

**REPORT TO THE QUALITY ASSURANCE COMMITTEE
9 SEPTEMBER 2020**

Title	Annual Report 2019/20 - Emergency Planning, Resilience and Response (EPRR) and Business Continuity
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Purpose of the Report:

The purpose of this report is to provide an account of ELFT’s Emergency Planning, Resilience and Response (EPRR) and business continuity arrangements for 2019/20 and to review how the Trust meets its statutory and mandatory obligations in relation to EPRR and business continuity.

The progress against the EPRR Work Plan of 2019/20 will also be reviewed and any outstanding actions will be considered and potentially incorporated in the work plan for 2020-21.

In addition to this **Section 9.0** is also included, providing an overview and update in relation to the Trust response to COVID-19.

Summary of Key Issues:

- The Trust’s arrangements for Emergency Planning, Resilience and Response (EPRR) and business continuity continued to be strengthened during 2019/20. This was primarily through creating a framework of plans that address the highest risks and carrying out exercises to test those plans.
- Based on the 2019/20 annual assurance submission to NHS England (London), the Trust did not receive any amber or red ratings and therefore a FULL compliance score was recorded for the Trust. The Assurance Report stated that ELFT continues to maintain a very high standard for EPRR arrangements, evidenced through the assurance submission and by the submitted plans/policies. The Trust’s Incident Response Plan was identified as being of a very high standard and is now included on a national EPRR database of good practice.(**Section 3.1**)
- In October 2019, NHS England (East of England) rated ELFT as SUBSTANTIALLY COMPLIANT as both community and mental health providers. NHS England & NHS Improvement acknowledged the hard work undertaken to achieve the additional standards. In respect of both services, there was one (1) AMBER rated standard, which related to the Data Protection and Security Toolkit. Subsequently the Toolkit was submitted in May 2020, resulting in the Trust now being FULLY COMPLIANT.(**Section 3.2**)

- Following the declaration of the level 4 major incident by NHS England and NHS Improvement the Trust fully implemented its Incident Response Strategy led by the Accountable Emergency Officer (refer to **Section 9.2** of this report). In March 2020 the Trust's Response Team (Gold group) was mobilised meeting regularly and timescales adapted according to need. A debrief evaluation of the Trusts Emergency response has been undertaken and learning identified to be taken forward (**Section 9.3**).

Strategic priorities this paper supports

Improved patient experience	<input checked="" type="checkbox"/>	Through identifying risk and providing the control measure to remove or reduce them to ensure service user safety.
Improved health of the communities we serve	<input checked="" type="checkbox"/>	Ensuring business continuity throughout any emergency or major incident.
Improved staff experience	<input checked="" type="checkbox"/>	Empowering and supporting staff in providing them with the tools, correct policies and procedures and training to carry out their roles safely.
Improved value for money	<input checked="" type="checkbox"/>	Ensuring the Trust meets its statutory obligations of The Civil contingencies Act 2004 and is compliant with NHS England EPRR Core Standards 2015.

Committees / Meetings where this item has been considered:

Date	Committee / Meeting

Implications:

Equality Analysis	This report has no direct impact on equalities.
Risk and Assurance	The Trust has a statutory duty to comply with the Civil Contingencies Act 2004 and may be subject to penalties if found not to be compliant. Mitigating actions are in place in relation to the risks identified within the report.
Service User / Carer / Staff	Implications for service users, carers and staff. Consider implications of the paper across all directorates and service groups in the Trust, and explain if any directorates/services are excluded from the scope of the paper.
Financial	There are no financial implications relating to the EPRR activity of 2017/18. In general terms, poorly controlled emergencies or lack of business continuity planning may have financial implications for the Trust in the event of emergencies.
Quality	There are no implications for Quality Improvement raised in this report.

Supporting Documents and Research material

a. Appendix 1 – ELFT EPRR Annual Assurance Report - November 2019

Glossary

Abbreviation	In full
AEO	Accountable Emergency Officer
EPRR	Emergency Preparedness, Resilience and Response
LHRP	Local Health Resilience Partnership
IRP	Incident Response Plan
NENC	North East North Central London
IOR	Initial Operational Response
HazMat	Hazardous materials
MTPAS	Mobile Telecommunication Privileged Access

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 table top 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 – part of the role of the Deputy Chief Executive
- 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 Trustwide 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
- Severe Weather Plan
- Fuel shortage Plan
- Identifying Vulnerable People Plan
- Pandemic Flu Plan
- Emergency contacts List
- Communication during Major Incident Strategy and 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.

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 2019. This annual assurance process marks compliance against the NHS England Core Standards for EPRR. In respect of ELFT, the trust did not receive any amber or red ratings and therefore a FULL compliance score was recorded for the Trust.

NHS England and Improvement (London) concluded in the Assurance Report that ELFT continues to maintain a high standard for EPRR arrangements, evidenced through the assurance submission and by the submitted plans/policies. It was noted that the high quality of submitted plans, schedule of training and exercising, highlighted a robust emergency preparedness and business continuity arrangement.

Furthermore, the Trust's Incident Response Plan and EPRR Policy were identified as being of a very high standard and are now included on a national EPRR database of good practice.

3.2 Luton and Bedfordshire

The Trust participated in the Assurance exercise carried out by NHS England (East of England) EPRR Team in October 2019. 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). In respect of Mental Health Services, SUBSTANTIALLY COMPLIANT was recorded for the Trust and likewise, in respect of BCHS, SUBSTANTIALLY COMPLIANT was recorded.

In respect of both services, there was one (1) AMBER rated standard, which related to the Data Protection and Security Toolkit. Subsequently the toolkit was submitted in May 2019 resulting in the Trust now being measured as FULLY COMPLIANT.

4.0 Training

4.1 Training was delivered against the 2019/20 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. Furthermore, two of these current loggists have also booked on the loggist 'train the trainer' course to enable us to further extend the number of available loggists at the Trust

- 4.3 Director-on-Call (Strategic/Gold) training was carried out in July 2018 with further refresher training to take place in the forthcoming year. In addition NHS England and NHS Improvement will be providing to the Trust 'Strategic leadership in a Crisis' training sessions to our on-call directors between July and August 2020.
- 4.4 Senior manager-on-call (Tactical/Silver) training delivered to all directorates including Bedfordshire community Services.
- 4.5 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 Caterpillar took place at Trust HQ, 9 Alie Street, London, on Friday 31st January 2020.
- 5.2 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.
- 5.3 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).
- 5.4 The opening scenario involved severe disruption to the Trust IT system caused by a virus which in turn affect several ELFT services such as RiO, Health Roster and the IT service desk portal. The virus went on to infect a number of systems at Barts Health NHS Trust, including payroll services, resulting in staff not being paid.

- 5.5 This table-top exercise provided a realistic and very worthwhile exercise with each participant playing a pivotal role in the exercise. Exercise Caterpillar was received well and found to be extremely useful to all those who took part when questioned at the conclusion of the hot debrief.
- 5.6 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.
- 5.7 Taking into account the exercise feedback received, the following lessons and actions were identified and have been incorporated into the annual work plan.
- Establish a Pando group for key personnel.
 - 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 cyber security exercise.
- 5.8 With effect from July 2013, NHS England (London) EPRR has 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. For the year 2019/20, the Trust responded on two occasions outside of the ten minutes which was due to the on-call director travelling to work via the tube where any pager message is lost.

To rectify this, 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/calls being diverted to the director's mobile telephone.

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 **9.0**. In addition, there were three (3) critical incidents in Luton & Bedfordshire which required the activation of business continuity plans
- 6.2 On 3rd January 2019, there was large fire to unoccupied building on Bedford Health Village at the rear of the estate, close to Archer Unit (BCHS) and Cedar House (Mental Health Services). Though Bedford Health Village is a multi-agency estate shared with several partner organisations, none declared a major incident. The affected building was owed by NHS Property Services.
- 6.2.1 The Director On-Call, Senior Managers On-Call for both BCHS and Mental and the Estates and Facilities Manager responded to the incident and business continuity plans were activated for both services. There was no damage to any ELFT properties and staff and service users remained safe while Bedfordshire Fire & Rescue Service (BFRS) responded to the fire.
- 6.2.2 A multi-service debrief was held by the Governance Manager in the weeks following the incident and also with partners on the site. The affected services have made significant progress against recommendations. A Learning Lessons Workshop was postponed due to Brexit, however will be held later in the year.
- 6.3 On 11th January 2019, there was a fire in a flat above a shop in Luton forced the evacuation and closure of Charter House, Luton. Several businesses in Luton Town Centre were also affected.
- 6.3.1 The evacuation of the building was instigated by BFRS and managers within the building responded and facilitated the evacuation. Business continuity plans were activated by the Luton Adult CMHTs, Luton CAMHS and various corporate support teams.
- 6.3.2 Manchester Street and Alma Street remained closed until 17:00 and the Governance Manager worked in liaison with BFRS and Estates & Facilities to reopen the building after working hours.
- 6.3.3 A debrief was held by the Governance Manager in the weeks following the incident with all managers. A learning lessons workshop with the managers and other staff was held and recommendations were made and are being taken forward.
- 6.4 On 6th February 2019, there was a burst water main in Leighton Buzzard affecting Leighton Buzzard Health Centre and South Bedfordshire CMHT at Crombie House.

- 6.4.1 Senior Managers for both services responded to the incident and business continuity plans were activated for Crombie House, Podiatry and Community Nursing Teams based at Leighton Buzzard Health Centre.
- 6.4.2 Crombie House was able to remain open for limited appointments, however Leighton Buzzard Health Centre was closed. The Communications Team issued external messages via the Trust Internet and local radio.
- 6.4.3 Water supply was restored at 1800 by Anglia Water and Leighton Buzzard Health Centre reopened the following day.
- 6.4.4 A debrief was held by the Governance Manager in the weeks following the incident. There were no recommendations as the incident was managed exceptionally well.

7.0 Adverse Weather

- 7.1 The Hot Weather Alert Season commenced on 1st June 2019 and continued until 15th September 2019. There were Level 3 Heat wave alerts most notably during the heat waves in both July and August 2019. The Trust's heatwave plan was triggered accordingly - The Trust was not adversely affected.
- 7.2 The Cold Weather Alert Season commenced on 1st November 2019 and continued until 31st March 2020. There were no cold weather alerts issued during this period.

8.0 Multi-agency Working

8.1 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

- 8.2 The Emergency Planning Officer for L&B leads operationally for L&B Mental Health and Community Services with full participation in their Local Health Resilience Partnership Forum

8.3 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.

9.0 Coronavirus (COVID-19) Pandemic

9.1 Emergency Preparedness

On 30th January 2020, NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response. 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:

- Coronavirus Preparedness meetings were convened on 4th February 2020. These were attended by key directors, infection control, communications department and procurement and took place on a weekly basis until the formation of the Trust Incident Management Team (Gold group) on 16th March 2020.
- Key members of the emergency planning team attended weekly coronavirus webinars from 13th February 2020. These were conducted by Professor Keith Willett (NHS Strategic Incident Director) and outlined the NHS response to the coronavirus outbreak.
- 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.
- Both the Trust Incident Response Plan and Trustwide Business Continuity Plan were full updated in December 2019.
- Local services business continuity plans were reviewed and updated throughout March 2020 and were held both local and centrally. This work was completed by the end of March 2020.
- Exercise Corvus took place at Trust HQ on 18th March 2020. This was attended by trustwide operational and corporate leads. Its aim was to explore the Trust's response to the pandemic and its objectives being to explore the command and control arrangements, including co-ordinating with the local

authority and partners. A further objective was to exercise communications to staff, partners, the public and the media.

- Arrangements were 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.
- Director-on-Call (Strategic/Gold) training was carried out in July 2018 with further refresher training to take place in the forthcoming year. In addition, NHS England and NHS Improvement have provided the Trust 'Strategic leadership in a Crisis' training sessions to our on-call directors between July and August 2020.
- Twelve (12) members of staff were provided loggist training on 17th March 2020 at Whittington Hospital to enable them to maintain the incident log for the Incident Management Team.

9.2 Emergency Resilience and Response

Following instruction by Professor Keith Willets (NHS Strategic Incident Director) on 2nd March 2020, the Trust's Response Team (Gold group) was mobilised and held at 08:30 and 16:30 hours on a daily basis. The Response Team was then scaled up and down according to the needs of the Trust and its services

From 16th June 2020, the Trust Response Team has met each Wednesday at 16:30 and continues to do so.

As set out in these NHS England and NHS Improvement instructions, the Accountable Emergency Officer (AEO) maintained responsibility for the co-ordination of the Trust response. The Trust AEO is Paul Calaminus.

The aim of the Trust incident response structure was 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.

9.3 De-brief/After Action Review

To ensure learning is taken forward, a thorough de-brief/after action review (AAR) process was undertaken.

This de-brief/after action review (AAR) allowed a significant number of participants across the Trust to come together to identify areas of good practice and areas for improvement in the Trust's response to 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. Participants included representation from the Trust's Incident Management Team (Gold group) and the debrief was facilitated by members of the People and Culture Team.

The overall message was that the Trust's Incident Response Plan was extremely effective and provided structure and effective management in order to respond to COVID-19.

Taking into account the debrief feedback received, the following lessons and actions were identified:

No.	Action	Lead	Completion date
1	Identify a structured communication tool to assist with the flow of large volumes of information between gold, silver and bronze command	AEO/ Emergency Planning Manager	November 2020
2	Identify a process to involve more service users in command and control	AEO/ Emergency Planning Manager	November 2020
3	Ensure the diversity of the gold and silver command and control groups is reviewed as part of the Trust's review of its major incident policy	AEO/ Emergency Planning Manager	November 2020

10.0 Brexit

10.1 Planning for Brexit will start from September 2020 and will be set out in by NHS England and NHS Improvement. In anticipation of this, the Trust Brexit Contingency Planning Committee, chaired by the Chief Operating Officer, will be re-convened. The committee has representation from People and Culture, Estates, Pharmacy, IT, Health and Safety, and Communications.

10.2 It is anticipated that this will run separately from Winter and Covid-19 emergency response.

11.0 EPRR Arrangements at ELFT

11.1 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.

11.2 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.

11.3 All plans and guidance are shown both on the intranet and on the external Trust website.

11.4 A generic email address has been established to be used in the event of a major incident or emergency.

12.0 Other External Events Affecting Service Delivery

12.1 The London Marathon and Prudential RideLondon 2019 passed through Newham and Tower Hamlets with minimal impact on service delivery.

13.0 ELFT EPRR progress against work plan 2019/20

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
Audit of all Trust Incident Control Centres and their emergency boxes.	Completed
Review and updating of all service business continuity plans	Completed
Silver (tactical) and bronze (operational) training to be delivered to on-call staff in line with Trust Policy.	Completed
Gold (strategic) training to be provided to directors-on-call	Completed
Undertake Immediate Operational response training (Hazmat) to community health centres.	Completed
Conduct six monthly communication exercise – trust wide and directorate level	Completed as part of Trust response to COVID-19
Carry out live mock-up annual exercise to involve all levels of staff	Completed as part of Trust response to COVID-19
Quarterly reports to Quality Committee	Completed
Update director-on-call pack with a view to making it paperless utilising Microsoft teams App.	Completed

Establish a Strategic (Gold) conferencing/communication tool (such as Whatsapp or similar technology)	Completed
Carry out an annual 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

14.0 Work plan for 2020/21

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

14.2 Emergency Planning and Business Continuity Action Plan

Table 1 - Key actions to be taken forward during 2020-21

Key Action	Outcome measure	TCD	Lead
Review all Trustwide plans relating to emergencies and business continuity to ensure they reflect current guidance and legislation.	Approved Trustwide policies and plans in place.	January 2021	Emergency Planning Manager
Continue to review and develop local business continuity plans.	Local plans in place.	November 2020	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 2020	Emergency Planning Manager with senior managers
Identify further staff to attend PHE loggist training.	Staff complete the training.	December 2020	Emergency Planning Manager with senior managers
Identify staff to attend the PHE 'loggist train the trainer' course	Staff complete the training.	September 2020	Emergency Planning Manager with senior manager
Carry out an annual exercise to involve all levels of staff affected by ICT outage, as mandated by The DSP (Data Security and Protection) Toolkit	Completed exercise and lessons learnt	January 2021	Emergency Planning Manager and IT
Review Major incident Communications Strategy and Plan to include use of Twitter during major incident	Updated plan in place	January 2021	Communications Manager
Establish Pando group for key emergency personnel	Pando group in place	September 2020	Emergency Planning manager
Establish Pando group for IT on-call	Pando group in place	November 2020	IT Manager

14.3 Reporting

Regular reporting takes place and key updates are presented to the following committees;

- Quarterly reports to the Quality Committee
- Annual Report to The Board

15.0 Action being requested

15.1 The Board is asked to RECEIVE and APPROVE report and the associated work plan for 2020/21 set out in **Section 13.2**.

2019 EPRR Assurance Report

East London NHS Foundation Trust

Version number: 1.0

First published: 22 November 2019

Prepared by: Liz Rogers, NHS England and Improvement (London)

Roshan Abdool-Raheem, NHS England and Improvement (London)



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2019-20 Assurance review summary

The 2019-20 annual EPRR assurance process is used to be assured 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.

The process this year is similar to that followed in 2018-19; however, where possible it incorporates learning from feedback received through the post assurance debrief process.

To support NHS organisations in preparing their assurance returns additional guidance was prepared and circulated to each NHS organisation.

Within North East and North Central London, the NHS England and Improvement (London) patch team undertook an assurance review process with the following organisation types:

- Acute hospital service providers
- Community service provider (this includes NHS Trusts, Foundation Trusts and social enterprises)
- Mental health service providers
- Specialist health service providers
- NHS 111 service providers
- Clinical Commissioning Groups

For acute Trusts additional site visits were arranged to review specific requirements regarding Chemical, Biological, Radiological, Nuclear and Explosive (CBRNe).

All organisations were required to carry out a RAG rated self-assessment against the NHS Core Standards for EPRR which would provide the framework for the assurance review meetings furthermore the review meetings would also have a broader oversight and ensure that plans and arrangements were being updated with relevant learning and guidance.

At the review meeting the Trust advised that progress had been made against the Trusts workplan for the year and there are no outstanding actions from the previous assurance process. The Trust has additional EPRR resource to support the EPLO. The Trust continues to maintain its programme of training and exercising.

Assurance review process

The assurance process for East London NHS Foundation Trust (ELFT) was conducted as follows:

Assurance Meeting	Date of Visit	Assurance Review attendance
Main Assurance Meeting	8 th October 2019	NHS England and Improvement (London): Liz Rogers (Chair), Roshan Abdool-Raheem ELFT: Richard Harwin, Paul Calaminus Camden and Islington NHS Foundation Trust: John Griffin (Peer Reviewer)

Overall level of compliance

In accordance with the requirements laid out in the EPRR 2019-20 Assurance Process Letter (9th July 2019), the overall level of compliance is based on the total percentage of amber and red ratings.

In respect of East London Foundation Trust for Core Standards 1 – 69, it was agreed that the Trust assessed level of compliance is **FULL**.

Assurance review outcomes

Main Assurance Visit Outcomes

The Trust did not receive any amber or red ratings.

The assurance review meeting agreed RAG ratings and discussion points can be found in appendix A.

Identified areas of good practice

The Trust's EPRR Policy and Major Incident Plan were comprehensive in their content, of a very good standard and are considered as good practice.

Next Steps: Action Plans and Governance

East London NHS Foundation Trust is required to submit, within two weeks of the date of this report the following documentation to england.london-assurance@nhs.net:

- The Trusts EPRR workplan which sets out clear actions, timescales and leads and includes areas if appropriate where the organisation scored Red or Amber
- A signed declaration of the overall level of compliance achieved from the AEO

Identified key priorities

The Trust is advised to prepare a robust work plan for the next twelve months which will set out the reviews of plans, policies and the testing and exercising of plans.

Conclusion

The Panel agreed that the Trust continues to maintain a high standard for EPRR arrangements, evidenced through its assurance submission, including the plans submitted. The assurance meeting discussions highlighted the continued involvement of the EPLO and AEO in local, network and regional planning meetings, including in relation to EU Exit. This coupled with the high quality of the submitted plans, and the schedule of training and exercising highlighted the robust emergency preparedness and business continuity arrangements within the Trust.

Overall, the Panel felt that the Trust's self-assurance submission of full compliance was an accurate reflection of the EPRR work being delivered.

As the outcome of the deep dive response did not affect the overall Trust compliance level and given that a number of the deep dive core standards (Deep Dive 16 – 20) were not directly within the remit of the EPLO, it was concluded that any actions pertaining to these would be a decision the Trust would make as to their inclusion in its annual EPRR workplan.

Finally, on behalf of the NHS England and Improvement (London) NENC EPRR Team, thank you to all colleagues involved in this assurance process.