

1.0 Background/Introduction

1.1 The Trust under the Civil Contingency Act 2004 as a Category 1 Responder and Department of Health 'Emergency Planning' Regulations, has the following responsibilities:

- Carry out a risk assessment
- Have in place plans to respond to emergencies
- Have in place business continuity plans
- Collaboration and co-operation with other agencies
- Warn and inform the public and other agencies
- Training and exercising.

1.2 The Trust has a statutory obligation to train and exercise with a live exercise every three years, and annual tabletop exercise and a six monthly test of the communication cascade.

1.3 The NHS England Core Standards for EPRR 2015 set out how NHS organisations are to meet their responsibilities and the NHS England EPRR Framework (2015) states that NHS provider organisations are required to have appropriate systems in place.

1.4 With the implementation of the Health and Social Care Act 2012, the responsibility for overseeing EPRR arrangements passed from Primary Care Trusts to NHS England. Local Health Resilience Partnership Groups (LHRP) were established.

1.5 The Trust's EPRR responsibilities are managed and overseen by:

- Accountable Emergency Officer – Chief Operating Officer
- Health, Safety, Security and Emergency Planning Manager
- Emergency Planning and Business Resilience Officer for Luton and Bedfordshire (Mental Health and Community Services)
- Associate Director of Governance & Risk Management – overseeing the work of the Emergency Planning Manager.

2.0 Trustwide EPRR Plans

2.1 Incident Response Plan (IRP) is modelled against the NHS England Core Standards for EPRR and was evaluated as part of the NHS England and NHS Improvement Annual Assurance process. The subsequent EPRR Assurance Report described the IRP as 'comprehensive in content, of a very good standard and considered as good practice'.

2.2 The Trust Wide Business Continuity Plan has been created and reviewed, with focus on infrastructure.

2.3 The following plans were reviewed as part of the annual review cycle:

- Heatwave Plan
- Business Continuity Policy
- Surge Plan
- Pandemic Flu Plan
- Emergency Contacts List
- Communication during Major Incident Strategy and Plan
- Flood Plan

2.4 Business continuity plans have been refreshed by all Directorates as part of the Trust's response to COVID-19 and will be reviewed again in light of any lessons learnt from the post wave 2 After Action Review (AAR) or de-brief.

3.0 Annual EPRR Assurance

3.1 London

The Trust participated in the Assurance exercise carried out by NHS England (London) EPRR Team in October 2020. This annual assurance process marks compliance against the NHS England Core Standards for EPRR and ensures that NHS organisations in London are prepared to respond to an emergency and have the resilience in place to continue to provide safe patient care during a major incident or business continuity event.

NHS England and Improvement (London) recognised that the detailed and granular process of previous years would be excessive and unwarranted while preparing for a potential further wave of COVID-19, as well as upcoming seasonal pressures and the operational demands of restoring services.

All organisations were required to complete the Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Process and Winter Planning 2020-21 self-assessment template.

ELFT were measured as **fully compliant** and provided evidence of how the Trust would capture learning from the first wave of COVID-19 and include this into our winter planning preparations.

NHS England and Improvement (London) concluded in their Report that ELFT continues to maintain a high standard for EPRR arrangements. Furthermore, the

Trust's Incident Response Plan and EPRR Policy were identified as being of a very high standard and continue to be included on a national EPRR database of good practice.

3.2 Luton and Bedfordshire

The Trust also participated in the Assurance exercise carried out by NHS England (East of England) EPRR Team in October 2020. The Trust made two submissions against the NHS England Core Standards for EPRR, for Bedfordshire & Luton Mental Health Services and Bedfordshire Community Health Services (BCHS).

The Trust was again measured as **fully compliant** in respect of both L&B Mental Health Services and BCHS and again provided evidence of how the Trust would capture learning from the first wave of COVID-19 and include this into winter planning preparations.

4.0 Training

4.1 Training was delivered against the 2020/21 training plan.

4.2 An audit of current trained loggists has been carried out and those requiring refresher training have been booked on the online blended course by Public Health England. Twelve (12) members of staff have received loggist training as part of the Trust's response to the COVID-19 outbreak.

4.3 In July and August 2020, NHS England and NHS Improvement provided the Trust 'Strategic leadership in a Crisis' training sessions to our on-call directors, receiving excellent feedback from the participants.

4.4 Training has been provided to London community teams for Initial Operational Response (IOR) HAZMAT response, as required by NHS England. Cascading of this training to all receptionists has been overseen by the administrative leads in the Directorates.

5.0 Testing and Exercising

5.1 Exercise Cyber X took place via Microsoft Teams on January 26th 2021.

5.1.1 The exercise allowed a significant number of participants across the Trust to come together to test how effectively the Trust responds to a major incident. Participants

included representation from the Strategic (Gold) and Tactical (Silver) on call rotas, information governance, and the trust ICT department.

- 5.1.2 The aim of the exercise was to evaluate how the Trust responds in the event of an ICT major incident, requiring the implementation of a strategic, tactical, and operational command structure, together with the activation of the trust IT Disaster Recovery and Trust Business Continuity Plans. The exercise would also test business continuity impacts and escalation processes in a major incident affecting IT, Information Governance (IG) and Human Resources (HR).
- 5.1.3 The opening scenario involved a ransomware attack to the Trust IT system causing loss of essential ELFT services such as RiO, SystemOne, Health Roster and the IT service desk portal.
- 5.1.4 Further injects about staff shortages, Brexit, severe weather conditions and disruptions at the Stratford vaccination centre were also added to the exercise, prompting discussions about multi-layer contingencies.
- 5.1.5 This table-top exercise provided a realistic and very worthwhile exercise with each participant playing a pivotal role in the exercise. Exercise Cyber X was received well and found to be extremely useful to all those who took part when questioned at the conclusion of the hot debrief.
- 5.1.6 The objectives of the exercise (ensuring the ICT Disaster Recovery and departmental Business Continuity Plans were fit for purpose and to devise appropriate routes of escalation) were both achieved. In addition, further opportunities have been identified to increase and augment effective information communication, command and control in the Trust's emergency response and preparedness.
- 5.1.7 Taking into account the exercise feedback received, the following lessons and actions were identified and have been incorporated into the annual work plan.
 - Conduct a communication exercise test of the IT system.
 - Establish IT on-call group on Pando.
 - Review the Major Incident Communications Strategy and Plan including the use of Twitter during major incidents.
 - Schedule six-monthly cyber security exercise.
- 5.2 With effect from July 2013, NHS England (London) EPRR had been conducting communication exercises whereby the Director on call is contacted for a response

to a pager message within ten minutes or as soon as is practicable. This exercise was suspended for the period of 2020-21 due to the COVID-19 pandemic but resumed as of March 2021 on a quarterly basis

To ensure a timely response to these exercises, and as a response to the COVID-19 outbreak, the director on-call pack can now be accessed remotely via Microsoft Teams and any pager messages being diverted to the director's mobile telephone. For the March 2021 communication exercise, ELFT returned a timely response.

6.0 Major Incidents and Activation of Emergency or Business Continuity Plans

6.1 The COVID-19 pandemic required activation of Trust emergency plans – refer to Section **8.0**. There was one (1) critical incident in Luton & Bedfordshire which required the activation of business continuity plans – Bedford flooding in December 2020.

6.2 Severe flood warnings were issued by the Met Office in December 2020 due to Storm Bella. Villages in Bedfordshire were severely affected and suffered from the Christmas Eve, Christmas Day and Boxing Day floods.

6.2.1 The Flood Plan was triggered and the Director on Call represented the trust at the Strategic Co-ordinating Group, headed by Bedfordshire Police in order to co-ordinate community based patients facing evacuations. Furthermore, Bedfordshire Local Resilience Forum (BLRF) convened a teleconference with representation from trust on-call staff and activated its Vulnerable People's Plan.

6.2.2 The Bedford Athletic Stadium was used as shelter for those affected and evacuated from their homes.

7.0 Multi-agency Working

7.1 Emergency Planning Network Forums

The Emergency Planning Manager is a member of the following meetings and attends regularly, contributing accordingly.

- Tower Hamlets, Newham, Hackney and Bedfordshire Local Resilience Forums
- NHS England (London) NENC Network Meetings

- 7.2 The Trust's Emergency Planning Officer leads operationally for L&B Mental Health and Community Services with full participation in their Local Health Resilience Partnership Forum
- 7.3 The AEO attends the London wide Local Health Resilience partnership meetings whilst four strategic leads share the responsibility of attendance at the Bedfordshire Local Health Resilience Partnership.

8.0 Coronavirus (COVID-19) Pandemic

8.1 Emergency Preparedness

- 8.1.1 On 19th June 2020, NHS England and NHS Improvement downgraded the UK's overall Covid alert level from Level 4 to Level 3. Subsequently, and due to the emergence of the second wave of the pandemic, the alert level returned to Level 4 on 4th November 2020. The level then returned to 3 on 25th March 2021 in response to the steady decline in the overall covid cases, with pressures on bed occupancy and critical care reducing accordingly. In response to this ELFT put in place the following preparedness measures to enable an effective and efficient prevention, reduction, control, mitigation of and response to the COVID-19 pandemic:
- 8.1.2 The Trust's incident response structure had been established following instruction to the NHS by Professor Keith Willett in March 2020 and was reviewed in September 2020 following increasing covid cases. Then the structure was further reviewed in March 2021 after the change in the Alert level to 3.
- 8.1.3 In February 2020, the Trust Pandemic Influenza Plan was updated in line with PHE Infectious Diseases Strategy 2020-25 and include reference to response to COVID-19 in particular.
- 8.1.4 Both the Trust Incident Response Plan and Trust wide Business Continuity Plan were fully updated in December 2019 and will be reviewed again as part of the After Action Review and accompanying lessons learnt.
- 8.1.5 Local services business continuity plans were updated by March 2020 and were held both local and centrally. They were continually reviewed by local services in response to the pandemic.
- 8.1.6 Arrangements have been put in place to enable a 'remote' handover of the director on-call pack. This can now be accessed remotely via Microsoft Teams and any pager messages/calls to the director on-call mobile are diverted to the director's work mobile telephone.

8.1.7 NHS England and NHS Improvement provided the Trust 'Strategic Leadership in a Crisis' training sessions to our on-call directors between July and August 2020.

8.1.8 Twelve (12) members of staff had been provided loggist training in March 2020 at Whittington Hospital to enable them to maintain the incident log for the Incident Management Team.

8.2 Emergency Resilience and Response

8.2.1 On 9th March 2020 the Trust's Response Team (Gold group) was mobilised, being held at 08:30 and 16:30 hours on a daily basis.

The frequency of the gold meetings throughout 2020-21 is outlined in the table below:

Date	Frequency of Gold Meetings
9 th March 2020	8:30am daily
16 th March 2020	Daily 8:30am and 4:30pm
20 th April 2020	Monday 8:30am only and daily at 4:30pm
11 th May 2020	Monday, Wednesday and Friday at 4:30pm
17 th June 2020	Wednesday only at 4:30pm
21 st September 2020	Mondays and Fridays at 4:30pm
4 th January 2021	Daily at 4:30pm
8 th February 2021	Mondays, Wednesdays and Fridays at 4:30pm
12 th April 2021	Mondays and Fridays at 4:30pm

8.2.2 The Trust's major incident response structure was established following instruction by Professor Keith Willets (NHS Strategic Incident Director) on 2nd March 2020. As set out in these NHSEI instructions, the Accountable Emergency Officer (AEO) is

responsible for the co-ordination of the Trust response. The Trust AEO is the Chief Operating

8.2.3 The aim of the Trust incident response structure is to recover Trust services to normal operation by September 2021 and to continue to improve the quality of life of all the populations we serve.

8.2.4 The Gold command (currently Chief Operating Officer, Chief Nurse and Chief Finance Officer) are responsible for chairing the trust response team. The AEO (or their nominated) is responsible for chairing the Trust's response team. In turn, the Trust team is responsible for co-ordination of:

- The strategic management of the incident
- Establishing and maintaining effective management arrangements to support the management of the incident
- Liaising with STP partnership arrangements.
- Co-ordinating the Trust response to meet NHSEI requirements.
- Strategic management and co-ordination of Trust approach to recovery.

The Trust response team is made up of:

- Executive Directors
- All Directors of Nursing
- All Medical Directors
- All Borough Directors
- Deputy Director of Population Health
- Communications Manager
- Deputy Director of Infection Prevention and Control
- Lead Nurse for Infection Control
- On-Call Director
- Emergency Planning Officers
- Loggist
- People Participation
- Staff side
- Incident Room Business Manager

8.2.5 In addition, the following work streams reporting to the Trust incident response team were established as follows:

People and Culture

Lead: Director of People and Culture.

Executive Lead: Director of People and Culture

The role of this is to:

- Establish effective working relationships with trade unions to support the Trust response to COVID19
- Establish mechanisms to identify staff who may be particularly vulnerable to COVID19, Keep updated and make use of staff risk assessments
- Provide effective policy and operational HR frameworks that support the operation of business continuity plans
- Ensure that effective sickness management policies and associated pay frameworks are in place to support the effective operation of the trust response plan
- Ensure that effective policies to support childcare arrangements
- Effective policies regarding subcontracted staff
- Effective process regarding staff testing and liaison with OH
- Develop effective support responses for staff affected by the trust response plan

Infection Control:

Lead: Director of Nursing (Community Health Services) and Director of Nursing (Luton Bedfordshire MH).

Executive lead: Chief Nurse

The role of this is to:

- Provide expert infection control strategic and operational advice and guidance
- Develop and support trust training requirements
- Support the guidance and provision of suitable PPE and any other required equipment
- Liaise with microbiologist regularly for expert advice.

Communications:

Lead: Communications Manager.

Executive Lead: Chief Medical Officer and Lorraine Chief Nurse

The role of this is to:

- Ensure effective internal and external communication about COVID19 and plans for its management
- Develop and maintain effective patient and staff information
- Ensure that communication material is effectively joined up with both STP systems

Operations: Community Health:

Lead: Service Director – Community Health Service.

Executive lead: Chief Operating Officer

The role of this is to:

- Ensure that Business Continuity arrangements are in place at DMT level
- To ensure effective liaison with North East London and BLMK STP arrangements

Operations, Forensic:

Lead: Head of Forensic Services.

Executive lead: Director of Integrated Care

The role of this is to:

- Ensure that Business Continuity arrangements are in place
- To ensure effective liaison with STP and Secure estate arrangements.

Operations, Bedfordshire and Luton:

Lead: Service Director – Luton and Bedfordshire MH

Executive lead: Chief Digital Officer

The role of this is to:

- Ensure that Business Continuity arrangements in place at DMT level
- To ensure effective liaison with BLMK STP arrangements.

Operations, London:

Lead: Service Director City and Hackney MH, Director of Nursing London MH and Medical Director London MH

Executive lead: Chief Financial Officer

The role of this is to:

- Ensure that Business Continuity arrangements in place at DMT level
- To ensure effective liaison with NEL STP arrangements.

Operations, Learning Disability:

Lead: Clinical Director, Learning Disabilities and Operational and Strategic Lead for Learning Disability

Executive lead: Chief Nurse

The role of this is to:

- Ensure that Business Continuity arrangements cover learning disability are in place
- To ensure effective liaison with STPs and Local authorities.
- Support silver work streams

Clinical and Operational advice and guidance:

Lead: Chief Quality Officer.

Executive Lead: Chief Quality Officer

The role of this is to:

- Develop guidance for the challenges of clinical and non-clinical scenarios relating to the response to COVID 19.

Operations, Primary Healthcare:

Lead: Medical Director Primary Care and Clinical Director

Executive Lead: Executive Director for Commercial Development

The role of this is to:

- Ensure that Business Continuity arrangements in place at Practice level
- To ensure effective liaison with PCNs.

Staff support:

Lead: Director of Therapies and Associate Director of People and Culture

Executive Lead: Director of People and Culture

The role of this is to:

- Ensure mechanism are in place to support staff

Testing and Vaccinations

Lead: Director for Strategic Service Transformation

Executive Lead: Chief Medical Officer

The role of this is to:

- Coordinate and manage the delivery of tests and the Covid vaccinations

8.2.6 A number of silver group meetings have also been established for each of the above work streams to enable operational staff to have the means, direction and co-ordination to deliver services. These meetings are led by the executive lead for the work stream – they initially met on a predominantly daily basis with the frequency changing to accommodate the needs of the service.

8.2.7 There were also COVID-19 Weekend Briefings established for on-call managers and consultants. These began on the weekend of 21st and 22nd March 2020 and were held at both 08:30 and 16:30 – subsequently changed to 10:00 from the weekend of 2nd and 3rd May and were stopped as of the weekend of 24th April 2021.

8.2.8 The AEO (or designated officer) attended regular system-wide meetings with both NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (CCG) and NHS North East London CCG. The frequency of these meetings changed to accommodate demand and risk. Furthermore, borough directors, or their deputies, also attended their relevant Local Resilience Forums - their aim being to provide a multi-agency response to identify risk, produce emergency plans and to mitigate the impact on the local communities.

8.2.9 The Trust also provided the following Situation Reports (Sitrep) to NHSEI as part of its response to the pandemic:

- Mental Health, Learning Disability and Autism and Community Services Sitrep (7 days per week)
- Community Discharge Sitrep (7 days per week)
- Specialised Commissioning Mental Health, Learning Disability and Autism Services Demand and Capacity Sitrep (7 days per week)
- Staff Asymptomatic Coronavirus Lateral Flow Test Device Sitrep (daily from November 2020)
- Staff Lateral Flow Device Test Results Sitrep (weekly from March 2021)
- Community Health Sitrep (monthly)

A daily situation report was also provided to the Trust Gold group meeting providing data on the number of inpatients diagnosed with covid and their location, number of patients awaiting results of swabs, the number of patient deaths from covid and the number of covid-related staff absences.

8.2.10 ELFT Pandemic Communications

The Communications team was represented at all Gold major incident meetings. They developed and produced a daily communication at the beginning and height of the pandemic to inform staff of key information they needed. (These are still

employed but have reduced to twice weekly.) The information was sectioned under titles: Clinical Guidance, Infection Prevention and Control, People and Culture (HR) and Staff Wellbeing to assist staff in finding and absorbing the information. The content was informed by the daily Gold incident meeting, Silver meeting, regional meetings and London/National meeting and was signed off by the Chief Operating Officer, Chief Nurse and Chief Medical Officer. Issues raised could be addressed and publicised quickly to staff via the bulletin ensuring everyone was updated and on the same page.

- *Clinical Alerts*: Additionally, ELFT's Clinical Alert system was employed to cascade national updates, new instructions and guidance.
- *Questions and queries*: The bulletin provided the communications team email for staff to ask any questions. This was well used and quickly responded to individually. The Communications team had access to all leaders and could draft responses speedily. The team published these and responses on its platforms so that all staff could view them.
- *Feedback*: These communications had a high staff readership of over 60% some days. An audit highlighted that staff found the bulletins helpful and depended on them, especially those working from home - it kept them connected and updated. In the audit, staff also reported that they liked the 'tone' of the communication – they were not alarmist but calm and factual. People stated they trusted these as a reliable source of information above other platforms.

Leadership

The Communications team filmed the CEO and other trust directors to provide short updates to staff, supporting them, urging them to rest when possible and thanking them throughout. The CEO personally called almost 500 staff to say a personal thank you. Webinars were well attended and kept staff connected.

Webinars have taken place about a variety of topics and issues that arose: PPE, Race and Privilege (BLM and George Floyd), COVID Vaccine, Return to Work planning and Day of Remembrance event.

Staff Stories and Support

The bulletins also featured staff stories so that the whole workforce had a sense of what was happening in other parts of the organisation. For example, podiatrists who were supporting wound management on wards, a fire safety officer delivering PPE and an autism specialist working on the mental health crisis line. Also stories of support from local people and businesses sending scrubs, food and treats to support staff morale.

The Trust also set up a peer-to-peer support service for staff who were distressed or overwhelmed to enable them to talk to someone. This was publicised widely and grew into regional support hubs which continue today.

Website and Intranet

Staff: The ELFT Intranet is not web-based so is only visible to staff on a Trust device with remote access permissions. This meant information on the intranet could not be seen by all staff. The Communications team created a 'secret' section on the website and linked to information here so that information was visible to all staff. (A new website/intranet was being commissioned when the pandemic struck and is now in development.)

The intranet and website were highly active during the pandemic. The Communications team ensured the information on both platforms were up to date and that staff were informed in the bulletins of the specific changes.

Public: There was a great deal to communicate to the public and service users - to stay at home, not to attend sites if they had symptoms, the pausing of visiting, arrangements to keep in contact with inpatients, and mental health support. The Communication team added a pop-up to the website so that people did not have to search for key information.

Social Media

Facebook and Twitter were used extensively to further the reach of national and local messages to the public about staying at home and the government restrictions as well as what steps to take if they became ill or in mental health crisis. National NHS imagery and messaging was replicated to reinforce messages.

8.3 Emergency Recovery

8.3.1 De-brief/After Action Review

To ensure learning is taken forward, a thorough de-brief/after action review (AAR) process was undertaken on 10th May 2021

This de-brief/after action review (AAR) allowed a significant number of participants from the London Mental Health Silver Group to come together to identify areas of good practice and areas for improvement in the Trust's response to Wave 2 of the COVID-19 pandemic.

It also sought to ascertain how effective the Trust's structure was in relation to command and control in responding to the incident and to identify what lessons can be taken forward to determine any future response to such a pandemic.

The following four questions were asked as part of the de-brief allowing each participant a chance to provide feedback:

- What was expected to happen?
- What actually happened?
- Why was there a difference?
- What can be learned?

A full de-brief report including action plan, identifying areas for improvement, will be completed and shared with the Trust.

8.3.2 The Future of Work

This work stream was formed in March 2020 to explore and understand staff needs who are returning to work as the pandemic began to subside and with easing of government guidance. It focuses on ideas and measures co-produced by people and culture, staff side, clinicians, directors and executive members of the Trust. Its aims are to:

- devise a roadmap for staff to fully recover and resume duties in office premises.
- safely allow members of staff to attend the workplace within advised government guidance around social distancing, health and safety and infection control.
- reduce anxiety and create a pathway for support options such as Occupational Health and wellbeing support
- review current policies such as Agile working, remote working to support staff and their well-being.

9.0 Brexit

- 9.1 NHSEI set out planning for Brexit from November 2020, running separately from Winter and Covid-19 emergency response. The UK had exited the EU on 31st January 2020 and was in the transition period until 31st December 2020. The UK Government reached an agreement with the EU as to the relationship beyond the end of the transition period
- 9.2 The Trust Brexit Contingency Planning Committee, chaired by the Director of Operations re-convened and met every two weeks from November 2020 until February 2021.
- 9.3 Local business continuity plans were reviewed throughout November to December 2020 to ensure that local services could respond to a possible disruption caused by Brexit.
- 9.4 There was no immediate impact on the Trust, supply chain or deliveries due to Brexit.

10.0 EPRR Arrangements at ELFT

- 10.1 EPRR arrangements for communication during an emergency were reviewed and refreshed as part of the annual work plan. Furthermore, each plan, including the Incident Response Plan, will be reviewed as part of the response to, and recovery from, the COVID-19 outbreak.
- 10.2 Mobile Telecommunication Privileged Access Scheme (MTPAS) – the mobile phones of directors and key managers are registered with the MTPAS so that calls can be made or received during mobile network restrictions.
- 10.3 All plans and guidance are shown both on the intranet and on the external Trust website.
- 10.4 A generic email address has been established to be used in the event of a major incident or emergency.

11.0 ELFT EPRR progress against work plan 2020/21

KEY ACTION	STATUS AT 31/03/2018
Review all plans relating to emergencies and business continuity to ensure they reflect current guidance and legislation.	Completed
Update emergency contact list to ensure it is up to date.	Completed
Continue multi-agency working (LHRPs, Luton and Bedfordshire patch LHRP, Borough Resilience Forums, NHS England (London) NENC Network Meetings)	Completed
Annual audit of all Trust Incident Control Centres and their emergency boxes.	Completed
Review and updating of all service business continuity plans	Completed
Gold (strategic) training to be provided to directors-on-call	Completed
Undertake Immediate Operational response training (Hazmat) to community health centres.	Carried forward
Conduct six monthly communication exercise – trust wide and directorate level	Carried forward
Carry out an exercise to involve all levels of staff affected by ICT outage, as mandated by The DSP (Data Security and Protection) Toolkit	Completed
Quarterly reports to Quality Committee	Completed

11.1 During the pandemic, the substantive Emergency planning officer for Luton and Bedfordshire resigned but we successfully recruited into the role and continued to deliver against our planned objectives.

11.2 A new Sitrep work stream was established to undertake the requirement of 7 day reporting of three specific reports to NHSEI. These were successfully completed throughout the pandemic without additional resourcing.

11.3 The Emergency Planning Team were able to complete 80% of actions against the workplan for this reporting period.

12.0 Work plan for 2021/22

12.1 The work plan is designed to ensure compliance with the EPRR Core Standards for EPRR (2015).

12.2 Emergency Planning and Business Continuity Action Plan

Table 1 - Key Priorities to be taken forward during 2021-22

Key Action	Outcome measure	TCD	Lead
Review all Trust wide plans relating to emergencies and business continuity to ensure they reflect current guidance and legislation.	Approved Trust wide policies and plans in place.	September 2021	Emergency Planning Manager
Continue to review and develop local business continuity plans.	Local plans in place.	November 2021	Service Directors / Senior Managers
Review emergency contact list to ensure it is up to date.	Maintained contact list in place and available to key staff.	Bi-Monthly	Emergency Planning Manager
Continue multi-agency working (LHRPs, Luton and Bedfordshire patch LHRP, Borough Resilience Forums, NHS England (London) NENC Network Meetings)	Partnership relationships effective.	Quarterly	Emergency Planning Manager
Annual audit of all Trust Incident Control Centres and their emergency boxes.	All boxes complete.	October 2021	Emergency Planning Manager with senior managers
Identify further staff to attend PHE loggist training.	Staff complete the training.	December 2021	Emergency Planning Manager with senior managers

Identify staff to attend the PHE 'loggist train the trainer ' course	Staff complete the training.	September 2021	Emergency Planning Manager with senior manager
Carry out an exercise to involve all levels of staff and outside agencies affected by ICT outage, as mandated by The DSP (Data Security and Protection) Toolkit	Completed exercise and lessons learnt	October 2021	Emergency Planning manager and IT
Conduct a communication exercise of the IT system	Completed exercise and lessons learnt	August 2021	Emergency Planning manager and IT
Establish IT on-call group on Pando	Group in place	August 2021	Emergency Planning manager and IT
Undertake Immediate Operational response training (Hazmat) to community health centres.	Identified staff complete the training	September 2021	Emergency Planning Manager

- 12.3 We were able to deliver and support against the Trust strategy work in relation to population health requirement.
- 12.4 We have been able to provide routine assurance to the Trust, NHSEI and our commissioners on the EPRR Framework in order to respond to both business continuity and major incidents.
- 12.5 All progress against the work plan will be reported to the Quality Committee in the form of quarterly reports.