

Integrated Care Board

Date of meeting	19 March 2026
Title of paper	Emergency Preparedness, Resilience and Response (EPRR) Annual Report (including core standards)
Presented by	Craig Harris, Chief Commissioning Officer and Accountable Emergency Officer
Author	Alison Whitehead, Head of EPRR
Agenda item	18
Confidential	No

Executive summary

Emergency Preparedness, Resilience and Response (EPRR) is a core requirement on the ICB as set out in the Civil Contingency Act (2004) and the Health and Care Act (2022). This report provides a summary update on activities undertaken during the year April 2025 to March 2026.

These activities include:

- Undertaking, and supporting, the organisational and system self-assessment against the NHS E EPRR Core Standards
- Monitoring progress with local and system core standards actions plans to ensure improvement in compliance
- Ongoing development and monitoring of the EPRR continuous improvement tracker
- Ensuring robust EPRR risk assessment processes are in place and mitigations implemented to reduce these risks
- Preparing and planning for, and responding to, a variety of incidents and emergencies
- Training and exercising to ensure staff are confident and competent at fulfilling their roles in relation to EPRR
- Collaboration with multi agency partner organisations, both within the NHS and outside of the NHS
- Ongoing facilitation of the EPRR Coordinating Group to provide assurance that the ICB is fulfilling its EPRR statutory duties and regulatory functions
- Facilitating the Local Health Resilience Partnership to maintain executive level strategic oversight and accountability between member organisations

Public and Stakeholder Engagement

Not applicable

Recommendations

Lancashire and South Cumbria Integrated Care Board is requested to:

- Note the contents of the report
- Note the significant improvements in EPRR compliance ratings across L&SC ICB

<ul style="list-style-type: none"> Approve the proposed EPRR Core Standards Action Plan (Appendix B) 				
Which Strategic Objective/s does the report relate to:				Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience			✓
SO2	To equalise opportunities and clinical outcomes across the area			
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			
SO4	Meet financial targets and deliver improved productivity			
SO5	Meet national and locally determined performance standards and targets			✓
SO6	To develop and implement ambitious, deliverable strategies			
Implications				
	Yes	No	N/A	Comments
Associated risks		✓		
Are associated risks detailed on the ICB Risk Register?		✓		
Financial Implications		✓		
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Executive Team	10 th March 2026		Submit for Board approval	
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	
Report authorised by:	Professor Craig Harris, Chief Commissioning Officer (and Accountable Emergency Officer for EPRR)			

Integrated Care Board – 19 March 2026

Emergency Preparedness, Resilience and Response (EPRR) Annual Report (including core standards)

1. Introduction

- 1.1 The Civil Contingencies Act (CCA) 2004 and the NHS Act 2006 (as amended by the Health and Social Care Act 2022), both place emergency preparedness, resilience, and response (EPRR) duties on the NHS in England.
- 1.2 Under the CCA 2004, Lancashire and South Cumbria Integrated Care Board (L&SC ICB) is a Category One responder, subject to the full set of civil protection duties including the risk assessment of emergencies occurring, maintaining plans to reduce, control or mitigate the effects of an emergency and undertaking business continuity management arrangements.
- 1.3 This paper provides a report on the ICB's emergency preparedness arrangements to meet the requirements of the Civil Contingencies Act (2004) and the NHS England EPRR Framework 2022.
- 1.4 The ICB's Chief Commissioning Officer is the designated Accountable Emergency Officer (AEO), with delegated authority for executing EPRR duties on behalf of the Chief Executive. The AEO is supported by a team of EPRR subject matter experts (SMEs) and a team of on call colleagues who support the EPRR team in preparing for, and responding to, EPRR incidents and emergencies.
- 1.5 L&SC ICB has a suite of plans to deal with major incidents and business continuity issues. These conform to the CCA and current NHS-wide guidance. Where appropriate, plans have been developed in consultation with external stakeholders to ensure cohesion with their plans.
- 1.6 This paper outlines updates for 2025 / 2026 in relation to the organisation and system EPRR Core Standards Self-Assessments, EPRR risk assessment, training and exercising, continuous improvement, including lessons identified and learned, and the development of emergency planning arrangements and plans. This report also gives a summary of EPRR incidents and emergencies that have necessitated a response from the ICB.

2. NHS EPRR Core Standards Self-Assessment 2025 - 2026

Overview / background

- 2.1 The NHS core standards for EPRR are the basis of the assurance process on the preparedness of the NHS to respond to incidents and emergencies, whilst maintaining the ability to remain resilient and continue to deliver critical services.
- 2.2 Assurance of the preparedness of the NHS is achieved through the annual EPRR core standards assurance process and this report highlights progress in developing robust local processes for undertaking the self-assessment process as an established ICB.
- 2.3 The core standards for EPRR provide the minimum requirements commissioners and providers of NHS funded services must meet covering governance, duty to risk assess, duty to maintain plans, and command and control and testing and exercising arrangements.
- 2.4 L&SC ICB undertook the self-assessment process against the NHS EPRR Core Standards for 2025 – 2026 between September and October 2025.
- 2.5 For the 2025/26 core standards assurance process, the initial timescales were determined by the NHS E EPRR regional team. The ICB self-assessment assurance rating and associated documents were submitted prior to the deadline of the 31st October 2025. The overall NHS system wide position for Lancashire and South Cumbria was then submitted following the Lancashire Health Resilience Partnership (LHRP) meeting on the 25th November 2025.
- 2.6 As per the previous year, this annual process was overseen by the Head of EPRR for L&SC ICB, who undertook a peer review with all 5 provider Trusts and NWAS (as lead commissioner). This review took the form of a 2-day review of the core standards submission and evidence for each provider organisation. The review was undertaken face to face, to facilitate a shared understanding and exploration of the supporting evidence provided.
- 2.7 NHS England (NHSE) have not yet confirmed arrangements for 2026/27 EPRR core standards assurance process, although it is expected that the ICB will again be required to gain assurance and provide system oversight in relation to EPRR core standard compliance. If required, the ICB will undertake the evidence review and check and challenge / review panel process with all the Lancashire and South Cumbria commissioned providers on behalf of NHSE.

L&SC ICB EPRR Self Assessment

2.8 There are 47 EPRR standards applicable to the ICB which in 2024 – 2025, the ICB, following a peer review by NHS E, declared itself as *partially compliant*, with 77% of the core standards being fully compliant, and none being non-compliant.

2.9 As of January 2026, L&SC ICB has declared itself as *substantially compliant*, with 91% of the core standards being fully compliant, and none being non-compliant (Appendix A).

Self-assessment assurance rating	Partially	Percentage compliance	91%
Core standards position after organisation self-assessment			
Number of core standards applicable	Fully compliant	Partially compliant	Non-compliant
47	43	4	0

2.10 Overall compliance assurance ratings are as follows:

Compliance	Percentage of compliance of applicable core standards
Fully compliant	100%
Substantially compliant	99 – 89%
Partially compliant	88 – 77%
Non-compliant	76% or less

2.11 The Head of EPRR has developed a comprehensive action plan to monitor, enhance and improve L&SC ICBs core standards compliance going forwards, and to provide additional assurance to the Board around the commitment of the EPRR function to improve its compliance rating for 2026 / 2027. The actions are monitored through the EPRR Co-ordinating Group (Appendix B).

2.12 The ICB has significantly improved its EPRR core standards self-assessment compliance rating over the past 12 months, under the leadership of the Head of EPRR, through the:

- Recruitment of a full EPRR team
- Review and testing of existing EPRR plans and policies
- Development of new plans including infectious diseases
- Regular EPRR Co-ordinating Group meetings with strategic level representation
- Ongoing training for tactical and strategic on call staff to respond to incidents and emergencies on behalf of the ICB
- Completion of training needs analysis and personal development portfolios of on-call colleagues to ensure compliance with the minimum occupational standards (for EPRR)

- Offer of business continuity and business impact analysis training to the senior leadership teams
- Ongoing monitoring of the continuous improvement tracker
- Involvement and response to a number of business continuity and critical incidents as a L&SC collective and learning from these through debriefs to improve planning, preparedness and response arrangements.

2.13 Key areas of improvement for L&SC ICB during 2025 – 2026 were:

- Duty to maintain plans
- Command and control
- EPRR and on call mechanisms including training, exercising and professional development
- Business continuity arrangements

2.14 Key areas for improvement for L&SC ICB for 2026 – 2027 are:

Core Standards 15 – Duty to Maintain Plans – mass casualty arrangements

Work is underway at a regional level (NHS E North) to review the existing mass casualty arrangements across the North of England. This involves engagement with the ambulance service, major trauma networks and critical care networks.

It is anticipated that the ICBs will be engaged in this process in the coming months to support both the local provider Trusts as well as the wider system in ensuring that mass casualty response arrangements are fit for purpose and reflective of current organisational pressures.

Core Standards 48, 51 and 53 – Business Continuity – including business continuity testing and exercising and audit

L&SC ICB has overall improved its compliance rating around business continuity this year, noting progress in relation to business impact analyses and business continuity plans. All directorates have also reviewed their business impact analyses to support the internal work around the transition to the new commissioning model blueprint as issues by NHS E.

However, work needs to be undertaken this year (2026 – 27) to test the revised business continuity plans to ensure that: they are fit for purpose, reflect any forthcoming changes to structures and portfolios and support the ICB as it transitions into focusing on providing system leadership for population health.

3. NHS Provider / Commissioned Services Self Assessments

3.1 All NHS providers / commissioned services declared themselves **substantially compliant** during the 2025 – 26 EPRR core standards review process.

3.2 For 2025 – 2026:

- All Trusts declared themselves **substantially compliant** against the EPRR core standards:
 - Blackpool Teaching Hospitals (BTH)
 - East Lancashire Hospitals Trust (ELHT)
 - Lancashire and South Cumbria Foundation Trust (LSCFT - mental health services provider)
 - Lancashire Teaching Hospital (LTH)
 - University Hospitals of Morecambe Bay (UHMB)
 - North West Ambulance Service (NWAS)

Comparison of self-assessment compliance levels from 2024 / 25 to 2025 / 26:

Organisation	Number of Applicable Standards	Compliance level 2024 / 25	Compliance level 2025 / 26	Variance – increase of	Date to Trust Board for ratification
L&SC ICB	47	77%	91%	14%	19 th March 26
BTH	62	87%	92%	5%	2 nd October 25
ELHT	62	82%	89%	7%	10 th September 25
LSCFT	58	77%	95%	18%	4 th September 25
LTH	62	90%	97%	7%	7 th August 25
UHMB	62	89%	94%	5%	5 th November 25
NWAS	58	90%	93%	3%	25 th September 25

3.3 All 5 provider Trusts and NWAS have presented the outcome of their EPRR core standards assurance process 2025 / 2026 to their Board. They have all developed comprehensive action plans to improve their compliance for 2026 - 2027, and these will be monitored by the ICB and at the quarterly Local Health Resilience Partnership (LHRP) meetings.

3.4 Key areas with the highest level of partial compliance or gaps in assurance within the Trusts were:

- Domain 1 – Governance
- Domain 9 – Business Continuity
- Domain 10 – Hazmat / CBRN

3.4 The Accountable Emergency Officer for the ICB acknowledges, and thanks, the EPRR teams for the immense amount of work that has gone into improving compliance ratings across Lancashire and South Cumbria in times of significant EPRR related pressures.

4 Risk Assessment

4.1 The EPRR Team have developed a functional Risk Register, which cross references with the Local Resilience Forums (LRF) risk registers. The Risk Register currently contains 18 risks, and the register was approved, and is monitored, by the EPRR Co-ordinating Group.

4.2 None of the risks currently score 15 + and therefore do not sit on the L&SC ICB operational risk register.

4.3 The top risks include:

- Severe weather events
- Cyber security threats
- Industrial action
- Waste fire sites
- Population displacement
- Business continuity

Work continues to mitigate the impacts of these risks.

5 Response to Incidents and Multi Agency Working

5.1 During 2025 / 26, the ICB has been involved in a variety of incidents, including sustained periods of industrial action by NHS staff which required the co-ordination and collaboration with provider organisations and NHS E colleagues.

5.2 The L&SC ICB EPRR team and on call colleagues have been involved in the response to several internal, and multi-agency, incidents and emergencies including a train derailment, the evacuation of a mental health unit, localized cyber-attacks, significant road traffic accidents, building fires, generic IT and estate related issues and adverse weather events.

5.3 On call colleagues have also been involved in outbreak management as well as supporting seasonal operational system and seasonal pressures, within the acute Trusts, updating and providing assurance to NHS E colleagues where appropriate.

5.4 The AEO chairs the strategic level Local Health Resilience Partnership (LHRP) which has AEO level attendance for all provider Trusts as well as Directors of Public Health from local authorities. The aim of this group is to facilitate health sector preparedness and planning for emergencies by developing local plans and policies to support integrated working, mitigate EPRR risks, and oversee the health and wellbeing of the local population.

5.5 L&SC ICB attends Local Resilience Forum (LRF) meetings as defined in the Civil Contingencies Act 2004. LRFs are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. LRFs tend to be based on Police boundaries and aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities. The ICB is an active partner in both Lancashire and Cumbria LRF, contributing to meetings, plans, exercises, training and risk identification on behalf of the NHS in Lancashire and South Cumbria.

5.6 A debrief is undertaken after each critical or major incident or emergency to identify good practice and lessons to be learned to improve future preparedness,

planning and response. Action plans are developed and monitored through the EPRR Co-ordinating Group to ensure lessons identified become lessons learned.

6 Training and Exercising

- 6.1 The NHS EPRR core standards include various requirements related to training and exercising. Consequently, the ICB has developed a comprehensive work program to comply with these standards.
- 6.2 All on call staff are required to participate in a variety of internal and external training and exercises, including Health Commander Training, and attendance is monitored by the EPRR team via the EPRR Co-ordinating Group. This training and exercising will ensure that all on-call staff meet the core competencies / occupational standards for EPRR (See Appendix C).
- 6.3 The EPRR team have undertaken a training needs analysis for all on call staff and has developed Personal Development Portfolios for tactical and strategic on call colleagues to support their ongoing development in relation to the national occupational standards for EPRR.
- 6.4 The testing and exercising of EPRR plans and procedures is a crucial element of planning for and responding to incidents. Exercises encourage individuals and teams to become familiar with their roles, and the activation processes and content of the plans in peace time, and in a safe learning environment. Post testing and exercising reports and action plans are developed and monitored to ensure continuous improvement and to embed learning.
- 6.5 During 2025 – 2026, L&SC ICB has been involved in over 20 internal and wider system wide exercises, including the national multi agency Exercise Pegasus, designed to review pandemic response arrangements. On call colleagues are encouraged to maintain evidence of participation in exercises within their Personal Development Portfolios.

7 Continuous Improvement

- 7.1 The EPRR team have developed a continuous improvement process for capturing and monitoring learning from incidents and exercises to inform and embed into EPRR arrangements. This process also captures lessons learned from a variety of sources including on call forums, incident logs, debriefs, and informal feedback from EPRR colleagues outside of the ICB e.g LRFs, provider Trusts. Continuous improvement is a standing agenda item for the EPRR Co-ordinating Group to ensure robust arrangements are in place for monitoring, and acting upon, identified improvements in plans, processes and systems.

8 Conclusion

- 8.1 L&SC ICB has reported an overall improved compliance rating from *partially compliant* for 2024 – 2025, to **substantially compliant** in 2025 – 2026 and will further improve its compliance rating for the 2026 – 2027 EPRR core standards review process.

- 8.2 The compliance rating across all NHS providers and commissioned services within Lancashire and South Cumbria has significantly improved during 2025 – 2026, and all organisations are committed to making further improvements during 2026 – 2027.
- 8.3 The EPRR team is committed to reflect on the outcome of this process and of the robustness of their EPRR arrangements, to improve resilience and focus and embrace opportunities to work collaboratively with system partners going forward.

9 Recommendations

- 9.1 Lancashire and South Cumbria Integrated Care Board is requested to:
- Note the contents of the report
 - Note the significant improvements in EPRR compliance ratings across L&SC ICB
 - Approve the proposed EPRR Core Standards Action Plan (Appendix B)

Alison Whitehead, Head of EPRR

3 March 2026

EPRR Core Standards Self-Assessment - Final Submission (January 2026)

Overall assessment:

Substantially compliant

Please select type of organisation:

Integrated Care Board

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	8	7	1	0
Command and control	2	2	0	0
Training and exercising	4	4	0	0
Response	5	5	0	0
Warning and informing	4	4	0	0
Cooperation	6	6	0	0
Business Continuity	10	7	3	0
Hazmat/CBRN	0	0	0	0
CBRN Support to acute Trusts	0	0	0	0
Total	47	43	4	0

Ref	Standard name	Standard Detail	<p style="text-align: center;">Self assessment RAG</p> <p style="text-align: center;">Red (not compliant) = Not compliant with the core standard. The organisation's work programme shows compliance will not be reached within the next 12 months.</p> <p style="text-align: center;">Amber (partially compliant) = Not compliant with core standard. However, the organisation's work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.</p> <p style="text-align: center;">Green (fully compliant) = Fully compliant with core standard.</p>
Domain 1 - Governance			
1	Senior Leadership	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director within their individual organisation, and have the appropriate authority, resources and budget to direct the EPRR portfolio.	Fully compliant
2	EPRR Policy Statement	<p>The organisation has an overarching EPRR policy or statement of intent.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. 	Fully compliant
3	EPRR board reports	<p>The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually.</p> <p>The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements</p>	Fully compliant
4	EPRR work programme	<p>The organisation has an annual EPRR work programme, informed by:</p> <ul style="list-style-type: none"> • current guidance and good practice • lessons identified from incidents and exercises • identified risks • outcomes of any assurance and audit processes <p>The work programme should be regularly reported upon and shared with partners where appropriate.</p>	Fully compliant

5	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.	Fully compliant
6	Continuous improvement	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements.	Fully compliant
Domain 2 - Duty to risk assess			
7	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider all relevant risk registers including community and national risk registers.	Fully compliant
8	Risk Management	The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally	Fully compliant
Domain 3 - Duty to maintain Plans			
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.	Fully compliant
10	Incident Response	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.	Fully compliant
11	Adverse Weather	In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.	Fully compliant
12	Infectious disease	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.	Fully compliant
13	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	Fully compliant
14	Countermeasures	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment	Fully compliant
15	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.	Partially compliant
16	Evacuation and shelter	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	Fully compliant
Domain 4 - Command and control			
20	On-call mechanism	The organisation has resilient and dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications, internal or external. This should provide the facility to respond to or escalate notifications to an executive level.	Fully compliant

21	Trained on-call staff	Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions	Fully compliant
Domain 5 - Training and exercising			
22	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	Fully compliant
23	EPRR exercising and testing programme	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)	Fully compliant
24	Responder training	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards. Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role	Fully compliant
25	Staff Awareness & Training	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.	Fully compliant
Domain 6 - Response			
26	Incident Co-ordination Centre (ICC)	The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required. An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards. ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness. Arrangements should be supported with access to documentation for its activation and operation.	Fully compliant
27	Access to planning arrangements	Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Fully compliant
28	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Fully compliant

29	Decision Logging	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24 hour access to a trained loggist(s) to ensure support to the decision maker	Fully compliant
30	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.	Fully compliant
Domain 7 - Warning and informing			
33	Warning and informing	The organisation aligns communications planning and activity with the organisation's EPRR planning and activity.	Fully compliant
34	Incident Communication Plan	The organisation has a plan in place for communicating during an incident which can be enacted.	Fully compliant
35	Communication with partners and stakeholders	The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.	Fully compliant
36	Media strategy	The organisation has arrangements in place to enable rapid and structured communication via the media and social media	Fully compliant
Domain 8 - Cooperation			
37	LHRP Engagement	The Accountable Emergency Officer, or a director level representative with delegated authority (to authorise plans and commit resources on behalf of their organisation) attends Local Health Resilience Partnership (LHRP) meetings.	Fully compliant
38	LRF / BRF Engagement	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Fully compliant
39	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Fully compliant
40	Arrangements for multi area response	The organisation has arrangements in place to prepare for and respond to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.	Fully compliant
42	LHRP Secretariat	The organisation has arrangements in place to ensure that the Local Health Resilience Partnership (LHRP) meets at least once every 6 months.	Fully compliant
43	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.	Fully compliant

Domain 9 - Business Continuity			
44	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the ISO standard 22301.	Fully compliant
45	Business Continuity Management Systems (BCMS) scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented. A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.	Fully compliant
46	Business Impact Analysis/Assessment (BIA)	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	Fully compliant
47	Business Continuity Plans (BCP)	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure 	Fully compliant
48	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Partially compliant
49	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Fully compliant
50	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Fully compliant
51	BC audit	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.	Partially compliant
52	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Fully compliant
53	Assurance of commissioned providers / suppliers BCPs	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.	Partially compliant

Appendix B

EPRR Core Standards Action Plan 2025 – 2026

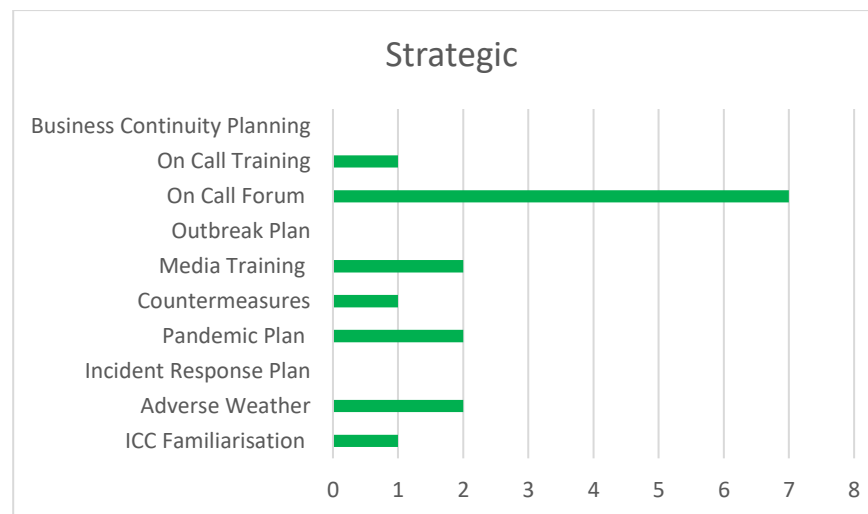
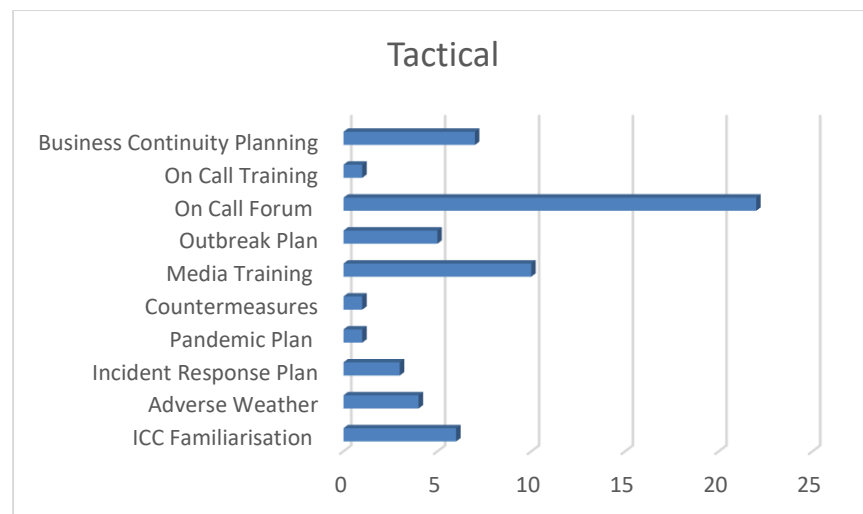
Ref	Domain	Standard name	Standard Detail	Action to be taken	Lead	Timescale	Comments
15	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.	Local and regional (North West) review of mass casualty arrangements underway. ICB EPRR leads to be involved.	Head of EPRR	30 th June 2026	Awaiting regional review prior to ICB and provider Trust input
48	Business Continuity	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Programme of testing / exercising to be agreed with Exec / divisional leads Delayed due to transition work / restructuring	Head of EPRR Exec / divisional leads	31 st August 2026	Business impact analyses have been reviewed in line with impact of transition, work ongoing to review business continuity plans
51	Business Continuity	BC audit	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.	Enhance audit requirements once BIAs / BCPs have been completed	Head of EPRR Exec / divisional leads	31 st August 2026	Business impact analyses have been reviewed in line with impact of transition, work ongoing to review business continuity plans.
53	Business Continuity	Assurance of commissioned providers / suppliers BCPs	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.	Procurement to provide evidence regarding provider / supplier business continuity arrangements	Head of Procurement	31 st May 2026	One LSC to provide consolidated evidence of business continuity arrangements

Training and Exercising Summary

Health Commander Training

As of February 2026, 17/22 (77%) tactical on call and 15/23 (65%) strategic on call have notified the EPRR team that they have completed their health commander training, a requirement under the NHS EPRR core standards. This is a significant improvement on compliance compared to 2024 – 2025. NHS E will continue to offer these sessions to support further improvement in compliance.

Number of People	Tactical		Strategic	
	Feb 2025	Feb 2026	Feb 2025	Feb 2026
Health Commander Training	11 / 24 (46%)	17 / 22 (77%)	8 / 26 (31%)	15 / 23 (65%)



Training and Exercising Summary

The EPRR team have been advised that ICB colleagues have attended the following EPRR related exercises over the past twelve months (this information relies on individuals to notify the EPRR team of their involvement / attendance).

Internal Training and Exercises (April 2025 to March 2026)

Number of People	Tactical	Strategic
ICC Familiarisation (3 Sessions)	6	1
Adverse Weather	4	2
Incident Response Plan	3	0
Pandemic Plan (2 Sessions)	1	2
Countermeasures	1	1
Media Training (3 Sessions)	10	2
Outbreak Plan	5	0
On Call Forum (6 Sessions)	22	7
On Call Training	1	1
Business Continuity Planning	7	

Other Training (led by the EPRR Team)

Organisation	Number of sessions
General Awareness Sessions	4
Loggist Sessions	2
On Call Refresher Training	3
EPRR On Call Commander Portfolio	1

Multi Agency Exercises

Organisation	Number of Attendees
NHS England	2
Cumbria Local Resilience Forum	4
Lancashire Local Resilience Forum	12
NHS Provider Trusts	4
Met Office	2