The Leeds Teaching Hospitals NHS Trust

Emergency Preparedness, Resilience and Response Core Standards Self-Assessment 2026/27

Public Board
26 November 2026

Presented for:	Assurance and approval of the 2026/27 EPRR Core Standards self-assessment and associated improvement plan.
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Previous Committees:	EPRR Assurance Group (formerly EPCG), 16 Sept 2026

Link to Strategic Objective	Focus on care quality, effectiveness and patient experience
Link to Provider Capability Assessment	Governance, risk and regulatory
Link to CQC Well-led Statement	Governance, Management and Sustainability
Regulatory Impact	Regulation 17: Good governance

Key points	**Purpose**
1. The Trust's overall position reported against the 2026 EPRR Core Standards is Non-Compliant, comprising 43 Fully Compliant and 19 Partially Compliant standards, with no individual standards assessed as Non-Compliant.	To inform the Board of the Trust's 2026 EPRR Core Standards position.
2. The change from the 2025 position reflects a more rigorous approach to assurance, with greater emphasis on operational capability and supporting evidence than the existence of documented arrangements alone. External review and challenge have informed the assessment, including Yorkshire Ambulance Service in relation to Domain 10, CBRN and Hazmat, and PwC in relation to Domain 9, Business Continuity.	To explain the change from the 2025 position and provide assurance on the robustness of the assessment.
3. An improvement programme is in place for all areas of partial compliance, with actions and target dates overseen through the EPRR Assurance Group (EAG). Material risks, delivery delays or areas where sufficient assurance cannot be demonstrated will be escalated through established Trust governance arrangements.	To provide assurance on the actions, oversight and escalation arrangements in place to address areas of partial compliance.

Risk Appetite Framework			
Level 1 Risk	**Level 2 Risks**	**(Risk Appetite Scale)**	**Impact**
Operational Risk	Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	Cautious	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.	Cautious	Moving Towards
Financial Risk	Financial Management & WRP - We will deliver sound financial management and reporting for the Trust, aiming to at least break even, with no material variances to forecast.	Cautious	Moving Towards
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Cautious	Moving Towards

1. Summary

This report presents the Trust's self-assessment against the NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards. The 2026 submission is non-compliant, with 43 of 62 applicable standards assessed as Fully Compliant (69%) and the remaining 19 assessed as Partially Compliant. No individual standards are assessed as non-compliant. Under the national assurance methodology, organisations less than fully compliant against 76% or less of the Core Standards they are expected to achieve are rated non-compliant overall.

The change from the 2025 position should be considered as a reset of the assurance baseline rather than a deterioration in EPRR for the Trust. Tim Hiles, COO and Accountable Emergency Officer, and Tim Edwards, Head of Resilience, took up their posts after the submission of the Trust's self-assessment in 2025. This facilitated a more fundamental review of compliance against the standards focusing on whether each requirement is demonstrably met in practice, supported by current evidence, and capable of withstanding external challenges.

The Board is asked to approve this position, recognising that the identification of gaps provides a stronger basis for assurance, prioritisation of actions and improvements required rather than maintaining a higher rating that cannot be consistently evidenced.

2. Discussion

Evidence in relation to the Core Standards has been reviewed against the 2026/27 assessment guidance, with responsible services and Clinical Service Units asked to demonstrate that plans, training, equipment, governance and operational arrangements are current and embedded. Where the required evidence could not be demonstrated, the relevant standard has been assessed as Partially Compliant and an improvement action identified.

This approach has created a more defensible baseline for improvement. It also allows the Board to distinguish between documented arrangements and demonstrable organisational capability. The principal areas requiring further work relate to the currency and operational alignment of emergency plans, training and exercising, multi-agency working, Business Continuity, and CBRN and Hazmat preparedness.

The benefits of this approach were shared with the West Yorkshire Local Health Resilience Partnership (comprising all NHS Healthcare Providers in West Yorkshire) at the meeting on 18 November 2026. At this meeting it was recognised that a fundamental evidential review of compliance with standards was a more robust approach than a 'refresh' of submissions.

3. Assurance and Evidence Base

The assessment has been triangulated through internal evidence, governance review and independent external challenges. Two areas are particularly important to understand the change in the Trust's assurance position:

- **Domain 9 (Business Continuity).** PwC's independent work has been used to challenge the maturity and evidential basis of the Trust's Business Continuity Management System (BCMS), including Business Impact Analysis, Business Continuity Plans, governance, exercising and assurance over critical dependencies. The findings support the continued development of the Trust's BCMS and the need for stronger evidence that arrangements are embedded and tested.

- **Domain 10 (CBRN and Hazmat).** Yorkshire Ambulance Service undertook an external review of the Trust's capability, including site visits, observation of training and review of evidence. The external assessment identified gaps in Initial Operational Response

readiness, staff familiarity with Remove, Remove, Remove arrangements, equipment and information, and elements of the specialist decontamination pathway and infrastructure. The Trust has accepted the external challenge and incorporated the resulting actions into the EPRR improvement programme.

- The findings support the need for a structured recovery programme and stronger evidence that arrangements are embedded and tested.

Table 1 - EPRR Core Standards Assurance Position 2025–2026:

Domain	2025 Status	2026 Status
Domain 1 - Governance	🟢	🟢
Domain 2 - Risk Assessment	🟢	🟢
Domain 3 - Plans	🟠	🟠
Domain 4 - Command & Control	🟢	🟢
Domain 5 - Training	🟢	🟠
Domain 6 - Response	🟢	🟠
Domain 7 - Warning & informing	🟢	🟢
Domain 8 - Cooperation	🟢	🟠
Domain 9 - Business Continuity	🟠	🟠
Domain 10 - CBRN and Hazmat	🟢	🟠
Overall	Substantially Compliant	Non-Compliant

The Partially Compliant standards have been brought together within a single EPRR improvement programme, with defined actions and target dates. Progress will be monitored through the EPRR Assurance Group, with risks to delivery and material residual risks escalated through the Trust's established governance arrangements.

Table 2 - EPRR Core Standards Improvement Plan 2026/27

Domain	Key Improvement	Target
Domain 3: Duty to Maintain Plans	Formally align all departmental Tactical Plans under a new overarching Incident Response Framework (IRF)	Apr-27
	Complete a full review and operational update of all outdated plans.	Apr-27
Domain 5: Training & Exercising	Complete a review of the EPRR Policy and confirm cadre of Tactical and Strategic Commanders.	Feb-27
	Complete an organisational Training Needs Assessment (TNA) for all designated responder roles and publish revised Training Strategy.	Jan-27
	Implement responder Continuous Professional Development (CPD) portfolios and Minimum Occupational Standards (MOS) tracking for commanders.	Jan-27

Domain	Key Improvement	Target
Domain 6: Response	Standardise frontline Initial Operational Response (IOR) protocols, action cards, and containment procedures specifically for CBRN and Hazmat self-presenters to ensure identical operational execution across all Trust sites.	Jan-27
Domain 8: Cooperation	Strengthen multi-agency interoperability, shared information workflows, and cross-boundary coordination with the West Yorkshire LRF and LHRP.	Apr-27
	Establish formal integration of external multi-agency partner feedback into post-incident debriefings and the Trust Lesson Learned Tracker.	Apr-27
Domain 9: Business Continuity	Re-establish regular reporting through the reconvened BCAG to EPRR Assurance Group	COMPLETED Jan-27
	Phase 1: Complete annual reviews across all CSUs to achieve 100% baseline currency.	Oct-26
	Phase 2: Migrate all plans to the standardised BIA-led BCMS framework and integrate 13 newly identified corporate and hospital site plans.	May-27
	Procurement to implement a formal assurance framework for critical third-party suppliers and commissioned providers.	May-27
Domain 10: CBRN and Hazmat	Repopulate ED reception Major Incident packs with IOR and RRR action cards and train frontline staff.	Feb-27
	Resolve PRPS cleansing, training suit identification and storage issues.	Jan-27
	Operationalise the new decontamination units at both SJUH and LGI.	Apr-27
	Fund and support all internal instructors to achieve the Level 3 Award in Education and Training	Apr-27
	Restructure PRPS and CBRN training into mandatory full-day sessions aligned with the national curriculum.	Apr-27

4. Quality and Performance Implications

The self-assessment has identified gaps that could affect patient and staff safety and the continuity of critical services during a major incident or significant business disruption. The improvement programme will strengthen operational readiness and clarify accountability, with evidence that plans are implemented, tested through exercises and improved in response to incidents and lessons identified.

Transparent assurance reporting supports a more reliable assessment of performance: a standard is rated Fully Compliant only when the Trust can demonstrate that the required control is operating in practice.

5. Financial Implications

There are capital funding requirements associated with improving the Trust's mass-decontamination capability, including provision of the new mass-decontamination tent and the supporting estates and infrastructure required for its effective deployment. These requirements are being progressed through the Trust's Capital Estates Programme.

No separate financial approval is therefore sought from the Board through this paper.
Other improvement actions will be managed through existing operational arrangements where possible. Any additional material revenue or capital requirements identified through delivery of the improvement programme will be escalated through the appropriate Trust financial and capital governance routes.

6. Risk

The principal risk is that the Trust may be unable to evidence or sustain the level of preparedness expected of a Category 1 responder, with potential consequences for patient and staff safety, continuity of critical services and regulatory assurance. The revised 2026 position does not create this risk; it provides greater visibility of existing gaps and places them within a defined improvement and governance framework.

The key areas of residual risk are being managed through the EPRR improvement plan, Trust risk processes and the relevant operational and estates governance routes. Where delivery is delayed, controls cannot be demonstrated, or residual risk falls outside tolerance, this will be escalated through the appropriate governance route.

The areas of partial compliance engage the Trust's cautious appetite for Operational, Clinical and Regulatory Risk. Where improvement actions are delayed, controls cannot be demonstrated or residual risk falls outside agreed tolerance, the risk will be assessed and escalated through the Trust's established risk management framework.

7. Communication and Involvement

The Resilience Team has led the assessment, consulting with the Accountable Emergency Officer, responsible corporate services, Clinical Service Units and the EPRR Assurance Group. Independent challenge from Yorkshire Ambulance Service and PwC has been incorporated into the evidence base underpinning the Trust’s self-assessment.

The final Core Standards return, and associated improvement plan were submitted to NHS West Yorkshire Integrated Care Board on 30 October 2026. Progress will be reported through the EPRR Assurance Group, with material risks or delivery issues escalated through established Trust governance arrangements.

8. Improving Health Equity

The report does not propose a change to clinical services. However, emergency preparedness and business continuity arrangements must recognise that disruption can have a disproportionate impact on people with additional clinical, communication or mobility needs and on communities experiencing health inequalities. Relevant emergency plan, Business Impact Analysis and Business Continuity Plan reviews will therefore consider these impacts when identifying critical services, dependencies and mitigations.

9. Publication Under Freedom of Information Act

There are no issues preventing publication of this paper under the Freedom of Information Act 2000.

10. Recommendation

The Board is requested to:

1. **Note** the Trust's submitted 2026/27 overall EPRR assurance position of Non-Compliant, comprising 43 Fully Compliant and 19 Partially Compliant standards;

2. **Endorse** the evidence-based approach taken by the Accountable Emergency Officer and Head of Resilience to establish a defensible baseline of organisational preparedness and capability;

3. **Note** the independent external review and challenge undertaken by Yorkshire Ambulance Service in relation to Domain 10 (CBRN and Hazmat) and PwC in relation to Domain 9 (Business Continuity);

4. **Receive further assurance** on progress against the improvement programme (table 2), external review actions and any material residual risks through the established Trust governance arrangements.

11. Supporting Information

None

Appendices:

None