGEMENT (BCM) THREE YEAR WORK PROGRAMME: YEAR 1 (2018/19) – YEAR 2 (2019/20) – YEAR 3 (2020/21)

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
			<ul style="list-style-type: none"> • CSI = 100% attendance; • Risk Management = 100% attendance; • Emergency Planning = 100% attendance. <p>*The Accountable Emergency Officer does not currently attend the committee and is not on the committee's distribution list.</p>			
	Local Health Resilience Partnership (LHRP) Executive Committee	Meeting Overview	<p>Requirement: NHS England's Core Standards for EPRR require that the Local Health Resilience Partnership is attended by a director-level member of staff.</p> <p>Current Position: This quarterly meeting was attended by the Trust's previous substantive Accountable Emergency Officer, or nominated deputy.</p>	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
	Local Health Resilience Partnership (LHRP) Sub-Group Meeting	Meeting Overview	<p>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.</p> <p>Current Position: This quarterly meeting is currently attended by the Trust's Emergency Planning Officer.</p>	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
	LLR Prepared Executive Board (Chair: Police)	Meeting Overview	<p>Requirement: NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum.</p> <p>Current Position: This twice-annual meeting is currently unattended, but was attended in the past by the Trust's previous Accountable Emergency Officer.</p>	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
	LRF: Governance & Delivery Group (Chair: Fire)	Meeting Overview	<p>Requirement: NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum.</p> <p>Current Position: This quarterly meeting is currently attended by NHS England who feedback to the Trust via the Local Health Resilience Partnership.</p>	N/A	N/A	N/A
	LRF: People and Communities (Chair: LRF)	Meeting Schedule	<p>Requirement: NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum.</p> <p>Current Position: This quarterly meeting is currently attended by Leicestershire Partnership Trust who feedback to the Trust via the Local Health Resilience Partnership.</p>	N/A	N/A	N/A

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) AND BUSINESS CONTINUITY MANAGEMENT (BCM) THREE YEAR WORK PROGRAMME: YEAR 1 (2018/19) – YEAR 2 (2019/20) – YEAR 3 (2020/21)

THEME	PROJECT		UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	LRF: Practice Group Meeting (Training and Exercising) (Chair: LRF/LPT)	Meeting Overview	<p>Requirement: NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum.</p> <p>Current Position: This quarterly meeting is currently attended by the Trust's Emergency Planning Officer.</p>	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
	LRF: Planning and Capabilities (PCAP) (Chair: Police)	Meeting Overview	<p>Requirement: NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum.</p> <p>Current Position: This quarterly meeting is currently attended by the Trust's Emergency Planning Officer.</p>	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
	LRF: Media and Communications Group (Chair: UHL)	Meeting Overview	<p>Requirement: NHS England's Core Standards for EPRR require that the Trust actively participates in or are represented at the Local Resilience Forum.</p> <p>Current Position: This quarterly meeting is currently attended and chaired by the Trust's Deputy Director of Communications.</p>	15. The Trust should continue to chair LLR Prepared Media and Communications Group, via the Deputy Director of Communications.	Deputy Director of Comms	Ongoing: Quarterly
Policies	EPRR Policy	Documentation & Governance	<p>Requirement: NHS England's Core Standards for EPRR require that the Trust has an overarching policy for EPRR.</p> <p>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.</p>	16. The Trust should develop an overarching policy which sets out expectations of emergency preparedness, resilience and response.	Emergency Planning Office	Year 1
	BCM Policy	Documentation & Governance	<p>Requirement: Best practice and NHS guidelines set out that NHS Trust's should have an overarching policy for business continuity management.</p> <p>Current Position: The Trust has a Business Continuity Management policy (V2.0, January 2013) which is next due for review in February 2019.</p>	17. The Trust should review and update its Business Continuity Management policy.	Emergency Planning Office	Year 1
	On-Call Policy	Documentation & Governance	<p>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.</p> <p>Current Position: The Trust does not have an on-call policy.</p>	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 1 st draft. Policy owner to be identified by COO.	Year 1

**EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) AND BUSINESS CONTINUITY MANAGEMENT (BCM)
THREE YEAR WORK PROGRAMME: YEAR 1 (2018/19) – YEAR 2 (2019/20) – YEAR 3 (2020/21)**

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
Comms & Engagement	Internal Trust Intranet	<p>Requirement: The Trust should communicate its EPRR-agenda to its staff Trust wide.</p> <p>Current Position: The Trust has two pages on InSite:</p> <ul style="list-style-type: none"> 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
	Resilience Direct	<p>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.</p> <p>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.</p>	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
	External Trust Website	<p>Requirement: The Trust is required by law under the Civil Contingencies Act to share information and inform the public.</p> <p>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).</p> <p>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/</p>	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
	Mobile Telecomms Privilege Access Scheme (MTPAS)	Access	<p>Requirement: None.</p> <p>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.</p>	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

**EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) AND BUSINESS CONTINUITY MANAGEMENT (BCM)
THREE YEAR WORK PROGRAMME: YEAR 1 (2018/19) – YEAR 2 (2019/20) – YEAR 3 (2020/21)**

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
Risk Assessment	EPRR & BCM Risks	<p>Requirement: NHS England's Core Standards for EPRR require that:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>The Trust currently has no risks which may trigger the need for a critical or major incident to be declared.</p> <p>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.</p> <p>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.</p>	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
			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
Emergency Plans	Incident Response Plan	<p>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).</p> <p>Current Position: The Trust has three main documents which collectively support an incident response. These include:</p> <ul style="list-style-type: none"> 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

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Definitions and Terminology	<p>Requirement: The Trust should ensure terms and definitions used in its incident response plan are consistent and in line with that of NHS guidance.</p> <p>Current Position: The Trust’s major incident policy (section A and B) and internal incident plan refer to outdated definitions and terminology, including:</p> <ul style="list-style-type: none"> • 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
	Notification Procedure	<p>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.</p> <p>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.</p> <p>Neither the major incident policy nor the internal incident plan set out how the Trust might be notified of non-casualty based incidents.</p>	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
	Escalation Arrangements	<p>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.</p> <p>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.</p> <p>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.</p>	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: <ul style="list-style-type: none"> 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

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Decision Framework	<p>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.</p> <p>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.</p>	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
	Activation Procedures	<p>Requirement: The Trust's Incident Response Plan should include clear arrangements on how a business continuity, critical or major incident is activated.</p> <p>Current Position: Neither the major incident policy or internal incident plan set out how a business continuity incident may be activated.</p> <p>Critical incidents are activated on the decision of the director on-call.</p> <p>Major incidents are activated on the decision of East Midlands Ambulance Service or the director on-call.</p>	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
	Cascade Arrangements	<p>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.</p> <p>Current Position:</p> <p><u>System</u> The Trust has a contract with Everbridge to provide instant emergency notifications and staff polling via phone, SMS and email.</p> <p><u>Users</u> 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.</p> <p>The Trust currently relies on a manual process for updating registered contact details which is labour intensive.</p>	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
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	
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	
34. The Trust should explore electronic options to allow staff to add/review/update/remove their contact details themselves.			Emergency Planning Office	Year 1	
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	

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		<p><u>Governance</u> The Trust does not currently have any documented governance arrangements in place to support the use of the Everbridge system. For example:</p> <ul style="list-style-type: none"> 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. <p><u>Operational Usage</u> The Trust has no standard operating procedures in place for how to use the Everbridge system.</p> <p><u>Notification</u> The Everbridge system allows the Trust to send out notification messages to registered staff.</p> <p>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.</p> <p>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.</p> <p><u>Polling</u> The Everbridge system allows the Trust to poll staff during an incident (i.e. can they come to work, support an incident).</p> <p>The Trust has not assessed how this tool can be best utilised during an incident.</p> <p>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.</p>	<p>36. The Trust should develop standard operating procedures for staff who may need to use the Everbridge system.</p> <p>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.</p> <p>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.</p>	<p>Emergency Planning Office</p> <p>EPRR Board</p> <p>EPRR Board</p>	<p>Year 1</p> <p>Year 1</p> <p>Year 1</p>

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Incident Coordination Centre(s)	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Current Position: The Trust has the following incident coordination centres:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Glenfield hospital ○ RRCV CMG ○ Women’s and Children’s ○ CSI CMG ○ ESM CMG ○ MSK & Specialist Surgery CMG ○ CHUGGS CMG ○ IPTAS CMG ○ Theatres ○ Therapies ○ Communications ○ Corporate (IM&T and Estates and Facilities) <p>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.</p> <p>As demonstrated during daily operational command meetings, existing infrastructure to support cross-site communication (i.e. teleconferencing/videoconferencing) is not fit for purpose.</p>	39. The Trust should undertake a comprehensive review of its incident coordination centres. This should include: <ul style="list-style-type: none"> 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 order to close any identified gaps; 	Emergency Planning Office	Year 1

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Emergency Planning Mailbox	<p>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.</p> <p>Current Position: The Trust has an emergency planning mailbox, however, access to the mailbox is currently restricted to members of the emergency planning team.</p>	<p>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).</p> <p>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.</p> <p>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.</p>	Emergency Planning Office	Year 1
	Command and Control: Roles & Responsibilities	<p>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.</p> <p>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.</p> <p>Roles and responsibilities of individual services/departments/CMGs are included within their own respective sections of the major incident policy (section B).</p>	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.	Emergency Planning Office	Year 1
	Command and Control: Action Cards	<p>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.</p> <p>Current Position: The Trust’s major incident policy and internal incident plan include role-specific action cards for key roles.</p>	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
	Response Strategies	<p>Requirement: The Trust’s Incident Response Plan should include a standardised methodology which staff can use to develop appropriate response strategies.</p> <p>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.</p>	<p>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:</p> <ul style="list-style-type: none"> 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

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Information Flow	<p>Requirement: The Trust's Incident Response Plan should include clear arrangements of how gold/silver/bronze control teams communicate with one another.</p> <p>Current Position: The Trust's major incident policy sets out a fixed meeting schedule/reporting rhythm for use during a major incident.</p>	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
	Contact Details	<p>Requirement: The Trust's Incident Response Plan should include contact details of all available incident coordination centres, key personnel and relevant partner organisations.</p> <p>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.</p> <p>External contact numbers are maintained on ResilienceDirect.</p>	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
	Recovery Arrangements	<p>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.</p> <p>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.</p>	N/A	N/A	N/A
	Stand Down Arrangements	<p>Requirement: The Trust's Incident Response Plan should include clear arrangements for how a declared business continuity, critical or major incident is stood down.</p> <p>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.</p> <p>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.</p>	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
	Debriefing Arrangements	<p>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.</p>	N/A	N/A	N/A

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		<p>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.</p>			
	Training	<p>Requirement: NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>Current Position: Based on existing training records:</p> <ul style="list-style-type: none"> 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
	Exercising	<p>Requirement: NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>Current Position: The Trust regularly carries out tests and exercises of its major incident policy.</p>	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
	Documentation & Governance	<p>Requirement: The Trust is required to following NHS England's Operational Escalation Level (OPEL) framework.</p> <p>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.</p> <p>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, meaning there are no agreed criteria for when these incidents can be declared, nor are there any</p>	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 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.	Director of Operational Improvement Emergency Planning Office	Year 1
	Surge & Escalation Framework				

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		<p>descriptions around what these declarations enable the Trust to do differently above and beyond an OPEL level 4.</p> <p>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.</p>			
Casualty / Mass Casualty Response Plan	Documentation & Governance	<p>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.</p> <p>During a mass casualty incident, the Trust is required to make available:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>	<p>52. The Trust should create a specific 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:</p> <ul style="list-style-type: none"> • Make available: <ul style="list-style-type: none"> ○ 10% of its total bed base within 6 hours of a mass casualty incident being declared; ○ 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. 	<p>Emergency Planning Office</p> <p>Chief Operating Officer</p>	Year 2
	Training	<p>Requirement: NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>Current Position: No training is currently provided to staff on incidents involving mass casualties.</p>	<p>53. The Trust should undertake a training needs analysis for its mass casualty plan and incorporate any needs identified into the EPRR training plan.</p>	<p>Emergency Planning Office</p>	Year 2
	Exercising	<p>Requirement: NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>Current Position: The Trust has not tested or exercised how it would respond to a mass casualty incident.</p>	<p>54. The Trust should undertake an exercising needs analysis for its mass casualty plan and incorporate any identified needs into its EPRR exercise programme.</p>	<p>Emergency Planning Office</p>	Year 2
Relative's Reception Centre Response Plan	Documentation & Governance	<p>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.</p>	<p>55. In light of the lessons learned from exercise Soteria, the Trust should undertake a full review of its relatives' reception centre plan.</p>	<p>Emergency Planning Office</p> <p>Chaplaincy / Nursing</p>	Year 1

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		<p>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.</p> <p>The relatives' reception centre is based in the clinical skills centre in the Victoria building on level 2.</p>	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
	Training	<p>Requirement: NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>Current Position: No training is currently provided to staff on the relatives' reception centre plan.</p>	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
	Exercising	<p>Requirement: NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>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.</p>	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
	Documentation & Governance	<p>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.</p> <p>Current Position: The Trust has a CBRN plan which sets out how the Trust's emergency department will respond to self-presenting contaminated patients.</p> <p>The scope of the CBRN plan only covers self-presenting contaminated patients and does not include patients who may arrive via ambulance.</p> <p>It is not clear how the response to a CBRN plan links with the Trust's existing major incident policy.</p>	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
60. The Trust, in partnership with multi-agency partners, should review the mass decontamination element of the CBRN plan.			Emergency Planning Office	Year 2	
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	

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		<p>The CBRN plan does not clearly describe any roles and responsibilities for services outside of the emergency department.</p> <p>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.</p> <p>It is not clear what the impact will be of contaminated casualties congregating close to the ambulance receiving bays, before receiving decontamination.</p> <p>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.</p> <p>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.</p>	<p>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:</p> <ol style="list-style-type: none"> Widening the scope to include patients who may arrive via ambulance; Making clear the links to the Trust's existing major incident policy; Widening the scope to include the roles and responsibilities of services outside of the emergency department; How the Trust can identify possibly contaminated casualties before they enter the emergency department (once a CBRN incident has been identified); 	<p>Emergency Planning Office</p> <p>Emergency Department</p> <p>Estates & Facilities</p>	Year 2
	Equipment	<p>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.</p> <p>Current Position: The Trust has in place the following equipment to support its CBRN plan:</p> <ul style="list-style-type: none"> More than 24 PRPS; 1x Erectable tent; 1x Decontamination shower room, with space for 7 ambulant casualties; 	<p>63. The Trust should create a full inventory for its CBRN equipment.</p> <p>64. The Trust should create a maintenance schedule for its CBRN equipment.</p>	<p>Emergency Planning Office</p> <p>Emergency Planning Office</p>	Year 1
	Training	<p>Requirement: NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>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.</p>	<p>65. The Trust should undertake a training needs analysis for its revised CBRN plan and incorporate any needs identified into the EPRR training plan.</p>	<p>Emergency Planning Office</p>	Year 2

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		<p>No training is currently provided for medical staff in the emergency department.</p> <p>No training is currently provided for any staff outside of the emergency department.</p>			
	Exercising	<p>Requirement: NHS England’s core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>Current Position: The Trust has not tested or exercised its CBRN plan in the last 5 years.</p>	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
	Documentation & Governance	<p>Requirement: NHS England’s Core Standards for EPRR require that the Trust has documented plans and procedures for the distribution on mass countermeasures.</p> <p>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.</p>	67. The Trust should develop a mass countermeasures response plan.	Emergency Planning Office Infection Prevention Pharmacy	Year 3
	Training	<p>Requirement: NHS England’s core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>Current Position: No training is currently provided to staff on the mass countermeasures.</p>	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 3
	Exercising	<p>Requirement: NHS England’s core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>Current Position: The Trust has not tested or exercised the need to deploy mass countermeasures.</p>	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 3
	Documentation & Governance	<p>Requirement: NHS England’s Core Standards for EPRR require that the Trust has documented plans and procedures for excess deaths and mass fatalities.</p> <p>Current Position: The Trust would follow the Local Resilience Forum’s (LRF) Excess Deaths Plan.</p>	N/A	N/A	N/A

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Training	<p>Requirement: NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>Current Position: No training is currently provided to on the LRF's Excess Deaths Plan to any staff outside of the mortuary.</p>	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
	Exercising	<p>Requirement: NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>Current Position: Testing and exercising of this plan will be organised by the Local Resilience Forum.</p>	N/A	N/A	N/A
	Documentation & Governance	<p>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.</p> <p>Current Position: The Trust has in place a Pandemic Influenza Plan for the Management of Surges and Demands on the Trust during a Pandemic.</p>	<p>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:</p> <ul style="list-style-type: none"> 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
	Influenza Pandemic Plan		<p>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:</p> <ul style="list-style-type: none"> 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
	Training	<p>Requirement: NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>Current Position: No training is currently provided to staff on the Trust's Pandemic Influenza Plan.</p>	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

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Exercising	<p>Requirement: NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>Current Position: The Trust has not tested or exercised its Pademic Influenza Plan.</p>	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
VIP and/or High Profile Patient (Ops Consort)	Documentation & Governance	<p>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.</p> <p>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.</p> <p>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).</p> <p>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).</p>	<p>75. The Trust should update and review Operation Consort. As part of this review, details should be included:</p> <ul style="list-style-type: none"> 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). 	<p>Emergency Planning Office</p> <p>Emergency Department</p> <p>Leicestershire Police</p>	Year 1
	Training	<p>Requirement: NHS England's core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>Current Position: Staff are currently trained on an ad-hoc basis in advance of a planned visit by a VIP/high profile patient.</p>	76. The Trust should undertake a training needs analysis for its revised Operation Consort and incorporate any identified needs into its EPRR training plan.	<p>Emergency Planning Office</p> <p>Emergency Department</p> <p>Leicestershire Police</p>	Year 1
	Exercising	<p>Requirement: NHS England's core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>Current Position: Operation Consort was last tested as part of a royal visit to the Trust in 2018.</p>	77. The Trust should undertake an exercising needs analysis for its revised Operation Consort and incorporate any identified needs into its EPRR exercise programme.	<p>Emergency Planning Office</p> <p>Emergency Department</p> <p>Leicestershire Police</p>	Year 1

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN	
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	
	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
		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	
		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	
		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	
	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.				Local Security Management Specialists Emergency Planning Office	
	Training		Requirement: NHS England's core standards for EPRR require that staff are trained to carry out their roles during an	84. The Trust should undertake a training needs analysis for its new lockdown policy and incorporate any identified	Emergency Planning	Year 1

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		<p>emergency.</p> <p>Current Position: The Trust does not have in place lockdown plans for its three main sites, so no training has been provided.</p>	needs into its EPRR training plan.	Office Local Security Management Specialists	
	Exercising	<p>Requirement: NHS England’s core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>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.</p>	85. The Trust should undertake an exercising needs analysis for its new lockdown policy and incorporate any identified needs into its EPRR exercise programme.	Emergency Planning Office	Year 1
	Documentation & Governance	<p>Requirement: NHS guidance and best practice guidelines recommend NHS Trusts have in place plans to respond to a bomb threat.</p> <p>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.</p>	86. The Trust should review its bomb threat response plan and make this readily available, within arm’s reach, of switchboard call handlers.	Local Security Management Specialists Emergency Planning Office	Year 1
	Bomb Threat Plan Training	<p>Requirement: NHS England’s core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>Current Position: Bomb threat response is included as part of Griffin training provided through security.</p> <p>Switchboard staff do not currently receive training.</p>	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 Local Security Management Specialists	Year 1
	Exercising	<p>Requirement: NHS England’s core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>Current Position: The Trust has not tested or exercised its arrangements for dealing with a bomb threat.</p>	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
	Suspect Package Plan Documentation & Governance	<p>Requirement: NHS guidance and best practice guidelines recommend NHS Trusts have in place plans to respond to a suspect package</p> <p>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.</p>	89. The Trust should review its suspect package response arrangements and include these as part of any revised bomb threat response plan.	Local Security Management Specialists Emergency Planning Office	Year 1

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Training	<p>Requirement: NHS England’s core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>Current Position: Local Security Management Specialists (LSMS) provide training to security officers on the Trust’s arrangements for dealing with suspect packages.</p>	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 Local Security Management Specialists	Year 1
	Exercising	<p>Requirement: NHS England’s core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>Current Position: The Trust has not tested or exercised its arrangements for dealing with suspect packages.</p>	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

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	<p align="center">Evacuation & Shelter Plan</p>	<p>Documentation & Governance</p> <p>Requirement: NHS England’s Core Standards for EPRR require that the Trust has in place a shelter and evacuation plan.</p> <p>Current Position: The Trust has a UHL Evacuation Plan.</p> <p>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.</p> <p>The evacuation plan identifies four scales of evacuation (horizontal, vertical, whole building, whole site), but evacuation routes have only been identified for horizontal evacuation.</p> <p>The evacuation plan does not describe how it will link with the Trust’s major incident policy or internal incident plan.</p> <p>The evacuation plan does not adequately describe how Trust staff will be notified on the scale of evacuation required.</p> <p>The evacuation plan relies on the Trust’s control rooms at LRI not being affected by the evacuation.</p> <p>The evacuation plan does not provide guidance on what staff should do in the event that patients cannot be evacuated.</p> <p>Trust staff have not received training on the evacuation plan.</p> <p>The evacuation plan has not been tested.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>The Trust does not have a central register to document whether or not departments have up to date fire evacuation plans.</p> <p>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.</p>	<p>92. The Trust should undertake a comprehensive review of its evacuation plan. As part of the review, the Trust should:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. 	<p>Emergency Planning Office</p> <p>Estates and Facilities</p> <p>All Trust Services</p>	<p>Year 3</p>

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Training	<p>Requirement: NHS England’s core standards for EPRR require that staff are trained to carry out their roles during an emergency.</p> <p>Current Position: The Trust has not provided any training on its evacuation plan.</p>	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
	Exercising	<p>Requirement: NHS England’s core standards for EPRR require that the Trust regularly exercises its emergency and business continuity plans.</p> <p>Current Position: The Trust held an evacuation workshop in 2015.</p>	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
	Incident Register	<p>Requirement: The Trust should maintain an accurate record of if and when it has declared a business continuity, critical or major incident.</p> <p>Current Position: The Trust’s emergency planning office maintains an incident register for business continuity, critical and major incidents.</p>	95. The Trust should continue to maintain an incident register for business continuity, critical and major incidents.	Emergency Planning Office	Ongoing
Business Continuity Plans	Severe Weather Plan(s), including rain, thunderstorms, lightning, wind, fog, snow & ice	<p>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.</p> <p>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.</p>	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
	Met Office alerts	<p>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.</p> <p>Current Position: The Trust receives Met Office alerts for severe weather, heatwave and cold weather into the Emergency Planning Office.</p> <p>The Trust has no documented procedure about how and when alerts from the Met Office are distributed more widely within the Trust.</p>	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
	Flood Plan(s)	<p>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.</p> <p>Current Position: The Trust has not formally assessed the</p>	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	Year 2

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		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.		Agency Estates & Facilities	
	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: <ul style="list-style-type: none"> • 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
	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: <ul style="list-style-type: none"> • 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

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
			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: <ul style="list-style-type: none"> 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
			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
	Loss of Water / Drainage	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 estates/facilities, corporately and at</p>	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
			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: <ul style="list-style-type: none"> 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

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		a ward level).	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
	Loss of Medical Gases	<p>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.</p> <p>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.</p> <p>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).</p>	<p>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.</p> <p>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:</p> <ol style="list-style-type: none"> How affected services will be informed of a disruption to the supply; How long will it take for supplies of medical gas cylinders to be delivered to the necessary areas and made operational; For how long the Trust can function on medical gas cylinders, in the event of a Trust-wide disruption. How long vacuum may be out of operation for, in the event that the duty/standby compressor is activated. <p>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.</p>	<p>Emergency Planning Office</p> <p>Estates and Facilities</p> <p>Estates and Facilities</p> <p>Emergency Planning Office</p> <p>Business Continuity Task & Finish Group</p>	<p>Year 2</p> <p>Year 2</p> <p>Year 1</p> <p>Year 2</p>

**EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) AND BUSINESS CONTINUITY MANAGEMENT (BCM)
THREE YEAR WORK PROGRAMME: YEAR 1 (2018/19) – YEAR 2 (2019/20) – YEAR 3 (2020/21)**

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Loss of Heating / Cooling	<p>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.</p> <p>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.</p> <p>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).</p>	114. The Trust should identify safe indoor temperature ranges for staff and patients.	Emergency Planning Office Workforce & OD Chief Nurse Medical Director	Year 2
		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	
		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	
		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	
	Fuel Shortage	<p>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.</p> <p>Current Position: In the event of a fuel disruption, the Trust will follow the National Emergency Plan for Fuel.</p> <p>Arrangements for fuel shortage power are currently documented in a draft 'procedure sheet' within the Estates &</p>	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

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		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)	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
	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
	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
	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.	122. The Trust should develop a framework for identifying critical or essential pieces of equipment.	Emergency Planning Office	Year 2
	Loss of 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.	123. The Trust should identify its critical or essential pieces of equipment.	Emergency Planning Office	Year 3
			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

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THREE YEAR WORK PROGRAMME: YEAR 1 (2018/19) – YEAR 2 (2019/20) – YEAR 3 (2020/21)**

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
Loss of Suppliers	Documentation & Governance	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • Critical supplier • Strategic supplier • Tactical supplier • Performance managed <p>All of the Trust's suppliers are required to have business continuity arrangements in place under the terms of contract with the Trust.</p> <p>The business continuity plans belonging to critical suppliers and strategic suppliers are requested and sent to both procurement and the emergency planning office.</p> <p>Procurement and suppliers does review business continuity plans it receives but not against a common framework or set of standards.</p>	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
	Wannacry Recommendations	<p>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'.</p> <p>Current Position: The Trust is compliant against ISO:27001 – Information security management systems.</p> <p>The Trust has an 'IT Major Incident Management' process (V2.0 December 2016)</p>	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
Cyber Attack			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
			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	IM&T Emergency Planning Office	Year 2

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
			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.		
			129. The Trust Board should undertake annual cyber awareness training	IM&T / Training / Trust Board	Year 1 & then ongoing
			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
			131. The Trust should become compliant with the Cyber Essentials Plus standard by June 2021	IM&T	Year 3
	Documentation & Governance	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	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
	IT & Disaster Recovery		133. The Trust should make all system owners aware of their responsibilities for disaster recovery planning	IM&T	Year 2
			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 which can be referred to as best practice.	IM&T Emergency Planning Office	Year 2
			135. The Trust should ensure that as part of its next review of its Business Continuity Policy: <ul style="list-style-type: none"> 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 	Emergency Planning Office	Year 2

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THREE YEAR WORK PROGRAMME: YEAR 1 (2018/19) – YEAR 2 (2019/20) – YEAR 3 (2020/21)**

THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
		<p>system owners on how best to develop robust disaster recovery plans.</p> <p>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.</p>	<p>support them 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;</p>		
	Service-Level Business Continuity Plans	<p>Governance & Documentation</p> <p>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:</p> <ul style="list-style-type: none"> a) A business impact analysis; b) A business disruption risk assessment; c) A business continuity plan <p>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.</p> <p>The Trust has a range of documented business continuity plans.</p> <p>It is not clear which services do/do not have business continuity plans in place.</p> <p>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.</p>	<p>136. The Trust should develop a business continuity toolkit which can be used by all functions across the Trust. The toolkit should include:</p> <ul style="list-style-type: none"> 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
		<p>137. The Trust should undertake a Trust-wide mapping exercise to identify all of its individual functions.</p>	Emergency Planning Office	Year 2	
		<p>138. The Trust should ensure all functions across the Trust have completed the business continuity toolkit.</p>	Emergency Planning Office All services & departments	Year 2	
Training	Governance	<p>Requirement: NHS England's Core Standards for EPRR require that the Trust has a training needs analysis.</p> <p>Current Position: The Trust has an EPRR training needs analysis. However, no rationales have been provided for why each training need has been identified.</p>	<p>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.</p>	Emergency Planning Office	Year 1

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THEME	PROJECT	UHL REQUIREMENT & CURRENT POSITION	ACTION REQUIRED	BY WHO?	DUE IN
	Training Plan	<p>Requirement: NHS England's Core Standards for EPRR require that the Trust has a training plan in place to ensure the outcomes of its training needs analysis are fully met.</p> <p>Current Position: The Trust does not have an EPRR training plan.</p>	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
	Training Records	<p>Requirement: The Trust needs to be able to demonstrate levels of compliance against its EPRR training needs analysis.</p> <p>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.</p>	141. The Trust should use its central learning management system to: <ul style="list-style-type: none"> 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
	Personal Development Portfolios for Incident Commanders	<p>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.</p> <p>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.</p>			
Exercising	Governance	<p>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.</p> <p>Current Position: The Trust does not have an exercising needs analysis or ongoing exercise programme.</p>	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
			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