NHS
East Kent
Hospitals University
NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **Annual Emergency Preparedness, Resilience & Response (EPRR) Report and National Assurance Outcome**

Meeting date: **4 December 2025**

Board sponsor: **Dan Gibbs, Chief Operating Officer**

Paper Author: **Hayley Lingham, Head of Emergency Planning & Resilience**

Appendices:

Appendix 1: Outcome of EKHUFT annual assurance process - NHS England (NHSE) Core Standards for EPRR
Appendix 2: Service Level Business Continuity Plans Progress

Executive summary:

Action required:	Information
Purpose of the Report:	This paper provides the annual assurance to the Board of Directors on the workstreams, risks and activities within EPRR. The purpose of this paper is to provide assurance to the Trust Board, that there are: • robust plans, training and exercises for incident response arrangements; • processes and governance in place to debrief and learn from incidents that have occurred; • processes in place to assess ongoing risk as well as horizon scanning for new and emerging threats. This report also details the outcome of the annual assurance process against the NHSE Core Standards for EPPR.
Summary of key issues:	Annual Report outlines the: • Risk assessment process; • Governance process; • Incidents that have happened since the last report; • Training and exercises programme; • Ongoing partnership working. This year EKHUFT again rated as fully compliant in the annual self-assessment assurance process against the NHSE Core Standards for EPRR.

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Key recommendations:	The Board of Directors is asked to **NOTE** this Annual EPRR Report and National Assurance Outcome for information and assurance.

Implications:

Links to Strategic Theme:	Quality and Safety
Link to the Trust Risk Register:	No
Resource:	No
Subsidiary:	No

Assurance route: Appendix 1 EPRR assurance outcome submitted to Strategic Resilience Group 29.09.25

This paper was presented to the Quality & Safety Committee (Q&SC) on 18 November 2025. There were no recommendations made.

Annual EPRR Report and National Assurance Outcome

1. Purpose of the report

1.1 The purpose of this paper is to provide assurance to the Board of Directors that there are:

1.2 robust plans, training and exercises on incident response arrangements.

1.3 governance mechanisms in place to ensure EPRR work programme is overseen by the Accountable Emergency Officer.

1.4 processes and governance in place to debrief and learn from incidents that have occurred.

1.5 processes in place to assess ongoing risk as well as horizon scanning for new and emerging threats.

2. Background

2.1 NHS E Core Standards for EPRR outline the standard functions and capabilities healthcare providers should be achieving, which the Trust annually self-assures against.

2.2 Standard 3 states:

2.3 *"The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually. The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements.*

2.4 *This should include:*

2.5 *training and exercises undertaken by the organisation.*

2.6 *summary of any business continuity, critical incidents and major incidents experienced by the organisation.*

2.7 *lessons identified and learning undertaken from incidents and exercise.*

2.8 *the organisation's compliance position in relation to the latest NHSE EPRR assurance process".*

3. Risk

3.1 The EPRR team assess risk as organisational or operational, whereby the latter can be resolved within a set timescale.

3.2 The EPRR Risk Register is reviewed in line with the revised Trust Risk Management Policy.

Risk Ref	Organisational Risk Title	Residual Risk Score
3607	Capacity surge requiring declaration of a Critical Incident (Amended)	12 - Moderate
3608	Requirement to manage a contaminated body in the decontamination area or the mortuary	12 - Moderate
3338	EKHUFT healthcare setting experiences telecommunications failure	12 - Moderate
3337	Unable to meet the Trust's requirement, under NHSE Core Standards for EPRR, to maintain healthcare services during severe winter weather	12 - Moderate↑

3335	EKHUFT healthcare setting experiences a local power failure	12 - Moderate↑
3806	There is a risk of losing critical telephony and estates infrastructure alarm systems if there is a denial of access to switchboard	10 - Moderate
3344	Requirement for full Hospital site search for missing vulnerable person (Amended)	9 - Moderate
2626	The Trust is required to respond to a Mass Casualty Incident	8 - Moderate
3331	IT Failure	8 - Moderate
3336	Emerging Infectious Diseases (Including Pandemic)	8 - Moderate
3428	Unsafe helicopter take-off and landing (Amended)	6 – Low
3429	Strategic and Local Transport Infrastructure Interruption	6 – Low
3640	Unplanned generator failure identified during monthly generator testing or other routine maintenance (no disruption to mains power)	6 – Low
3339	EKHUFT healthcare setting experiences water supply disruption	6 – Low
3000	Failure of the National Electricity Network (Amended)	5 – Low
3323	Suspected Improvised Explosive Device on Trust Site (Amended)	4 – Low
3332	Unable to meet Care Quality Commission (CQC) requirements to have in place and tested, an Infant Abduction Plan	4 – Low
3334	Inpatient hospital experience full or partial piped oxygen failure	4 – Low
3427	Hazards Rendering Trust Estate Unsafe and requiring evacuation (Amended)	4 – Low
3345	Not being able to sustain full compliance of NHSE Core Standards for EPRR annual assurance (Amended)	4 – Low
3002	National Planned Power Outages	4 – Low
3326	The Trust is unable to meet the requirements, under the NHSE Core Standards for EPRR, to respond to a Chemical, Biological, Radiological, Nuclear, or explosive (CBRNe) Incident	3 - Very Low
3342	William Harvey Hospital (WHH) is designated the mass fatalities receiving mortuary for Kent & Medway (K&M) by the Coroner	3 - Very Low
3328	Unable to meet the Trust's requirement, under NHSE Core Standards for EPRR, to maintain healthcare services during heatwaves and prolonged hot weather	2 – Very Low

Risk Ref	Operational Risk Title	Residual Risk Score
3003	Official Sensitive **	8 – Moderate ↑
2769	Inability to effectively carry out a Lockdown of the 3 main hospital sites	6 - Low
2179	The Trust is unable to meet the requirements, under the NHSE Core Standards for EPRR, to have 24-hour access to a trained loggist(s) to ensure support to the decision maker	6 – Low
3885	Emergency response arrangements are being temporarily impacted by concurrent projects at Queen Elizabeth the Queen Mother Hospital (QEQM) which will render emergency response plans out of date and will require additional staff training	4 - Low

3886	Emergency response arrangements are being temporarily impacted by concurrent projects at QEQM which will render emergency response plans out of date and will require additional staff training	4 - Low
3483	Uncoordinated Fire Response - Buckland Hospital/Royal Victoria Hospital (RVH)	3 - Very Low

Risk Ref	Emerging Risk Title	Date:	Residual Risk Score
3698	Electronic Entry System (UK borders)	June 2024	15 - High

4. Plans

4.1 The following plans have been revised over the past 12 months in line with the document review schedule or with learning from incidents and exercises.

4.2 Incident Response Framework.

4.3 Power Failure Incident Response Plan.

4.4 Severe Weather Business Continuity Plan.

4.5 Cyber Resilience Incident Response Plan.

4.6 Rolling Power Outage Response Plan.

4.7 VIP & Protected Persons Plan.

4.8 Infant & Child Abduction Plan.

4.9 Heatwave & Prolonged Hot Weather Plan.

4.10 Increase in the National Threat Level.

4.11 Pandemic Response Framework.

4.12 Hospital Evacuation Plan.

4.13 Incident Helpline Plan.

4.14 Missing Person Search Plan.

4.15 Unplanned Generator Failure Plan.

5. Governance

5.1 EKHUFT's annual self-assessment against the NHSE Core Standards for EPRR has been rated as fully compliant and is detailed in Appendix 1.

5.2 An audit of Business Continuity was undertaken at EKHUFT as part of the agreed internal audit plan for 2024/25.

5.3 The objective of this review was to ensure that arrangements and documented procedures are in place to minimise disruption and maintain the service continuity of the Trust in the event of an incident.

5.4 The review found that the Trust's overarching Business Continuity arrangements, including the maintaining and exercising of Critical and Major Incident Plans, as well as the Incident Response Framework and Business Continuity Plan, are robust.

5.5 It was also noted sufficient training and guidance in supporting staff with Business Continuity, along with effective reporting into the Q&SC and Clinical Executive Management Group (CEMG) (now Trust Management Committee (TMC)).

5.6 However, the review identified significant gaps in Business Continuity management at Care Group and Service levels, particularly the absence of finalised plans, which has resulted in a lack of exercising of these and subsequent reporting. Additionally, the

removal of the Deputy Head of Emergency Planning and Resilience post, which included Business Continuity specialist role, has created a single point of failure in the Head of Emergency Planning and Resilience. To address the issues identified, the following priority actions were raised.

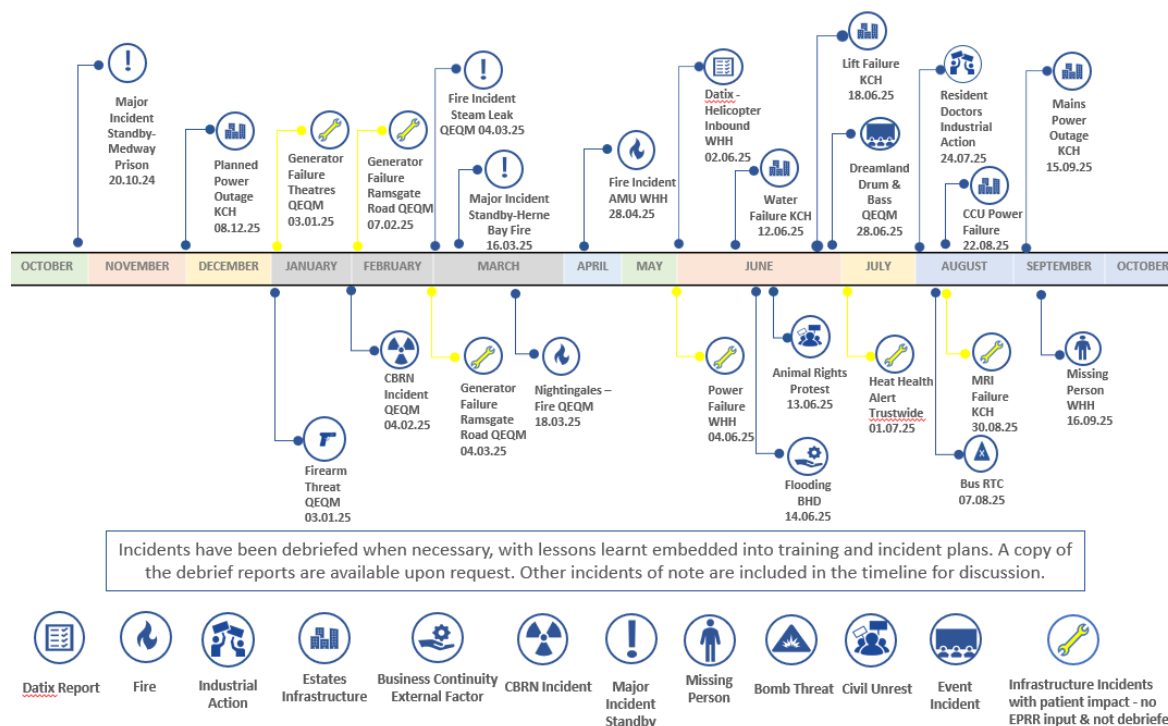5.7 The progress (at time of writing) of service level business continuity plans can be found in Appendix 2.

Title of Audit Report	Priority (high, med, low)	Audit Management Action (from report)	Current Status
Business Continuity	High	Each Care group will draft and finalise their Business Continuity Plan for each service.	Appendix 2
Business Continuity	Low	For all recommendations made following an incident exercise, management will ensure the exercise report is updated to record an owner and implementation date for each recommendation.	Completed
Business Continuity	Low	The Annual Workplan (EPRR) will be approved ahead of each calendar year by the Strategic Resilience and Capabilities Group.	Completed
Business Continuity	Medium	The Trust will review the arrangements for Emergency Planning, Resilience, and Business Continuity to ensure that suitable resources are available and allocated to undertake all necessary work.	Closed

6. Incidents

6.1 The Info gram below highlights the incidents which have occurred and impacted one or more EKHUFT site since the last report. All significant incidents are debriefed with documented lessons identified and recommendations, monitored through the Tactical and Strategic Resilience Groups.

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Incidents & Debriefs Timeline Oct 2024- Oct 25

Incidents have been debriefed when necessary, with lessons learnt embedded into training and incident plans. A copy of the debrief reports are available upon request. Other incidents of note are included in the timeline for discussion.

Datix Report | Fire | Industrial Action | Estates Infrastructure | Business Continuity External Factor | CBRN Incident | Major Incident Standby | Missing Person | Bomb Threat | Civil Unrest | Event Incident | Infrastructure Incidents with patient impact - no EPRR input & not debriefed

7.   Training & Exercises

7.1   Training

7.2   In April 2025, the Emergency Planning eLearning package was launched for staff on induction with an additional package for band 6 and above staff. From 2026 this will be reported as an EPRR Key Performance Indicator (KPI) through the Tactical and Strategic Resilience Groups.

7.3   Since the summer Emergency Planning has delivered six major incident table top exercises to WHH nurses as part of their Team Day programme. Qualified nurses are required to complete Royal College of Nursing (RCN) competencies related to major incidents and these sessions facilitated an interactive session of critical thinking and actions for all staff but also ensured the competencies have been achieved.

7.4   The core EPRR training programme has been extended in 2025 to accommodate additional command and CBRN training to meet the needs of the service.

7.5   There has been good compliance with command training.
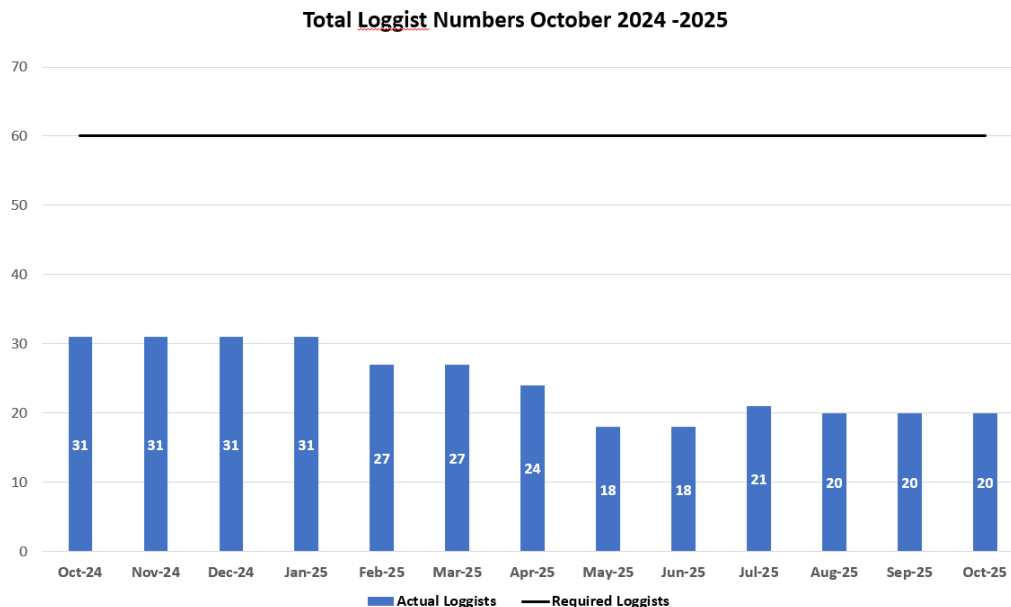
7.6   14 new staff have been trained and 25 have had refresher sessions.

7.7   A large proportion of the training schedule is delivering decontamination training for Chemical, Biological, Radiological and Nuclear (CBRN) or Hazmat (hazardous material) incidents. To date, in 2025, 267 staff have been trained as new team members or refreshers.

7.8   Loggist recruitment continues to be the greatest on-going challenge along with retaining numbers of active staff. The graph below demonstrates the continued decline in numbers over 2025.

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7.9 The risk is on the Trust Risk register and monitored through the Tactical and Strategic Resilience Groups.

Total Loggist Numbers October 2024 -2025

Month	Actual Loggists
Oct-24	31
Nov-24	31
Dec-24	31
Jan-25	31
Feb-25	27
Mar-25	27
Apr-25	24
May-25	18
Jun-25	18
Jul-25	21
Aug-25	20
Sep-25	20
Oct-25	20

■ Actual Loggists —— Required Loggists

8. Exercises

8.1 Throughout 2025, the exercise programme has been delivered to meet specific risks or as part of the emergency resilience workplan.

8.2 **Hospital Evacuation**

8.3 The three year hospital evacuation programme has been concluded this year following extensive work with operational staff, a table top exercise and live (in situ) exercise with the K&M health providers. The revised Hospital Evacuation Plan has been published and EKHUFT Head of EPRR is part of the Regional Hospital Evacuation Group looking at roles and responsibilities at a regional level.

Hospital Evacuation Workstream
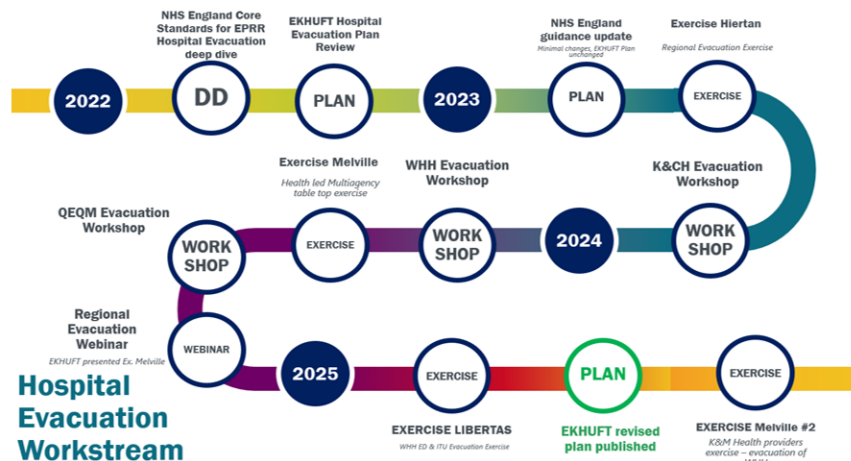
8.4 **Exercise Libertas** in April 2025 was an interactive table top exercise testing the evacuation of the Emergency Department (ED) and Critical Care at WHH with staff from both departments, 2gether Support Solutions (2gether) and Tactical Commanders.

8.5 **Exercise Starling 2** was carried out in June 2025 at WHH, testing a live, no notice, response to an infant abduction in the maternity ward. Kent Police took part in the exercise and despite operational pressures for both maternity and 2gether, a meaningful exercise was carried out. All lessons have been identified and are being implemented under the lesson and recommendations process.

8.6 This year, the focus has been on running smaller and less resource intensive exercises at a local level.

8.7 These exercises have included fire evacuation table top of Spencer Wing at QEQM, Channel Day and Brabourne Ward at Kent and Canterbury Hospital (K&C). A live initial response exercise was carried out with Kent Fire and Rescue, the fire team and Coronary Care Unit (CCU) Staff at WHH in September 2025.

8.8 In October 2025, a short no notice Cyber exercise was carried out with strategic commanders during TMC.

8.9 The Trust has also taken part in a number of externally led exercises including Exercise Beech, Exercise Pathologica and led Exercise Melville 2, all with K&M providers.

8.10 Monthly communications exercises are carried out to test different elements of the communications strategy including the Everbridge mass notification system.

9. Command and Control

9.1 Following from learning from incidents over 2025, in hours command and control and communications have been reviewed and revised. This has ensured there is a clear command structure in place during core working hours so that timely escalation and response is available. A single on call number has also been introduced to ensure the right people are contacted at all times.

9.2 Later this year, a virtual strategic incident command centre will be launched to also combat geographical distance and off site working.

10. Partnership working

10.1 Partnership working is a critical aspect of all emergency preparedness arrangements and EKHUFT EPRR team continue to work with local and regional partners to improve our awareness and response.

10.2 The Head of Emergency Planning & Resilience remains the Co-Chair of the K&M Resilience Forum Training & Exercise Group and the Chair of the Kent, Surrey & Sussex CBRN Forum.

10.3 Earlier this year, EKHUFT Emergency Planning won a Significant Achievement award at the NHSE South East Regional Conference for leading the workstream to put in place a multiagency individual chemical exposure protocol following learning from incidents in the County.

10.4 Emergency Planning have maintained close working relationships with the local fire stations and have put in place site visits for their new staff and joint exercises with hospital fire teams. This has strengthened response plans and raised awareness of roles and responsibilities across both organisations.

10.5 East Kent is popular to tourists and visitors due to the large number of events that are carried out throughout the year. Emergency Planning work closely with partners in five Safety Advisory Groups to review event management plans and work with event organisers to ensure there is no additional burden on public services.

11. Horizon scanning and 2026 Workplan

11.1 The EU Entry and Exit System has now gone live albeit in a staggered implementation. To date there has been no impact on EKHUFT but EPRR are keeping a watching brief as it progresses.

11.2 The 2026 Workplan will include:

11.3 a live decontamination exercise at WHH.

11.4 fire response exercises at Royal Victoria and Buckland Hospitals, when the fire response team arrangements have been consolidated.

11.5 and

11.6 EKHUFT EPRR are leading planning group for the K&M Resilience Forum live exercise which will be delivered in East Kent for multiagency partners.

Appendix 1: NHSE Core Standards EPRR Annual Self-Assessment Outcome Report 2025

1. Introduction

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.

NHSE has published NHS core standards for EPRR arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met. In addition to the set of core standards is a deep dive on a nominated, relevant topic each year. However, there is no deep dive in 2025.

The table below outlines the RAG rating scoring system.

Compliance Level	Evaluation and Testing Conclusion
Full	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

2. 2024 Outcomes

East Kent Hospitals University Foundation NHS Trust were rated Fully Compliant against all 62 core standards.

The deep dive on Cyber Security was also self-assessed and the Trust was rated Fully Compliant against all 8/11 standards and Partially Complaint against 3/11 standards.

The standards rated as partially compliant are detailed in the table below and the actions and updated position.

Core Standard	Key areas for improvement	2025 Progress
DD7 The organisation's EPRR awareness training includes the risk to the organisation of cyber security and IT related incidents and emergencies	EPRR to include IT Cyber Security element in Command training package	Completed June 2025
DD9 The Cyber Security and IT teams are aware of the organisation's critical functions and the dependencies on IT core systems and infrastructure for the safe and effective delivery of these services	Create Core Systems Business Impact Analysis (BIA) as part of the Business Continuity Management (BCM) review	Significant progress has been made and a completion date expected by 1 December 2025
DD11 IT Disaster Recovery arrangements for core IT systems and infrastructure are included with the organisation's Business Continuity arrangements for the safe delivery of critical services identified in the organisation's business impact assessments	1.Trustwide service level plans are under review as part of the BCM programme review. Critical services IT core systems will be included in revised plans. 2. IT to complete internal service BIA and Business Continuity Planning (BCP).	Significant progress has been made and a completion date expected by 1 December 2025

3. 2025 Outcomes

3.1 Core Standards

East Kent Hospitals University Foundation NHS Trust have self-assessed against 62 core standards and have rated as Fully Compliant.

There is no deep dive in 2025.

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	11	0	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	10	0	0
Hazmat/CBRN	12	12	0	0
CBRN Support to acute Trusts	0	0	0	0
Total	62	62	0	0

3.2 Good Practice

The following areas have been identified as areas of good practice within the self-assessment.

Areas of Strength	Core Standard	Example of Good Practice
Core Standard 16 – Duty to maintain plans	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	EKHUFT have undertaken a programme of work since the evacuation deep dive in 2022. This has involved hospital workshops, internal and external exercises, culminating in the publication of departmental evacuation plans which feed into the wider Site based evacuation plans.
Core Standard 9 – Collaborative planning	Plans and arrangements have been developed in collaboration with relevant stakeholders including emergency services and health partners to enhance joint working arrangements and to ensure the whole patient pathway is considered.	EKHUFT EPRR have been leading on planning for the management of contaminated deceased with multiagency partners in K&M. EKHUFT Mass Fatality Plan is under review, working with K&M Mass fatality Group. EKHUFT Infant & Child Abduction Plan has been revised following exercises with Kent Police to improve multiagency working EKHUFT Helicopter Operations Standard Operating Procedure (SOP) has been revised, using learning from incidents, collaboration with helicopter operators to ensure safe operations in line with national guidance
Core Standard 51 – Business Continuity	The organisation has a process for internal audit, and outcomes are included in the report to the board. The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.	February 2025 an independent business continuity audit was carried out as part of the Trust annual audit programme. The audit was at the request of the EPRR team as a check and challenge and to ensure continuous improvement. The outcome demonstrated robust governance processes and response arrangements. The learning and actions have been used to further improve EPRR activity and Business Continuity (BC) plans

Appendix 2: Business Continuity Service Level Plans

Business Continuity Project 2024/25 Update

Completed

	Care Group	Service
Phase 1	DCB	Therapies
Phase 1	WHH	Cardiology
Phase 1	WHH	Endoscopy
Phase 1	WHH	UEC
Phase 1	QEQM	UEC
Phase 1	WCYP	Paeds
Phase 1	WCYP	Maternity & Gynaecology
Phase 1	KCH	Renal
Phase 2	DCB	Outpatients
Phase 2	QEQM	General and Specialist Medicine
Phase 2	DCB	Cancer

Progress Level 1

	Care Group	Service
Phase 1	CCASS	Critical Care
Phase 1	WHH	Acute Med
Phase 1	KCH	Stroke
Phase 1	KCH	Vascular
Phase 1	CCASS	Theatres & Chronic Pain
Phase 2	CCASS	Specialist Surgery Max Fax; Breast and ENT
Phase 2	WHH	General and Specialist Medicine
Phase 2	QEQM	Hospital @ Home
Phase 2	QEQM	General Surgery
Phase 2	DCB	Buckland Hospital

Progress Level 1 (continued)

	Care Group	Service
Phase 2	CCASS	Specialist Surgery Anaesthetics
Phase 2	KCH	Urology
Phase 2	WHH	General Surgery & Gastro
Phase 1	QEQM	Acute Med

Progress Level 2

	Care Group	Service
Phase 1	DCB	Radiology

Progress Level 3

	Care Group	Service
Phase 1	QEQM & WHH	UTC
Phase 2	KCH	Trauma and Orthopaedics
Phase 2	DCB	Pharmacy
Phase 2	KCH	Neurology

Key

Completed	
Progress Level 1	Progressing well.
Progress Level 2	Progressed well initially but no further forward in completion
Progress Level 3	Service leads have confirmed that work is progressing
No Progress	Progress update requested no response