

Meeting title:	Public Trust Board					Public Trust Board paper F11				
Date of the meeting:	9 October 2025									
Title:	Escalation Report: Audit Committee 15 September 2025									
Report presented by:	David Moon, Audit Committee, Non-Executive Director, Chair									
Report written by:	Matthew Reeves, Corporate and Committee Services Officer									
Action – this paper is for:	Decision/Approval			Assurance		x		Update		
Where this report has been discussed previously	Not applicable									

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Yes, all.
Impact assessment
Not applicable
Acronyms used: BAF – Board Assurance Framework UHL – University Hospitals of Leicester

1. **Purpose of the Report**

- 1.1 To provide assurance to the Trust Board on the work of the Audit Committee and escalate any issues as required.

2. **Recommendation**

- 2.1 To receive the escalation report, and to note recommendations for the Trust Board to approve items 4.1 - 4.2, which are the subject of standalone reports on the Trust Board Agenda.

3. **Summary**

- 3.1 The Audit Committee met on 15 September 2025. The meeting was quorate and considered the following reports.

4. **Recommended Items**

4.1 **TGH Annual Accounts 2024/25**

The Committee received the 2024/25 Trust Group Holdings (TGH) Annual Accounts for assurance and support to recommend the accounts to Trust Board. The TGH Board previously agreed the accounts. It was noted that the accounts and audit were confirmed as clean, and no issues raised from the audit.

A minor point raised by the committee was a request that the level of inventory be reduced over the coming year.

The Committee confirmed its support for onward recommendation of the accounts.

The Audit Committee recommended TGH Annual Accounts 2024/25 for approval. A standalone report is on the agenda of the 9.10.25 Trust Board Meeting.

4.2 UHL Green Plan 2025 – 2028 Approval

The Committee received the UHL Green Plan 2025-2028 for consideration and onward recommendation to Trust Board. The background and content the report was detailed, noting there were 76 actions within the plan, and there were Executive led subgroups which would lead on plan delivery. The main aim of the plan was to work towards the Trust reaching net zero by 2040, but the current trajectory of carbon reduction would need to be increased to meet the target. There were fees for offsets if the target was not met.

The challenges of increasing carbon reduction and the affordability and practicality of achieving the Plan's targets were discussed. Not all costs of the plan had been set out, but options to meet plan targets and risks, including financial risks were detailed. The Committee noted that the Our Future Hospital's & Transformation Committee had requested a fully costed plan and the Audit Committee supported this.

It was also requested that consideration be given to the impact to the plan should the proposed New Hospital Programme developments not go ahead.

The Audit Committee endorsed and recommended UHL Green Plan 2025 – 2028 for approval. A standalone report is on the agenda of the 9.10.25 Trust Board Meeting.

5. Discussion Items

5.1 Risk Committee Escalation Reports

The Committee received assurance that there continued to be a good degree of challenge regarding risks and mitigating actions considered at the Risk Committee. It was also noted that the Risk Committee also approved the Incident and Accident reporting policy and discussed fire risks across the organisation in detail, with an action for the new Director of Estates, Facilities and Sustainability to seek advice to prioritise those fire risks.

The wider risks associated with Estates and Facilities were considered, noting the recent increase to a 20 score for the Estates & Facilities BAF risk and the actions that would be required to reduce the score. It was agreed to discuss this risk in the Committee Chairs meeting due to its significance.

5.2 Emergency Preparedness, Resilience and Response (EPRR) Plans & Policies

The Committee received a report which provided an overview of the Trust's Emergency Preparedness, Resilience and Response plans and policies. Details were provided of the management and day to day operation of the plans including oversight, leadership and training, as well as noting the specialist nature of some plans.

Discussion took place regarding the regime for testing plans, and who assumed overall Executive responsibility for the plans. Some feedback with details was provided in the meeting, but it was requested that the report be amended for the Trust Board to include the above details in a table format.

A query was raised regarding the 3 NHSE Core Standards which weren't compliant, these were; excess fatalities, mutual aid and BCP systems, but assurance was provided that work was ongoing to ensure future compliance.

The Emergency Preparedness, Resilience and Response Plans & Policies report was endorsed by the Committee, with additional information requested. The report is appended to this escalation report and is highlighted to the Trust Board for information.

5.3 **Discretionary Procurement Actions & Modern Slavery in NHS Procurement**

Details were provided of the 35 waivers which had been used during the past quarter, along with an analysis of trends of waiver usage. It was anticipated that a similar number of waivers would be used in the current year as in 2024.

Details of the value of the waivers was requested for future reports.

An update on the current proposed regulatory changes regarding Modern Slavery in NHS Procurement was provided, which noted that the new legislation was expected in February 2026, therefore the current approach was informed by the 2015 act, although draft guidance had been received. Assurance was provided that there was a readiness to take all reasonable steps towards meeting the requirements of the new guidance once published.

5.4 **UHL Policy Management Framework Audit – Update**

The Committee received a report regarding the management of policies following a previous audit which received moderate assurance. Details of current policy processes and future plans were provided to give assurance that the findings of the review had been addressed.

The number of policies at around 1500 was highlighted, and it was discussed whether this number were required. Assurance was provided that policies were kept under review at Quality Committee, as well as the Policy and Guideline Committee. It was however acknowledged that it may be a worthwhile to review the policy suite as a whole to see if reductions could be made.

5.5 **Freedom of Information Act 2000 and Environmental Information Regulations 2004 Policy - Update**

The updated Freedom of Information Act 2000 and Environmental Information Regulations 2004 Policy was approved.

5.6 **Assessing Provider Capability Approach**

Details of the annual Provider Capability self-assessment process, part of the NHS Oversight Framework, were outlined. There were 6 domains which the Trust Board would need to assess itself against and following a process of NHSE review, possibly including 3rd party information sources (ie CQC) a rating would be awarded.

5.7 **Audit Committee Objectives**

The Committee formally approved the objectives for the Committee for the current year, as follows:

- Review of internal audit compliance with the PSIAS
- Assess performance of external audit
- Assess the independence of the internal and external auditors
- Wider oversight of Procurement
- Assess the balance between clinical quality and financial performance items within the Audit Committee agenda
- Develop clear arrangements for the workings of the UHL Audit Committee within the wider integrated care system
- Review the arrangements for integration between the Audit Committee and other committees that are reviewing risk
- Explore the scope to strengthen the process for annual reporting on the Audit Committee's work and performance

5.8 Internal Audit – overdue recommendations from 360 Assurance audit reports, and Financial Improvement Plan action progress

Some practical points were noted regarding the different reporting approaches from the previous Internal Audit provider compared to the current provider, and views were sought as to whether a percentage record of implementation was required. The Committee took assurance regarding the improved position on action implementation.

5.9 Internal Audit Progress Report

It was noted that there had been two reports finalised since the previous meeting, Cyber Assessment Framework (CAF) and Patient Safety Incident Response Framework (PSIRF). There was a delay regarding delivery of the Clinical Safety Review. The Committee was asked to consider a request to amend the Internal Audit plan to defer the Benefits Realisation – EPR review, with the proposal that a review of Cost Improvement Programme (CIP) Governance be undertaken instead. The change to the Internal Audit programme was approved with the request that the interaction between CIP and budget management be included as part of the review.

Details of the 2 reports finalised since the previous meeting, CAF and PSIRF were outlined. The findings of the CAF review noted a very high level of risk, but this was not necessarily of concern as there was a high level of self-recognition of those risks by the Trust. The PSIRF report gave a reasonable assurance rating but there were some actions arising including Datix recording consistency, Duty of Candour Datix layout and the imaging investigation process.

The amendment to the Internal Audit workplan to defer the Benefits Realisation – EPR review and replace it with a CIP Governance review is highlighted to the Trust Board for information.

5.10 Counter Fraud Progress Report

The Committee received the Counter Fraud Progress Report. One of the main focus areas during the past quarter had been awareness raising, including development of a comprehensive communications plan, and taking part in a 'Friday Focus' session which was viewed by approximately 550 members of staff. It was also highlighted that referrals had increased and there had been work on developing the counter fraud e-learning module. Currently, work was ongoing in ensuring fraud risks were recorded for inclusion in the strategic risk register. Work coming up included, proactive exercises on recruitment fraud risks and financial mandate fraud. It was also noted that International Fraud Awareness Week was in November.

5.11 Counter Fraud Training

The report outlined plans to upgrade counter fraud training, utilising the services of RSM, making it essential for all staff, not just new starters. The Committee approved the proposed actions.

5.12 External Audit Update

It was noted that the Trust Group Holdings audit had recently been completed, and planning for next year's UHL Audit had now begun.

6. Items for Noting

The Minutes of Board Committees were noted.

Meeting title:	Trust Board
Date of the meeting:	09 October 2025
Title:	Emergency Preparedness, Resilience and Response (EPRR) Plans & Policies
Report presented by:	Sarah Taylor, Deputy Chief Operating Officer
Report written by:	Muhammed Patel, EPRR Manager Cristina Cibeá, Deputy EPRR Manager

Action – this paper is for:	Decision/Approval		Assurance	X	Update	
Where this report has been discussed previously	Audit Committee, 15 September 2025					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

The relevant risks attributed to this plan are as follows:

- Risk 3123, 3214, 3125, 3126 & 3291 – Business Continuity - *Impacting Industrial Action, Utilities, IM&T, Supply Chain or Fuel*
- Risk 3282 & 3899 – Chemical, Biological, Radiological and Nuclear (CBRN) Plan and relevant Decontamination Facilities
- Risk 3281 – Bomb Threat or Suspect Package
- Risk 3284 – Cold Weather
- Risk 3289 – EPRR Arrangements
- Risk 3292 – Heatwave
- Risk 3294 – Major Incident
- Risk 3296 – Pandemic Flu
- Risk 3654 – Impact of COVID-19

Impact assessment

This work supports meeting the Trust's emergency preparedness, resilience and response (EPRR) responsibilities under the Civil Contingencies Act (2004) and NHS England's Core Standards for EPRR which are audited on an annual basis.

Acronyms Used

AWHP – Adverse Weather Health Plan
 BCMS – Business Continuity Management System
 CBRNe – Chemical Biological Radiological Nuclear & explosive
 CCA – Civil Contingencies Act
 EPR – Electronic Patient Record
 EPRR – Emergency Preparedness Resilience & Response
 HAZMAT – Hazardous Materials
 HCID – High Consequence Infectious Disease
 ICB – Integrated Care Board
 ICS – Integrated Care System
 IDU – Infectious Disease Unit
 ITU – Intensive Treatment Unit
 LLR – Leicester, Leicestershire & Rutland
 PAS – Patient Access System

NHSE – National Health Service England
UHL – University Hospitals of Leicester NHS Trust
VHF – Viral Haemorrhagic Fever
VIP – Very Important Person

Purpose of the Report

The purpose of this report is to provide an overview of the Trust's Emergency Preparedness, Resilience & Response (EPRR) plans and policies.

Recommendation

Members of the Trust Board are requested to:

- Note the EPRR Plans and Policies the Trust has available;
- Note where plans are in development and the timeframes for completion.

Governance and Auditing Arrangements

To support the statutory and non-statutory requirements for EPRR, the Trust has an Accountable Emergency Officer (AEO) with the strategic responsibility for EPRR and for providing assurance to the Trust Board that UHL is meeting its requirements. This is fulfilled by the Chief Operating Officer, Jon Melbourne.

The Trust's EPRR arrangements are audited annually against NHS England's Core Standards for EPRR, which is reviewed by ICB and NHS England colleagues. The outcome of which, for the year 2024/25, resulted in the Trust being fully compliant against 59 of the 62 core standards (compliant against 95% of the standards), and therefore have achieved a 'substantially compliant' position.

What is EPRR?

It's the responsibility of University Hospitals of Leicester to be prepared to respond to any possible incident. In order to achieve this, the Trust is required to develop and maintain resilient services through a proactive approach to Emergency Preparedness, Resilience and Response (EPRR).

This is to increase the resilience of the Trust, so the Trust can respond to any type of incidents or disruptions while continuing to deliver the critical services that the community across Leicester, Leicestershire and Rutland rely upon. The disruptive events can include severe weather, fuel, supply shortages, or industrial action.

The Trust utilises a number of key legislative documents, that outline what UHL must do to ensure it continues to deliver the right standards and levels of care and protection during an emergency, which includes:

- Civil Contingencies Act 2004 (CCA)
- Health and Social Care Act 2012
- Emergency Preparedness Resilience & Response (EPRR) Framework 2022

The objectives of the CCA are to:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in Business Continuity Management Systems (BCMS)

- put in place arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance co-ordination
- cooperate with other local responders to enhance coordination and efficiency.

In order to enhance the delivery against the aforementioned objectives, the Trust is looking to strengthen its EPRR relationships with The University Hospitals of Northamptonshire (UHN) Group, through the sharing of lessons and any identified best practices.

Main Report Detail

The Trust has a number of policies (which are reviewed every three years), and plans (which are reviewed annually), either following an exercise or a real-life activation of the plan.

Plans are developed following a risk assessment, to help determine any key objectives required for the document, and the plan focuses on providing a clear set of roles, responsibilities and actions in order to mitigate the risks identified. Once the plan has been completed, it gets signed off through the EPRR Board prior to circulation. Training is provided to key staff, and exercising is utilised (whether it be table-top or 'live play') help support staff awareness, and continually improve the documents.

Overview of EPRR Policies

Policy	Policy Overview
EPRR Policy	This policy outlines how the Trust establishes robust and effective structures to adequately plan, prepare, exercise, respond to, and recover from incidents, supporting the operational, tactical and strategic response arrangements both internally and with local healthcare partners. By doing so, the Trust assists the Integrated Care Board (ICB) within the Integrated Care System (ICS) and NHS England (NHSE) in discharging their EPRR functions and duties, locally and regionally. This includes supporting the ICB in providing NHS strategic and tactical leadership, and support structures to manage and coordinate the NHS response to and recovery from incidents and emergencies 24/7.
Business Continuity Policy	This policy has been developed in alignment with ISO 22301, which is an internationally recognised standard for BCMS. It sets out how the Trust delivers an effective Business Continuity Management System (BCMS) in order to continue service provision for patients, through referencing specifically the steps required in order to establish, implement, operate, monitor, review, maintain and continuously improve its business continuity arrangements.
Lockdown Policy	<p>The policy sets out how the Trust will develop lockdown procedures to protect the safety of patients, staff, services and/or assets, in response to an identified risk, threat or hazard. This is achieved through a combination of physical security measures and the deployment of security personnel and/or other suitably trained staff as required.</p> <p>This is achieved within UHL by developing three type of lockdown plans:</p> <ul style="list-style-type: none"> • Site Lockdown: The lockdown of a whole UHL site • Building Lockdown: The lockdown of an individual building of one of UHL's sites. • Local Area Lockdown: The lockdown of an individual service area (i.e.

ward, office or department).

Overview of EPRR Plans

Plan & Procedure	Overview
Incident Response Plan	<p>The purpose of the Incident Response Plan is to provide a framework and operational details of how the Trust responds to and recovers from any significant health related incidents. The plan clarifies the roles and responsibilities of organisations, meeting structures and staff members involved in the response to an incident, the resources that may be utilised and a clear escalation structure.</p> <p>This describes the alerting and mobilisation procedures to support a timely and effective response to an incident, as well as the key roles and responsibilities in association with effective command, control and coordination arrangements, which supports effective communication with staff, patients, and other stakeholders during the response and recovery from an incident.</p> <p>Last Exercised: July 2025 [part of Trust's Incident Communications Exercise] Live Activation: June 2025 [Trust's response to the PAS Upgrade - utilisation of command, control & communication processes] Training Frequency: Minimum of x2 / year (table-top)</p>
Major Incident & Mass Casualty Plan	<p>The purpose of this plan is to ensure the Trust has effective arrangements to respond to major and mass casualty incidents, which are circumstances where casualties may present on a scale that is beyond the normal resources of the emergency and healthcare services' ability to manage.</p> <p>The plan provides a clear and simple 'patient pathway' for anybody requiring emergency care and/or treatment during a major or mass casualty incident, and the arrangements for the Trust to free up 10% of its bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 Intensive Theatre Unit (ITU) capacity for 96 hours as per national NHSE expectations.</p> <p>A comprehensive review of this plan is due for 2025/26, to review Trust-wide, and CMG specific actions to support the response to such an event.</p> <p>Last Exercised: March 2025 [part of LLR Exercise Mercury, testing process to receive and escalate notification message] Training Frequency: Planned table-top exercise for March 26 [establishing Incident Meeting to identify actions from CMG's and Corporate Services in response to a Major Incident notification]</p>
Relatives Reception Centre Plan	<p>Major incidents involving casualties will likely trigger a high level of interest and concern amongst the casualties' families, friends and relatives, who may attend the Leicester Royal Infirmary (LRI) to seek information about, or to reunite with, a casualty or missing person. This plan articulates how the Trust will manage an expected influx of relatives following a major incident, so clinical staff can focus their efforts wholly on caring for patients.</p> <p>The Relatives Reception Centre is to be established at the Jarvis Outpatients Clinic, utilising staffing from UHL's Chaplaincy and Corporate Nursing teams.</p>

	<p>It aims to document the arrival of relatives on any missing persons or casualties, provide information on the condition and location of the individual, as well as refreshments and emotional support to the waiting relatives. There will also be close collaboration with Leicestershire Police to help facilitate the collection of information for the casualty bureau.</p> <p>Last Exercised: Table-top exercise 2023 Training Frequency: Planned live exercise to establish and run the Reception Centre. Date TBC (in collaboration with Leicestershire Police & UHL Chaplaincy Teams). [Provisionally October 2026]</p>
CBRNe & HAZMAT Plan	<p>Provides a framework to respond to incidents involving casualties who might have been contaminated or exposed to a chemical, biological, radiological or nuclear substance or material. In circumstances that the exposure was deliberate or malicious, these are referred to as CBRNe, and where exposure is accidental, these are referred to as HazMat.</p> <p>The plan supports ED personnel identify self-presenting patients, who may arrive without any warning from the emergency services and communicate with the rest of the Trust the possible impacts as well as possible contaminants and if known, their toxicity. Decontamination of casualties will be undertaken in the Decontamination Unit at the LRI's Emergency Department, after patients remove contaminated clothing and go through the appropriate decontamination principles, prior to admission into the hospital premises as required.</p> <p>The plan articulates how the Trust can collaborate with healthcare providers, to seek specialist advice on the management of patient, staff and infrastructure following a CBRNe or HazMat event.</p> <p>Last Exercised: Live Exercise - June 2025 Live Activation: January 2023 [up to 20 self presenters went through wet decontamination following accidental exposure to light lime in an incineration plant in Loughborough]. <i>A number of smaller events have occurred in 2025 (latest August 2025), requiring utilisation of the Decontamination Showers for 1 - 2 patients at any given event.</i> Training Frequency: Annual live exercise</p>
Mass Countermeasures Plan	<p>This plan would be activated if people are exposed to CBRNe or other hazardous materials, which may lead to serious health effects. In such a scenario, the Trust may receive and be required to deploy medical countermeasures (they enable the protection and treatment of the public should CBRNe or hazardous materials be released during either a terrorist act or industrial accident) in the immediate hours the event.</p> <p>Arrangements need to be scalable, and the Trust must be capable of delivering countermeasures to 1,000 people every 7 hours, for a 24 hour period. Patients will arrive to the Minor Illness and Minor Injury Unit (MiaMI), prior to being triaged, registered, dispensed the drugs prior to being discharged.</p> <p>Last Exercised: System-wide table-top exercise led by UHL, June 2023 Training Frequency: Every three years. Next due 2026/27</p>

Evacuation & Shelter Plan	<p>A framework to support ensuring the safety of patients, staff and visitors during emergencies that require either sheltering in place or evacuating a Trust premises. The document provides clear, effective and efficient procedures for sheltering in place, or undertaking a minor/major evacuation of the Trust's three hospital sites.</p> <p>Localised evacuation plans per site / area within the Trust is required, in order to have pre-identified locations to support operationalising the Trust's framework.</p> <p>Last Exercised: Focussed table-top scenario: August 2024. Table-top exercise June 2025 (tailored to communication processes)</p> <p>Training Frequency: Annually (table-top), in order to develop 'operational' evacuation plans for individual parts of the organisations footprint.</p>
Pandemic Plan	<p>A plan designed to coordinate the Trust's response to the pandemic, ensuring access to, and delivery of safe, effective and timely care for patients, and to safeguard staff wellbeing and safety in order to mitigate identified risks and lessen potential harm.</p> <p>Noting how the nature of any pandemic influences the operational and clinical priorities while responding to, and recovering from a pandemic, the plan focuses on the command and control structures, as well as the initial principles that are required to manage the initial response to a pandemic.</p> <p>Last Exercised: September 2025 (and ongoing) - LLR Exercise Pegasus</p> <p>Training Frequency: Every 3 years (table-top)</p> <p>As part of the Trust's response to COVID-19, following each wave, a debrief was held to ensure the Trust acted upon feedback, and integrated lessons identified into the operational plan going forward. Further feedback was also integrated as part of the National COVID-19 Inquiry.</p>
Operation Consort & Carbon Steeple Plan	<p>The Trust's plan for the provision of patient treatment for patients that are considered as VIP (very important person), who likely would draw high levels of attention. Therefore, the plan provides specific arrangements for the admission and initial patient treatment, to ensure the patient receives the best care and treatment possible while minimising disruption to the Trust's services.</p> <p>The plan has been written in conjunction with Leicestershire Police, who may need to provide close protection to VIP patients.</p> <p>Last Exercised: Live Exercise, June 2025</p> <p>Training Frequency: Annually (in collaboration with Leicestershire Police Close Protection Team)</p>
Adverse Weather Plan	<p>The Trust's plan to maintain critical and essential treatment during periods of disruption such as adverse weather (which can include, hot, cold and severe weather), where the ability of staff to deliver business as usual activity is made more challenging and is often coupled with an increase in demand for services.</p> <p>The plan is written utilising national guidance, specifically the UK Health</p>

	<p>Security Agency (UKHSA) Adverse Weather Health Plan (AWHP), and provides guidance to protect and support staff, patients and visitors during periods of severe heat (temperatures in excess of approximately 27C), cold (decreasing temperatures from 4C-8C or lower) or other severe weather in England and what preparations individuals and the Trust can make to reduce health risks and protect specific at-risk groups.</p> <p>A review of this plan is scheduled in order to identify any specific actions that are required by CMG's or Corporate Services (e.g. Estates & Facilities) at particular weather related alerts.</p> <p>Last Exercised: June 2022 (Hot Weather) Live Activation: January 2025 (Utilisation of the 4x4 Cell) Training Frequency: Every 3 years. Internal table-top exercise TBC. Projected May 2026</p>
Business Continuity Plan	<p>The plan provides generic response procedures for the Trust to follow in preparing for, responding to, and recovering from disruptive events.</p> <p>Each generic disruption sheet provides an understanding of how specific risks may trigger a disruptive event, clear planning assumptions and supporting guidance to services and departments to develop localised action cards, and a framework to support teams locally respond and recover from the disruption.</p> <p>The Business Continuity Plan currently has generic disruption sheets for:</p> <ul style="list-style-type: none"> • Loss of supply chain • Loss of equipment • Loss of Information Management & Technology • Loss of power • Loss of water • Loss of site access • Loss of telephony • Loss of fuel • Loss of staff <p>Last Exercised: September 2024 (Live exercise regarding response to a of Loss of Bleep System) Live Activation: May 2025 (Response to fire in LRI Canteen) & March 2025 (Power Outage, LRI) Training Frequency: Every 3 years (or responses to live events, with debriefs held to ensure lessons are identified and plans are further developed)</p>
Excess Fatalities Plan	<p>This plan is developed to support the Trust's mortuary teams in the event UHL experiences excess fatalities outside of seasonal peaks. Within the plan is documented the arrangements to accommodate excess number of fatalities to the Trust's mortuaries, in line with relevant legislation and guidance. Recognising such a circumstance would result in a response across Leicester, Leicestershire & Rutland (LLR), the plan has also feeds into the LLR Mass Fatalities Plan and the LLR Excess Deaths Plan.</p> <p>Last Exercised: N/A Training Frequency: Planned table-top exercise, ETA February 2026.</p>

Bomb Threat, Suspect Package & Lockdown Plan	<p>This plan is designed to support the Trust in having effective arrangements to safely manage site access and egress of patients, staff and visitors to and from the organisations facilities. The plan focuses on the immediate response arrangements, following the receipt of a bomb threat, suspect package and/or an incident requiring lockdown of premises.</p> <p>Last Exercised: N/A Training Frequency: Planned exercise (in collaboration with UHL Security), Projected April 2026</p>
High Consequence Infectious Diseases Plan	<p>This outlines the Trust's response to dealing with a suspected or confirmed case of Viral Haemorrhagic Fever (VHF). The document outlines how to effectively manage a VHF case, with guidance provided around the strict infection prevention and control principles that must be applied quickly and consistently, as well as clear escalation points to seek clinical advice, and the admission pathways that are required to enable a patient to safely be admitted, either within the Emergency Department (for self-presenting patients with no pre-alert), or directly to the Infectious Diseases Unit (IDU) via Gate 9 for patients that have arrived following a pre-alert.</p> <p>Last Exercised: February 2025 (testing admission pathway of a no-notice patient presenting with HCID). Training Frequency: Every 2 years (live exercise), in collaboration with Infection Prevention & Control</p>
Incident Communications Plan	<p>This provides the communication and stakeholder engagement framework of how the Trust responds to and recovers from any incidents. It sets out how the Trust will communicate internally and externally throughout the duration of, and recovery from a business continuity, critical or major incident, and clarifies the role and responsibility of the Communications & Engagement Team during these phases.</p> <p>Last Exercised: June 2025 (Table-top Exercise) Last Activated: June 2025 (PAS Upgrade) Training Frequency: x2 annually (table-top)</p>
Nervecentre Downtime Framework	<p>This plan details the Trust-wide response to a downtime of its Electronic Patient Record (EPR) - Nervecentre, whether this is caused by an issue with the system, servers, the network or power outages or any other causes. It will also cover those Trust services run at satellite sites.</p> <p>It identifies the steps that are required by teams to maintain safe and effective patient treatment, during planned or unplanned periods of downtime to Nervecentre.</p> <p>As this plan was developed in preparation for the Trust's upgrade to its Patient Access System (PAS), a comprehensive review is required to ensure it is fit for purpose for any unplanned outages. In addition, development of Business Continuity Plans to maintain service provision for planned care (i.e. outpatients, inpatients, theatres and diagnostics) is planned to commence from September 2025. Further work will also be conducted with Digital & Data</p>

	<p>to review the Trust’s cyber security arrangements.</p> <p>Last Exercised: April 2025 (Workshop)</p> <p>Last Activated: August 2025</p> <p>Training Frequency: TBC. Plan was developed to support PAS Upgrade in June 2025. Work ongoing to embed the framework into the organisation. Suggestion to annually exercise part of the Framework, to ensure familiarity to plan is maintained.</p>
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Conclusion

The Trust has a number of emergency and business continuity plans, which are reviewed on an annual basis. To further support embedding these plans into the organisation, an exercising schedule is to be developed to ensure staff have the opportunity to familiarise themselves with the plan.