

Integrated Care Board

Date of meeting	19 March 2025
Title of paper	Emergency Preparedness, Resilience and Response (EPRR) Annual Report (including core standards)
Presented by	Professor Craig Harris, Chief Operating Officer, and Accountable Emergency Officer
Author	Alison Whitehead, Head of EPRR
Agenda item	17
Confidential	No

Executive summary

Emergency Preparedness, Resilience and Response (EPRR) is a core requirement on the ICB as set out in the Civil Contingency Act (2004) and the Health and Care Act (2022). This report provides a summary update on activities undertaken during the year April 2024 to March 2025.

These activities include:

- Undertaking, and supporting, the organisational and system self-assessment against the NHS E Core Standards
- Developing and monitoring EPRR improvement plans
- Ensuring robust EPRR risk assessment processes are in place and mitigations implemented to reduce these risks
- Responding to incidents, including preparedness and planning
- Training and exercising to ensure staff are confident and competent at fulfilling their roles in relation to EPRR
- Monitoring continuous improvement to ensure that the lessons identified become lessons learned
- Collaboration with partner organisations, both within the NHS and outside of the NHS
- Establishing an EPRR Coordinating Group

Recommendations

Lancashire and South Cumbria Integrated Care Board is requested to:

- Note the contents of the report
- Note the significant improvements in EPRR compliance ratings across L&SC ICB
- Approve the proposed EPRR Core Standards Action Plan (Appendix B)

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	

SO4	Meet financial targets and deliver improved productivity	
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	

Implications

	Yes	No	N/A	Comments
Associated risks		✓		
Are associated risks detailed on the ICB Risk Register?		✓		
Financial Implications		✓		

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
Executive Team	March 2025	Approved

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Professor Craig Harris, Chief Operating Officer (and Accountable Emergency Officer for EPRR)
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Integrated Care Board – 19 March 2025

Emergency Preparedness, Resilience and Response (EPRR) Annual Report (including core standards)

1. Introduction

- 1.1 The Civil Contingencies Act (CCA) 2004 and the NHS Act 2006 (as amended by the Health and Social Care Act 2022), both place emergency preparedness, resilience, and response (EPRR) duties on the NHS in England.
- 1.2 Under the CCA 2004, Lancashire and South Cumbria Integrated Care Board (L&SC ICB) is a Category One responder, subject to the full set of civil protection duties including the risk assessment of emergencies occurring, maintaining plans to reduce, control or mitigate the effects of an emergency and undertaking business continuity management arrangements.
- 1.3 This paper provides a report on the ICB's emergency preparedness arrangements to meet the requirements of the Civil Contingencies Act (2004) and the NHS England EPRR Framework 2022.
- 1.4 The ICB's Chief Operating Officer is the designated Accountable Emergency Officer (AEO), with delegated authority for executing EPRR duties on behalf of the Chief Executive. The AEO is supported by a team of EPRR subject matter experts (SMEs) and a team of on call colleagues who support the EPRR team in preparing for, and responding to, EPRR incidents and emergencies.
- 1.5 L&SC ICB has a suite of plans to deal with major incidents and business continuity issues. These conform to the CCA and current NHS-wide guidance. Where appropriate, plans have been developed in consultation with external stakeholders to ensure cohesion with their plans.
- 1.6 This paper outlines updates for 2024 / 2025 in relation to the organisation and system EPRR Core Standards Self-Assessments, EPRR risk assessment, training and exercising, continuous improvement, including lessons identified and learned, and the development of emergency planning arrangements and plans. This report also gives a summary of EPRR incidents and emergencies that have necessitated a response from the ICB.

2. NHS EPRR Core Standards Self-Assessment 2024 - 2025

Overview / background

- 2.1 The NHS core standards for EPRR are the basis of the assurance process on the preparedness of the NHS to respond to incidents and emergencies, whilst maintaining the ability to remain resilient and continue to deliver critical services.
- 2.2 Assurance of the preparedness of the NHS is achieved through the annual EPRR core standards assurance process and this report highlights progress in developing robust local processes for undertaking the self-assessment process as an established ICB.
- 2.3 The core standards for EPRR provide the minimum requirements commissioners and providers of NHS funded services must meet covering governance, duty to risk assess, duty to maintain plans, and command and control and testing and exercising arrangements.
- 2.4 L&SC ICB undertook the self-assessment process against the NHS EPRR Core Standards for 2024 – 2025 between September and October 2025.
- 2.5 For the 2024/25 core standards assurance process, the initial timescales were determined by the NHS E EPRR regional team. The ICB self-assessment assurance rating and associated documents were submitted on the 31 October 2024. The overall NHS system wide position for Lancashire and South Cumbria was then submitted following the Lancashire Health Resilience Partnership (LHRP) meeting on the 26 November 2024.
- 2.6 In 2023 / 24, the process was overseen and peer reviewed by the regional NHS E EPRR team. This year, the Head of EPRR for L&SC ICB undertook a peer review with all 5 provider Trusts and NWAS. This review took the form of a 2-day review of the core standards submission and evidence for each provider organisation. The review was undertaken face to face, to facilitate a shared understanding and exploration of the supporting evidence provided.
- 2.7 NHS England (NHSE) have not yet confirmed arrangements for 2025/26 EPRR core standards assurance process, although it is expected that the ICB will again undertake the evidence review and check and challenge / review panel process with all the Lancashire and South Cumbria commissioned providers on behalf of NHS-E.

L&SC ICB EPRR Self Assessment

2.8 There are 47 EPRR standards applicable to the ICB which in 2023 – 2024, the ICB, following a peer review by NHS E, declared itself as *non-compliant*, with 11% of the core standards being fully compliant, and none being non-compliant.

2.9 As of January 2025, L&SC ICB has declared itself as *partially compliant*, with 77% of the core standards being fully compliant, and none being non-compliant (Appendix A).

Self-assessment assurance rating	Partially	Percentage compliance	77%
Core standards position after organisation self-assessment			
Number of core standards applicable	Fully compliant	Partially compliant	Non-compliant
47	36	11	0

2.10 Overall compliance assurance ratings are as follows:

Compliance	Percentage of compliance of applicable core standards
Fully compliant	100%
Substantially compliant	99 – 89%
Partially compliant	88 – 77%
Non-compliant	76% or less

2.11 The Head of EPRR has developed a comprehensive action plan to monitor, enhance and improve L&SC ICBs core standards compliance going forwards, and to provide additional assurance to the Board around the commitment of the EPRR function to improve its compliance rating for 2025 / 2026. The actions are monitored through the EPRR Co-ordinating Group. (Appendix B)

2.12 Whilst the ICB remains potentially 'at risk' from a *partial compliance* rating, several actions have already been undertaken over the past 12 months to mitigate these risks including:

- Recruitment of a full EPRR team
- Review of the EPRR and Business Continuity Policies
- Regular EPRR Co-ordinating Group meetings
- Comprehensive training for tactical and strategic on call staff to respond to incidents and emergencies on behalf of the ICB
- A training needs analysis and personal development portfolio has been developed for on call staff to complete to ensure compliance with the minimum occupational standards (for EPRR)
- A robust on call rota is in place, with monthly forums to share experiences, advise of any updates in relation to EPRR matters and to test ICB plans and standard operating procedures

- Business continuity training and business impact analysis has been offered to the senior leadership teams
- Development of a EPRR risk register, linked to the local and community risk registers
- Continuous improvement tracker has been developed
- Improved training and exercising schedule
- Responding to a number of business continuity and critical incidents as a L&SC collective and learning from these through debriefs to improve planning, preparedness and response arrangement

2.13 Key areas of improvement for L&SC ICB during 2024 – 2025 were:

- Governance arrangements
- Duty to risk assess
- Duty to maintain plans
- EPRR and on call mechanisms including training, exercising and professional development
- Response arrangements
- Warning and informing

2.14 Key areas for improvement for L&SC ICB during 2025 – 2026 are:

Core Standards 12 and 13 – Duty to Maintain Plans – infectious disease and new and emerging pandemics

Work in underway to develop both a new infectious disease plan and a new pandemic plan that supports the latest national guidance and best practice. Pandemic planning guidance from NHS E is imminent and there is a national multi agency pandemic exercise being planned for autumn this year.

Whilst the ICB does not have a formal infectious diseases plan, it does have several tested SOPs and policies in place that outline how to respond to outbreaks, including seasonal flu and avian flu.

Core Standards 46 – 53 – Business Continuity – including business impact analysis, business continuity, business continuity audit and business continuity management systems

Work continues to improve compliance ratings in relation to business impact analyses and business continuity planning. Approximately 50% of directorates have submitted a completed business impact analysis for review and the remaining will be completed by the end of March 2025. The ICBs critical services will be documented in the corporate Business Continuity Plan to ensure they receive ongoing support in the event of a disruption.

2.15 Deep Dive – Cyber Security

The EPRR self assessment process also includes a deep dive which varies from year to year. This year, the deep dive contained 11 standards relating to cyber security. The rating for the deep dive does not count towards the overall EPRR core standards

compliance rating, and the ICB declared itself fully complaint for 4 standards, and partially complaint for 7. An action plan has been developed by the ICB Chief Technical Officer.

3. NHS Provider / Commissioned Services Self Assessments

3.1 All NHS providers / commissioned services declared themselves **non-compliant** during the 2023 – 2024 EPRR core standards review process.

3.2 For 2024 – 2025:

- Lancashire Teaching Hospital (LTH), University Hospitals of Morecambe Bay (UHMB) and North West Ambulance Service (NWAS), declared themselves **substantially complaint** against the EPRR core standards and
- Blackpool Teaching Hospitals (BTH) and East Lancashire Hospitals Trust (ELHT) declared themselves **partially complaint**.
- Lancashire and South Cumbria Foundation Trust (LSCFT - mental health services provider) initially declared themselves **non-compliant**, with an indication that they would achieve **partial compliance** by 1st January 2025.

Comparison of self-assessment compliance levels from 2023 / 24 to 2024 / 25:

Organisation	Number of Applicable Standards	Compliance level 2023 / 24	Compliance level 2024 / 25	Variance – increase of	Date to Trust Board for ratification
L&SC ICB	47	11%	77%	66%	15 th Jan 2024
BTH	62	31%	87%	56%	7 th Nov 2024
ELHT	62	16%	82%	66%	20 th Nov 2024
LSCFT	58	14%	68% *	54%	5 th Dec 2024
			77%		
LTH	62	23%	90%	67%	5 th Dec 2024
UHMB	62	21%	89%	68%	7 th Nov 2024
NWAS	58	33% (6 residual challenges = 41%)	90%	57%	Jan 2025

* Post the initial submission to L&SC ICB and NHS E, LSCFT achieved partial compliance, increasing their compliance level from 68% to 77%.

3.3 All 5 provider Trusts and NWAS have presented the outcome of their EPRR core standards assurance process 2024 / 2025 to their Board. They have all developed comprehensive action plans to improve their compliance for 2025 - 2026, and these will be monitored by the ICB and at the quarterly Local Health Resilience Partnership (LHRP) meetings.

3.4 The Accountable Emergency Officer for the ICB acknowledges, and thanks, the EPRR teams for the immense amount of work that has gone into improving compliance ratings across Lancashire and South Cumbria in times of significant EPRR related pressures.

4. Risk Assessment

- 4.1 The EPRR Team have developed a functional Risk Register, which cross references with the Local Resilience Forums (LRF) risk registers. The Risk Register currently contains 26 risks, and the register was approved, and is monitored, by the EPRR Co-ordinating Group.
- 4.2 None of the risks currently score 15 + and therefore do not sit on the L&SC ICB operational risk register.
- 4.3 The top 6 risks are:
- Business impact analysis / business continuity plans
 - Training – training needs analysis / personal development portfolios
 - Adverse weather
 - Flooding – coastal and surface water
 - Waste fire sites
 - Pandemic planning

Work continues to mitigate the impacts of these risks.

5. Response to Incidents and Multi Agency Working

- 5.1 During 2024 / 25, the ICB has been involved in a variety of incidents, including a period of sustained industrial action by NHS staff which required the co-ordination and collaboration with provider organisations and NHS E colleagues.
- 5.2 The L&SC ICB EPRR team and on call colleagues have been involved in the response to several internal, and multi-agency, incidents and emergencies including a bomb hoax, a system wide IT failure, building fires, road traffic accidents, flooding and other adverse weather events.
- 5.3 On call colleagues have also been involved in supporting seasonal operational system and seasonal pressures within the acute Trusts, updating and providing assurance to NHS E colleagues where appropriate.
- 5.4 Partnership working is crucial to effective incident planning and response and the EPRR team has established excellent working relationships with both internal and external stakeholders in both Lancashire and Cumbria.
- 5.5 The AEO chairs the strategic level Local Health Resilience Partnership (LHRP) which has AEO level attendance for all provider Trusts as well as Directors of Public Health from local authorities. The aim of this group is to facilitate health sector preparedness and planning for emergencies by developing local plans and policies to support integrated working, mitigate EPRR risks, and oversee the health and wellbeing of the local population.
- 5.6 L&SC ICB attends Local Resilience Forum (LRF) meetings as defined in the Civil Contingencies Act 2004. LRFs are multi-agency partnerships made up of representatives from local public services, including the emergency services,

local authorities, the NHS, the Environment Agency and others. LRFs tend to be based on Police boundaries and aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities. The ICB is an active partner in both Lancashire and Cumbria LRF, contributing to meetings, plans, exercises, training and risk identification on behalf of the NHS in Lancashire and South Cumbria.

- 5.7 A debrief is undertaken after each major incident or emergency to identify good practice and lessons to be learned to improve future preparedness, planning and response. Action plans are developed and monitored through the EPRR Co-ordinating Group to ensure lessons identified become lessons learned.

6. Training and Exercising

- 6.1 The NHS EPRR core standards include various requirements related to training and exercising. Consequently, the ICB has developed a comprehensive work program to comply with these standards.
- 6.2 All on call staff are required to participate in a variety of internal and external training and exercises, including Health Commander Training, and attendance is monitored by the EPRR team via the EPRR Co-ordinating Group. This training and exercising will ensure that all on call staff meet the core competencies / occupational standards for EPRR (See Appendix C).
- 6.3 The EPRR team have undertaken a training needs analysis for all on call staff and has developed Personal Development Portfolios for tactical and strategic on call colleagues to support their ongoing development in relation to the national occupational standards for EPRR.
- 6.4 The testing and exercising of EPRR plans and procedures is a crucial element of planning for, and responding to incidents. Exercises encourage individuals and teams to become familiar with their roles, and the activation processes and content of the plans in peace time, and in a safe learning environment. Post testing and exercising reports and action plans are developed and monitored to ensure continuous improvement and learning.
- 6.5 During 2024 – 2025, L&SC ICB has been involved in over 20 internal and wider system wide exercises.

7. Continuous Improvement

- 7.1 Within the EPRR core standards, there are several standards relating to lessons identified, lessons learned and continuous improvement.
- 7.2 As such, the EPRR team have developed a continuous improvement process for capturing and monitoring learning from incidents and exercises to inform and embed into EPRR arrangements. This process also captures lessons learned from on call forums, incident logs, debriefs, and informal feedback from EPRR colleagues outside of the ICB e.g LRFs, provider Trusts. Continuous improvement is a standing agenda item for the EPRR Co-ordinating Group to

ensure robust arrangements are in place for monitoring, and acting upon, identified improvements in plans, processes and systems.

8. Conclusion

- 8.1 L&SC ICB has reported an overall improved compliance rating from *non-compliant* in 2023 – 2024, to *partially compliant* for 2024 – 2025, and will further improve its compliance rating for the 2025 – 2026 EPRR core standards review process.
- 8.2 The compliance rating across all NHS providers and commissioned services within Lancashire and South Cumbria has improved during 2024 – 2025, and all organisations are committed to making further improvements during 2025 – 2026.
- 8.3 The EPRR team is committed to reflect on the outcome of this process and of the robustness of their EPRR arrangements, to improve resilience and focus and embrace opportunities to work collaboratively with system partners going forward.

9 Recommendations

- 9.1 Lancashire and South Cumbria Integrated Care Board is requested to:
- Note the contents of the report
 - Note the significant improvements in EPRR compliance ratings across L&SC ICB
 - Approve the proposed EPRR Core Standards Action Plan (Appendix B)

Alison Whitehead, Head of EPRR

21 February 2025

EPRR Core Standards Self-Assessment - Final Submission (January 2025)

Overall assessment:

Partially compliant

Please select type of organisation:

Integrated Care Board

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	8	6	2	0
Command and control	2	2	0	0
Training and exercising	4	2	2	0
Response	5	5	0	0
Warning and informing	4	4	0	0
Cooperation	6	6	0	0
Business Continuity	10	3	7	0
Hazmat/CBRN	0	0	0	0
CBRN Support to acute Trusts	0	0	0	0
Total	47	36	11	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Cyber Security	11	4	7	0
Total	11	4	7	0

Deep Dive
Cyber
Security

Red (not compliant) = Not compliant with the core standard. The organisation's work programme shows compliance will not be reached within the next 12 months.

Amber (partially compliant) = Not compliant with core standard. However, the organisation's work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.

Green (fully compliant) = Fully compliant with core standard.

Ref	Domain	Standard name	Standard Detail	<p align="center">Self assessment RAG</p> <p>Red (not compliant) = Not compliant with the core standard. The organisation's work programme shows compliance will not be reached within the next 12 months.</p> <p>Amber (partially compliant) = Not compliant with core standard. However, the organisation's work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.</p> <p>Green (fully compliant) = Fully compliant with core standard.</p>
Domain 1 - Governance				
1	Governance	Senior Leadership	<p>The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director within their individual organisation, and have the appropriate authority, resources and budget to direct the EPRR portfolio.</p>	Fully compliant

2	Governance	EPRR Policy Statement	<p>The organisation has an overarching EPRR policy or statement of intent.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) <p>• Functions and / or organisation, structural and staff changes.</p>	Fully compliant
3	Governance	EPRR board reports	<p>The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually.</p> <p>The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements</p>	Fully compliant
4	Governance	EPRR work programme	<p>The organisation has an annual EPRR work programme, informed by:</p> <ul style="list-style-type: none"> • current guidance and good practice • lessons identified from incidents and exercises <ul style="list-style-type: none"> • identified risks • outcomes of any assurance and audit processes <p>The work programme should be regularly reported upon and shared with partners where appropriate.</p>	Fully compliant
5	Governance	EPRR Resource	<p>The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.</p>	Fully compliant
6	Governance	Continuous improvement	<p>The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements.</p>	Fully compliant
Domain 2 - Duty to risk assess				
7	Duty to risk assess	Risk assessment	<p>The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider all relevant risk registers including community and national risk registers.</p>	Fully compliant
8	Duty to risk assess	Risk Management	<p>The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally</p>	Fully compliant

Domain 3 - Duty to maintain Plans				
9	Duty to maintain plans	Collaborative planning	Plans and arrangements have been developed in collaboration with relevant stakeholders including emergency services and health partners to enhance joint working arrangements and to ensure the whole patient pathway is considered.	Fully compliant
10	Duty to maintain plans	Incident Response	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.	Fully compliant
11	Duty to maintain plans	Adverse Weather	In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.	Fully compliant
12	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.	Partially compliant
13	Duty to maintain plans	New and emerging pandemics	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	Partially compliant
14	Duty to maintain plans	Countermeasures	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment	Fully compliant
15	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.	Fully compliant
16	Duty to maintain plans	Evacuation and shelter	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	Fully compliant
Domain 4 - Command and control				

20	Command and control	On-call mechanism	The organisation has resilient and dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications, internal or external. This should provide the facility to respond to or escalate notifications to an executive level.	Fully compliant
21	Command and control	Trained on-call staff	Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions	Fully compliant
Domain 5 - Training and exercising				
22	Training and exercising	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	Fully compliant
23	Training and exercising	EPRR exercising and testing programme	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)	Partially compliant
24	Training and exercising	Responder training	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards. Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role	Fully compliant
25	Training and exercising	Staff Awareness & Training	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.	Partially compliant
Domain 6 - Response				

26	Response	Incident Co-ordination Centre (ICC)	<p>The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required.</p> <p>An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards.</p> <p>ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness.</p> <p>Arrangements should be supported with access to documentation for its activation and operation.</p>	Fully compliant
27	Response	Access to planning arrangements	Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Fully compliant
28	Response	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Fully compliant
29	Response	Decision Logging	<p>To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure:</p> <ol style="list-style-type: none"> 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24 hour access to a trained loggist(s) to ensure support to the decision maker 	Fully compliant
30	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.	Fully compliant

Domain 7 - Warning and informing				
33	Warning and informing	Warning and informing	The organisation aligns communications planning and activity with the organisation's EPRR planning and activity.	Fully compliant
34	Warning and informing	Incident Communication Plan	The organisation has a plan in place for communicating during an incident which can be enacted.	Fully compliant
35	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.	Fully compliant
36	Warning and informing	Media strategy	The organisation has arrangements in place to enable rapid and structured communication via the media and social media	Fully compliant
Domain 8 - Cooperation				
37	Cooperation	LHRP Engagement	The Accountable Emergency Officer, or a director level representative with delegated authority (to authorise plans and commit resources on behalf of their organisation) attends Local Health Resilience Partnership (LHRP) meetings.	Fully compliant
38	Cooperation	LRF / BRF Engagement	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Fully compliant
39	Cooperation	Mutual aid arrangements	<p>The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.</p> <p>In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.</p>	Fully compliant
40	Cooperation	Arrangements for multi area response	The organisation has arrangements in place to prepare for and respond to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.	Fully compliant

42	Cooperation	LHRP Secretariat	The organisation has arrangements in place to ensure that the Local Health Resilience Partnership (LHRP) meets at least once every 6 months.	Fully compliant
43	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.	Fully compliant
Domain 9 - Business Continuity				
44	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the ISO standard 22301.	Fully compliant
45	Business Continuity	Business Continuity Management Systems (BCMS) scope and objectives	<p>The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.</p> <p>A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.</p>	Fully compliant
46	Business Continuity	Business Impact Analysis/Assessment (BIA)	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	Partially compliant
47	Business Continuity	Business Continuity Plans (BCP)	<p>The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:</p> <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure 	Partially compliant

48	Business Continuity	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Partially compliant
49	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Fully compliant
50	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Partially compliant
51	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board. The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.	Partially compliant
52	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Partially compliant
53	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.	Partially compliant

Appendix B

EPRR Core Standards Action Plan 2024 – 2025

Ref	Domain	Standard name	Standard Detail	Action to be taken	Lead	Timescale	Comments
3	Governance	EPRR board reports	<p>The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually.</p> <p>The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements</p>	Comprehensive Board report to be submitted post core standards assurance submission	Head of EPRR	31 st March 2025	Compliant - report to be submitted in March 2025
12	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.	L&SC ICB Outbreak Plan to be developed	Head of IPC	31 st March 2025	Planning workshop arranged for February 2025
13	Duty to maintain plans	New and emerging pandemics	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	Pandemic Plan under development, to be finalised by Q4 (2025)	Head of IPC	31 st March 2025	Planning workshop arranged for February 2025
23	Training and exercising	EPRR exercising and testing programme	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)	Undertake an annual table top exercise and live exercise in line with current guidance. These are scheduled in the EPRR work programme.	Head of EPRR	31 st March 2025	Underway
25	Training and exercising	Staff Awareness & Training	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.	Annual Report to be presented to Board in March 2025 will achieve compliance with this standard	Head of EPRR	31 st March 2025	Compliant - report to be submitted in March 2025

Ref	Domain	Standard name	Standard Detail	Action to be taken	Lead	Timescale	Comments
46	Business Continuity	Business Impact Analysis/Assessment (BIA)	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	All divisions will be required to complete a BIA (with the support of the EPRR team).	Exec / Divisional leads	31 st March 2025	Underway
47	Business Continuity	Business Continuity Plans (BCP)	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure 	All Exec / divisional leads will be supported in developing local BIAs / BCPs	Exec / Divisional leads	31 st March 2025	Underway
48	Business Continuity	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Programme of testing / exercising to be agreed with Exec / divisional leads	Head of EPRR Exec / divisional leads	31 st March 2025	Underway
50	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	KPIs to be developed Report to be presented to Board including reports on exercises and corrective action	Head of EPRR	30 th June 2025	Underway
51	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board. The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.	Enhance audit requirements once BIAs / BCPs have been completed	Head of EPRR	30 th June 2025	Ongoing

Ref	Domain	Standard name	Standard Detail	Action to be taken	Lead	Timescale	Comments
52	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Evidence of improvement, action plans post exercising and training, etc. will be submitted to Board once BIAs / BCPs are in place	Head of EPRR Exec / divisional leads	30 th June 2025	Ongoing
53	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.	Procurement to provide evidence regarding provider / supplier business continuity arrangements	Head of Procurement	31 st March 2025	Ongoing

Ref	Domain	Standard name	Standard Detail	Action to be taken	Lead	Timescale	Comments
DD2	Deep Dive Cyber Security	Cyber Security & IT related incident response arrangements	The organisation has developed threat specific cyber security and IT related incident response arrangements with regard to relevant risk assessments and that dovetail with generic organisational response plans.	Senior Cyber security digital governance group to be re-established ICS wide	CIO ELTH and ICB CTO	Q4 2024	Ongoing
DD5	Deep Dive Cyber Security	Testing and exercising	The exercising and/ or testing of cyber security and IT related incident arrangements are included in the organisations EPRR exercise and testing programme.	The events facilitation has been agreed with NHSE regional cyber security lead. Stakeholders are being agreed.	CIO ELTH, ICB CTO and ICB EPRR Lead	Q4 2024	Ongoing
DD7	Deep Dive Cyber Security	Training Needs Analysis (TNA)	Cyber security and IT related incident response roles are included in an organisation's TNA.	Advice & guidance needed from ICB HR	ICB HR	Q4 2024	Ongoing
DD8	Deep Dive Cyber Security	EPRR Training	The organisation's EPRR awareness training includes the risk to the organisation of cyber security and IT related incidents and emergencies	EPRR awareness training to include cyber security and IT related incidents	ICB EPRR Team	Q1 2025	Ongoing
DD9	Deep Dive Cyber Security	Business Impact Assessments	The Cyber Security and IT teams are aware of the organisations's critical functions and the dependencies on IT core systems and infrastructure for the safe and effective delivery of these services	All ICB Directorates to develop BIA / BCP	ICB EPRR Team	Q1 2025	Ongoing
DD10	Deep Dive Cyber Security	Business Continuity Management System	Cyber Security and IT systems and infrastructure are considered within the scope and objectives of the organisation's Business Continuity Management System (BCMS)	All ICB Directorates to develop BIA / BCP	ICB EPRR Team	Q1 2025	Ongoing
DD11	Deep Dive Cyber Security	Business Continuity Arrangements	IT Disaster Recovery arrangements for core IT systems and infrastructure are included with the organisation's Business Continuity arrangements for the safe delivery of critical services identified in the organisation's business impact assessments	All ICB Directorates to develop BIA / BCP	ICB EPRR Team	Q1 2025	Ongoing

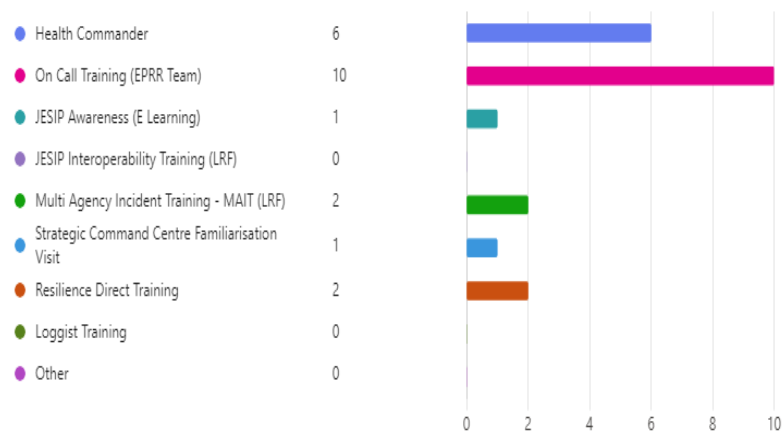
Training and Exercising Summary

Health Commander Training

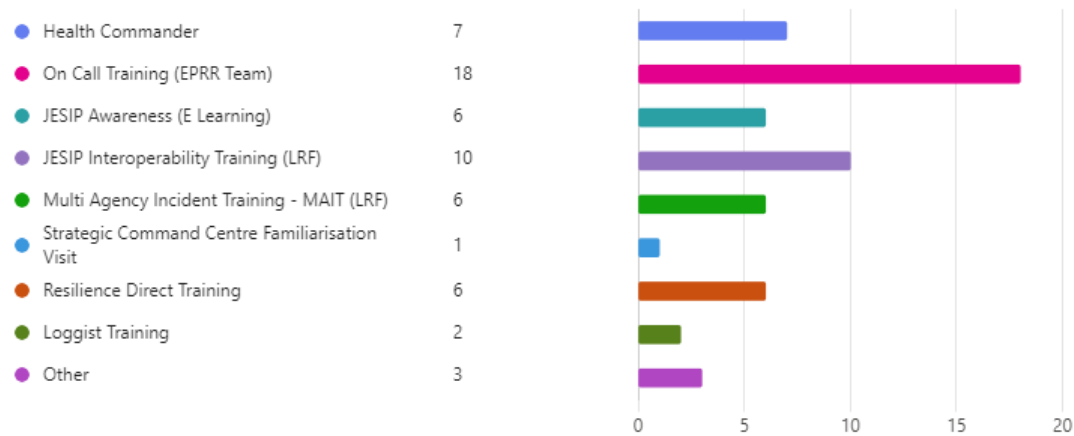
11/24 (46%) tactical on call and 8/26 (31%) strategic on call have notified the EPRR team that they have completed their health commander training, a requirement under the NHS EPRR core standards. Further sessions are being held this year for those who have not yet completed this training.

Number of People	Tactical		Strategic	
	Nov 2024	Feb 2025	Nov 2024	Feb 2025
Health Commander	7 / 25	11 / 24	6 / 25	8 / 26

Strategic On Call



Tactical On Call



Exercising Summary

The EPRR team have been advised that ICB colleagues have attended the following EPRR related exercises over the past three years (this information relies on individuals to notify the EPRR team of their involvement / attendance):

Number of People	Tactical	Strategic	EPRR	Loggist
Yes	9	5	3	3

During 2024, a total of 22 internal and external exercises were participated in by L&SC ICB staff (on call colleagues and / or members of the EPRR team).