

## Emergency Preparedness, Resilience and Response Core Standards 2025

**Public Board**  
**Thursday 27<sup>th</sup> November 2025**

<b>Presented for:</b>	Assurance and Approval
<b>Presented by:</b>	Tim Hiles Chief Operating Officer/Accountable Emergency Officer
<b>Author:</b>	Vicky Lee Senior Resilience Officer
<b>Previous Committees:</b>	None

<b>Our Annual Commitments for 2025/26 are:</b>	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	
Be in the top 25% for patient experience and efficiency in outpatients	✓
Support each other to act with kindness and compassion	
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	
Make best use of our estate, equipment and digital assets	

<b>Risk Appetite Framework</b>				
<b>Level 1 Risk</b>	<b>(✓)</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
Workforce Risk		Choose an item.	Choose an item	Choose an item.
Operational Risk	✓	Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	<b>Cautious</b>	Moving Towards
Clinical Risk	✓	Capacity Planning Risk - We will ensure that capacity is planned to meet the demand for elective and non-elective (acute) admissions to our hospitals, managing this risk to provide safe treatment and care to our patients.	<b>Minimal</b>	Moving Towards
External Risk		Partnership Working Risk - We will maintain well-established stakeholder partnerships which will mitigate the threats to the achievement of the organisation's strategic goals.	<b>Open</b>	Moving Towards

Key points	
1. This paper provides a description of the process for the annual emergency preparedness, resilience and response self-assessment and peer review process which gives an indication of readiness to respond to business continuity, critical or major incidents which could impact the Trust.	For assurance and approval
2. The paper confirms that further actions have been planned to address areas of partial compliance in this assessment.	For assurance and approval

## 1. Summary

A set of core standards form part of the overall Emergency Preparedness, Resilience and Response (EPRR) framework for the NHS and these are self-assessed with a peer review annually. 62 standards are applicable to acute trusts and each one has a set of mandatory requirements which must be met. This process results in an assessment of non-compliance, partial compliance, substantial compliance or full compliance for each standard. In addition, a deep dive is undertaken each year but does not form part of the assessment and is therefore not included in this report.

The national framework has been the same for a number of years and in relation to that the Trust has always reported substantial compliance. In 2023 additional requirements were implemented in NHS North East and Yorkshire, which the Trust assessed itself as non-compliant (66% compliance). However, 2024 the process reverted to something closer to that used previously with the focus on a self-assessment, but with a peer review and Integrated Care Board (ICB) sign off. The process for 2025 remains the same for 2024. The Emergency Preparedness (EP) Team are responsible for undertaking the self-assessment and providing the evidence to support the outcome. This is reviewed at the Trust Emergency Preparedness Coordination Group (EPCG) to provide assurance that there has been sufficient rigour in the process. The outcome of the self-assessment this year is 'substantial compliance', and this has been confirmed by the ICB.

The Trust is fully compliant on 60 of 62 standards and partially compliant on the remaining two standards. This gives an overall rating of 'substantially compliant,' achieved when 89-99% of the standards are met.

A work plan has been developed to address areas for improvement following the assessment. This will be managed through the EPCG and with the ICB through reporting to the Local Health Resilience Partnership (LHRP). The workplan is included as Appendix 1.

## 2. Background

Under the NHS Emergency Preparedness, Resilience and Response Framework (EPRR) (2022)<sup>1</sup> NHS Providers are required to be properly prepared to deal with an emergency. Assurance is provided through a set of national core standards which organisations measure themselves against through an annual process.

The current core standards are in year the third year of a three-year cycle. The national review process is underway which this may result in changes to the standards in future years. The process is a self-assessment with a peer review process and ICB

<sup>1</sup> [NHS England » NHS Emergency Preparedness, Resilience and Response Framework](#)

sign off to ensure consistency and accurate reporting. Although emergency preparedness is clearly vital the outcome of the assessment does not have a regulatory, statutory or legal impact.

Typically, each year as part of the annual process, a deep-dive is conducted to gain additional insight in a specific area. However, no deep dive was required this year (2025), but we were required to participate in the national pandemic exercise (Pegassus) during the year.

### 3. Core Standards Assessment System

There are 62 core standards which are applicable to acute providers and the assessment for each is fully compliant, partially compliant or non-compliant. Overall compliance is based on the number of standards against which a Trust is fully compliant and does not give any credit for partial compliance. The criteria are shown below

Assurance Rating	Criteria
Fully	The organisation is fully compliant against 100% of all relevant core standards
Substantial	The organisation is fully compliant with between 89% and 99% of relevant core standards
Partial	The organisation is fully compliant with between 77% and 88% of relevant core standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant core standards

### 4. Trust Assessment Against National Core Standards

The 62 core standards are divided into 10 domains which are shown in the table below along with the outcome against each element.

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	11	10	1	0
Command and control	2	2	0	0
Training and exercising	4	4	0	0
Response	7	7	0	0
Warning and informing	4	4	0	0
Cooperation	4	4	0	0
Business Continuity	10	9	1	0
Hazmat/CBRN	12	12	0	0
CBRN Support to acute Trusts	0	0	0	0
<b>Total</b>	<b>62</b>	<b>60</b>	<b>2</b>	<b>0</b>

**Overall  
assessment:**

**Substantially compliant**

## **5. Main Work Areas During 2025/2026**

Throughout 2025, the emergency planning team, with support from colleagues have delivered three exercises (since April 2025.) These exercises have covered scenarios including a cyber-attack, mass casualties (paediatrics) and business continuity disruption. A live mass casualty Exercise Artemis was held at Leeds General Infirmary in July 2025. In addition, the Trust participated in the national pandemic Exercise Pegasus, which was held during September, October and November 2025. Exercising provides the opportunity to test plans and identify opportunities for improvement through debriefing and the lessons log maintained by the EPRR team and managed through the EPCG sub-group; it also gives individuals who are likely to take on roles during incidents to gain experience in a safe learning environment.

During 2025, the Trust has responded to a number of incidents, which includes measles outbreak, adverse weather (heat and cold), bomb and explosive device threat. A declaration was made in relation to real situation on one occasion; a business continuity incident was declared in relation to a suspicious package in June 2025. The Trust established command and control structure to ensure a co-ordinate response to all these incidents. All incidents were debriefed and learning points and associated actions in response added to the Trust's Lessons Learned Tracker.

The Trust's emergency plans have continued to be reviewed and maintained. The following plans have been reviewed during 2025;

1. Adverse weather plan
2. Incident Response plan

Work continues to develop a Framework for High Consequence Infectious Diseases (HCID), New and Emerging pandemics. The Chemical, Biological, Nuclear and Radiological (CBRN) plan review has been extended to ensure learning from the suspicious substance incident in June, is included. The Trust's Lockdown plan and Evacuation plan are also undergoing a review.

During December 2024 until January 2025 the Trust piloted its business continuity management system with two Clinical Service Units and one Corporate Service Unit. Learning from the pilot scheme were incorporated into the BCMS ahead of the full launch in April 2025. The Emergency Planning team delivered CSU business continuity workshops during the months of April, May and June and continue to provide support to CSUs.

In 2022 NHSE issued the minimum occupational standards for EPRR<sup>2</sup> for incident commanders and there is now a portfolio of training to be delivered to on-call managers, heads of nursing and directors who take on these roles. Monthly on-call training has been rolled out and embedded through 2025. In addition, training has been delivered to Clinical Site Manager.

## **6. Partially Compliant Standards**

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The Trust remains partially compliant with two of the 62 core standards and these relate to the areas highlighted in the table below. Action plans are in place to deliver against these in time for the next submission in October 2026. These plans are monitored through the EPCG to provide assurance that these are delivered on time.

<b>Domain</b>	<b>Standard</b>	<b>Action to be taken</b>
Duty to maintain plans	New and emerging pandemics	Work continues to develop a Framework for High Consequence Infectious Diseases (HCID), New and Emerging pandemics.
Business continuity	Assurance of commissioned providers and suppliers' business continuity plans	Requesting the business continuity plans of suppliers is routine, but a new process is being incorporated so that certain standards are required with a mechanism to confirm these can be met.

## **7. Conclusions**

The self-assessment, internal, peer and ICB reviews provided a rigorous process to assess and confirm the outcome of substantially compliant against national criteria for compliance. The Trust is well prepared to respond to an incident (as demonstrated by exercise and incident responses) but recognises the value of continuous review and improvement and therefore has implemented an action plan to further strengthen the arrangements. The action plan will be managed through the EPCG with escalation as needed to ensure actions are completed. A huge amount of work has been completed since the last submission and this has been done in collaboration with many teams and departments.

## **8. Financial Implications**

No financial implications have been identified.

## **9. Risk**

The outcome of the 2025 core standards does not identify any new risks nor any changes to existing risks.

## **10. Communication and Involvement**

Many colleagues were involved in providing evidence and received feedback on their individual areas. The outcome of the self-assessment has been shared internally with the Emergency Preparedness Coordinating Group (EPCG). The outcome has also been shared and widely discussed with West Yorkshire provider partners and the Integrated Commissioning Board (ICB).

## **11. Equality Analysis**

Where actions require significant changes to current services/ways of working, it is expected that the CSUs/services concerned would undertake an appropriate equality analysis to ensure consideration has been given to the actual or potential impacts on staff, certain communities or population groups (and that appropriate action has been

taken to mitigate or eliminate the negative impacts and maximise the positive impacts or opportunities for promoting equality).

## **12.Improving Health Equity**

It is important that EPRR does not disadvantage any of our patient or staff populations. However, actions taken to deliver resilience in themselves are not designed to improve health equity.

## **13.Publication Under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act 2000

## **14.Recommendation**

The Board is asked to approve the contents of the report and the submission of the statement of compliance.

## **15.Supporting Information**

Appendix 1 Action Plan

Appendix 2 Statement of Compliance

## Appendix 1 - Action Plan

	Domain	Standard name	Standard Detail	Supporting Information	Organisational Evidence	Self assessment RAG	Action to be taken	Lead	Timescale	Comments
<b>Domain 3 - Duty to maintain Plans</b>										
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	Arrangements should be: <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	Pandemic Plan Version 0.2 September 2023	Partially compliant	A HCID Outbreak New and Emerging Pandemic Framework is under development	Vicky Lee	46022	Work in progress

## Domain 9 - Business Continuity

53	Business Continuity		Assurance of commissioned providers / suppliers BCPs	<p>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.</p> <ul style="list-style-type: none"> <li>• EPRR policy/Business continuity policy or BCMS outlines the process to be used and how suppliers will be identified for assurance</li> <li>• Provider/supplier assurance framework</li> <li>• Provider/supplier business continuity arrangements</li> </ul> <p>This may be supported by the organisations procurement or commercial teams (where trained in BC) at tender phase and at set intervals for critical and/or high value suppliers</p>	Business Continuity Management plan	Partially compliant	Business continuity plans are requested from all suppliers but at the moment there is no detailed specification except for DIT procurement which has a detailed process. The same process is being developed for all suppliers.	Vicky Lee	46203
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## Appendix 2

### North East & Yorkshire Emergency Preparedness, Resilience and Response (EPRR) assurance 2025-2026

#### STATEMENT OF COMPLIANCE

Leeds Teaching Hospitals NHS Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool.

Where areas require further action, Leeds Teaching Hospitals NHS Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial against the core standards.

Overall EPRR assurance rating	Criteria
<b>Fully</b>	<p>The organisation is 100% compliant with all core standards they are expected to achieve.</p> <p>The organisation's Board has agreed with this position statement.</p>
<b>Substantial</b>	<p>The organisation is 89-99% compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>
<b>Partial</b>	<p>The organisation is 77-88% compliant with the core standards they are expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p>
<b>Non-compliant</b>	<p>The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.</p> <p>For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.</p> <p>The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.</p>

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board/governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation's Accountable Emergency Officer

##/##/202#

Date signed

12/09/2025

Date of Board/governing body  
meeting

##/0#/202#

Date presented at Public Board

[Click here to enter a date.](#)

Date published in organisations  
Annual Report

