Mersey and West Lancashire Teaching Hospitals NHS Trust

Emergency Preparedness, Resilience and Response (EPRR) Policy

Version No: 2.0

Document Summary:
The purpose of this document is to provide the framework for Mersey and West Lancashire Teaching Hospitals NHS Trust to meet the statutory requirements of the current guidance and legislation in relation to Emergency Preparedness, Resilience and Response.

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Accountable Director	Chief Operating Officer	
Policy Author	Head of Emergency Preparedness/EPRR Manager	
Target audience	All staff	

The intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as "uncontrolled", as they may not contain the latest updates and amendments.

Document Control

Section 1 – Document Information	
Title	Emergency Preparedness, Resilience and Response Policy
Directorate	Corporate
Brief Description of amendments	
Full review following Trust restructure	
Does the document follow the Trust agreed format?	Yes
Are all mandatory headings complete?	Yes
Does the document outline clearly the monitoring compliance and performance management?	Yes
Equality Analysis completed?	Yes

Section 2 – Consultation Information*

*Please remember to consult with all services provided by the Trust, including Community & Primary Care

Consultation Completed	☑ Trust wide ☐ Local ☐ Specific staff group		
Consultation start date	Click here to enter a date.	**Consultation end date**	Click here to enter a date.

Section 3 – Version Control

Version	Date Approved	Brief Summary of Changes
1.0	11/10/2022	New policy created
2.0	Click here to enter a date.	Full Review - updated and harmonised with S&O Name amended to Emergency Preparedness, Resilience and Response Policy
	Click here to enter a date.	

Section 4 – Approval – *To be completed by Document Control*

Document Approved	☑ Approved ☐ Approved with minor amendments		
Assurance provided by Author & Chair	☐ Minutes of Meeting ☐ Email with Chairs approval		
Date approved	09/09/2025	**Review date**	30/09/2028

Section 5 – Withdrawal – *To be completed by Document Control*

Reason for withdrawal	☐ No longer required ☐ Superseded
Assurance provided by Author & Chair	☐ Minutes of Meeting ☐ Email with Chairs approval
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Contents

1. Scope

The present policy is applicable to the whole of Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL). It applies equally to all members of staff, either permanent or temporary and to those working within, or for, the Trust as students or under contracted services.

2. Introduction

The purpose of this document is to provide the framework for MWL to meet the statutory requirements of the Civil Contingencies Act (CCA) 2004, NHS Act 2006 (as amended by the Health and Social Care Act 2012), NHS Standard Contract and NHS England EPRR Framework (2022). This document seeks to describe how the organisation will go about its duty to be appropriately prepare for dealing with emergencies.

3. Statement of Intent

MWL is a designated Category 1 responder under the Civil Contingencies Act (CCA) 2004.

As a result it is expected to fulfil the following civil protection duties as underpinned by the CCA:

a. Assess the risk of emergencies occurring and use this to inform contingency planning;
b. Put in place emergency plans;
c. Put in place business continuity management arrangements;
d. Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
e. Share information with other local responders to enhance co-ordination;
f. Cooperate with other local responders to enhance co-ordination and efficiency.

In addition to the duties outlined; the Trust will endeavour to align with the requirements listed within the NHS England Core Standards for EPRR and the NHS Standard Contract, which are in accordance with the CCA (2004) and the NHS Act 2006 (as amended). The Trust will also work in accordance with the underpinning Principles for EPRR:

The objectives of MWL's EPRR Policy are to:

- Enable the organisation to prepare for the common consequences of emergencies rather than for every individual emergency scenario.
- Ensure there is commitment to emergency planning and business continuity.
- Enable the organisation to have flexible arrangements for responding to emergencies, which can be scalable and adaptable to work in a wide range of specific scenarios.

- Supplement arrangements with specific planning and capability building for the most concerning risks in the Community Risk Register (CRR) and the National Risk Register (NRR)
- Ensure that plans are in place to recover from incidents and to provide appropriate support to those affected.
- Describe MWL's commitment to continual training and exercising, enabling the Trust to be prepared, responsive and resilient for every emergency scenario.
- Define MWL's resourcing commitment and access to funds to fully discharge its duties as per CCA (2004).

4. Definitions

Definition	Meaning
AEO	Accountable Emergency Officer
Business Continuity Incident	According to the NHS incident classification, a business continuity incident is an event or occurrence that disrupts an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.
CCA	Civil Contingency Act 2004
Critical Incident	According to the NHS incident classification, a critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.
Emergency	An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies
Emergency Preparedness	Development and maintenance of agreed procedures to prevent, reduce, control, mitigate and take other actions in the event of an emergency.
EPRR	Emergency Preparedness, Resilience & Response
Major Incident	According to the NHS incident classification, a major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency as defined above.
MWL	Mersey and West Lancashire Teaching Hospitals NHS Trust
Resilience	The ability of an organisation to adapt, respond and recover to disruptions, whether internal or external, to deliver organisationally agreed critical activities.

Response	Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders.

5. Duties, Accountabilities and Responsibilities

5.1 Chief Executive

The Chief Executive (CEO) has overall responsibility to provide a safe working environment, ensuring compliance with the requirements of The Health and Safety at Work Act 1974, and the requirements of this policy. The CEO also has overall responsibility for the safety of any patient, member of staff, visitor or contractor whilst they are on Trust premises.

The Chief Executive will liaise with the Executive Leads to set strategic priorities and provide support as necessary. Duties may include:

- Liaising with the AEO/Chief Operating Officer (COO), Director On Call and Communications Coordinator in relation to media statements and briefings.
- Approval of the use of appropriate Trust plans and procedures or deviation from provision of normal services.
- Strategic assessment of the ability of local health services to deal with the incident and requests for extra resources where the assessment indicates inadequacies.
- Ensure provision of expert advice where the expertise does not exist within the Trust.
- Ensure there is an effective communications, public advice and media plan in place, in conjunction with the regional office.

5.2 Chief Operating Officer/ Accountable Emergency Officer.

The Chief Operating Officer (COO) is the Accountable Emergency Officer (AEO) and has executive authority and responsibility for ensuring the organisation complies with legal requirements.

The AEO will provide assurance to the Board that the present policy, strategies, systems, training and procedures are in place to ensure an appropriate response in the event of an incident. The AEO will be aware of their legal duties to ensure preparedness to respond to an incident within the Trust's remit to maintain the public's protection and maximise the NHS response.

Specifically, the AEO will be responsible for:

- Ensuring that the organisation, and sub-contractors, are compliant with the EPRR requirements as set out in the CCA (2004), NHS Act 2006 (as amended) and NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience

and Response Framework (2022) and the NHS England Core Standards for EPRR (2022).

- Ensuring that the organisation is appropriately prepared and resourced for dealing with an incident.
- Ensuring that the organisation, any providers they commission, and sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance.
- Ensuring that the organisation has robust surge capacity plans that provide an integrated organisational response and that have been tested with other providers and partner organisations in the local area served.
- Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance.
- Providing NHS England with such information as it may require for the purpose of discharging its functions.
- Ensuring Director level representation for the organisation engaging with, and effectively contributing to any governance meetings, sub-groups or working groups of the Local Health Resilience Partnership (LHRP) and/or Local Resilience Forum (LRF), as appropriate.
- The COO will act as point of contact in case of activation of major or critical incident during office hours, as per indication in the relevant Incident Response Plans (IRPs).
- Ensuring that EPRR is part of everyday culture and promoted and embedded across the departments.
- Ensuring that EPRR Core Standards are implemented at a local level, and there are appropriate records in place to support governance and audit process.
- Cooperating with the EPRR team to ensure that IRPs are in place and up to date within their areas of responsibility.
- Requesting EPRR support to facilitate debriefing sessions following incidents.

5.3 Head of Emergency Preparedness

- Ensuring MWL has an appropriate governance structure, and chair for the EPRR Group, to support the oversight and delivery of EPRR Core Standards across the organisation.
- Ensuring the Trust has an annual EPRR work plan which ensures compliance with NHS England Core Standards and readiness to respond to incidents. The annual workplan will be informed by current guidance and good practice, any lessons identified from incidents and/or exercises, identified risks and outcomes of any assurance and/or audit processes. The work programme will be regularly reported upon via the EPRR Group.
- Ensuring that prescribed requirements in relation to EPRR are conformed with.
- On a day-to-day basis, leading the EPRR Programme and related activities.
- Facilitating the effective use of EPRR resources across the organisation.
- Ensuring current arrangements are continually reviewed and fit for purpose.

- Assisting in the development and audit of incident response and EPRR plans.
- Ensuring the EPRR corporate responsibilities are met in line with NHS England Core Standards for EPRR.
- Providing updates to the AEO and the Risk Management Council (RMC), as appropriate.
- Providing annual NHS EPRR Core Standards compliance report to Board, via the RMC.
- Raising issues of quality assurance relative to EPRR with relevant stakeholders.
- Working with the wider Merseyside EPRR practitioners' network to work as a system partner and peer support.
- Providing professional advice and guidance in the planning phases.
- Maintaining suitable and sufficient plans to ensure compliance with the NHS EPRR Core Standards
- Conducting training and exercises in accordance with the requirements of the NHS EPRR Framework
- Providing an appropriate training programme to ensure compliance against the Minimum Occupational Standards (MOS) for EPRR
- Maintaining professional competency against the MOS for EPRR Specialist/Advisor

In the event of an incident:

- Providing professional advice and guidance during the response phases regarding emergency plans and procedures in place, both in the Trust and regionally/nationally as appropriate
- Supporting the STRATEGIC Commander in the multi-agency coordination.
- Attending the STRATEGIC Coordination meetings as instructed by the STRATEGIC Commanders and, if requested, the TACTICAL Coordination meetings
- Working in cooperation with other organisations
- Sharing information with other organisations as required.
- Managing information to support civil protection decision making.
- Anticipating and assessing the risk of emergencies.
- Attending STRATEGIC hot debrief when the incident has been stood down.
- Arranging and facilitating the Trust structured debriefing within the relevant timeline as per instruction from the STRATEGIC Commander
- Participating in any internal/external debriefs or internal/external investigations or inquiries as required to ensure appropriate review of plans and responses.
- Ensuring that any lessons identified have been collated, assigned to an individual and monitored through to completion/business as usual via the relevant governance group.

5.4 Executive Directors (Strategic) and Divisional Directors of Operations (DDO) / Deputy Divisional Directors of Operations (DDDO) (Tactical) On Call

- Ensuring they are contactable during the agreed On Call period.

- Making the appropriate decisions for the agreed level of incident management.
- Escalating to the next On Call level for direction, when appropriate. For Executive Directors this will include informing multi-agency partners, according to the relevant incident response plans.
- Attending relevant training and exercises to keep their knowledge and skills related to EPRR up to date as per the Minimum Occupational Standards.

5.5 Strategic Commander

The ***Strategic Commander*** (Chief Operating Officer or nominated deputy (Strategic On Call out of hours) will operate from the Strategic Command located in the Executive Meeting Room on the 5th floor.

The overarching aim of the Strategic Commander is to protect life, property and the environment by setting the policy, strategy and overall response framework for the incident, for the TACTICAL and OPERATIONAL command levels to act on and implement. Strategic Commanders should jointly agree the response strategy with representatives from relevant responder organisations at a STRATEGIC COORDINATING GROUP (SCG) meeting.

Responsibilities:

- To ensure they are personally prepared to carry out their role; this includes keeping up to date with the policies and processes that are used for major incidents and knowledge of their organisations statutory responsibilities.
- Protect life, property, and the environment.
- Obtain and analyse the available relevant information to inform decision making.
- Make effective decisions based on the best available information.
- Respond at the **Strategic** level to any declared incident/emergency.
- Has overall command of the Trust, staff, and resources
- Agree the policy and strategic framework within which the **Tactical** level will work and ensure effective two-way communication with the **Tactical** level.
- Confirm with **Tactical** Commander and approve the declaration of the most appropriate level of incident/emergency (Business Continuity/Critical Incident/Major Incident Standby or Declared)
- Work effectively in cooperation with partner organisations at **strategic** level. Cascade pertinent information as appropriate within the Trust.
- Confirm **strategic** decisions agreed with responders and how these will be implemented.
- Agree appropriate internal battle rhythm with the Tactical Coordination Team.
- Monitor content, risks, impacts and progress towards objectives.
- Provide direction and priorities to enable the **Tactical** level to plan and respond.
- Take action to review the strategy, updating or varying the strategy in response to changing situations or information.

- Obtain and provide technical and professional advice from suitable sources to inform decision making where required.
- Ensure the strategy reflects any relevant policy, legal framework, or protocols.
- Engage effectively in the political decision-making process.
- Review the scale of required resources and ensure their availability.
- Ensure that all relevant organisations have sufficient, accurate information with a suitable degree of urgency to enable effective coordination of response.
- Ensure the strategy takes account of the impact on individuals, communities, and the environment.
- Address the medium and longer-term implications of the event to facilitate the recovery of affected communities.
- Ensure the development and implementation of an effective communications strategy.
- Point of contact with the Strategic Coordination Group (SGC), in conjunction with the NHS Cheshire and Merseyside Integrated Care Board (ICB)
- Ensure provision of continued support for individuals affected by emergencies.
- Ensure effective delegation to the **Tactical level.**
- Evaluate the effectiveness of the strategy and use this information to inform future practice.
- Fully record your decisions, actions, options and rationale in accordance with current information, policy and legislation.
- Ensure appropriate logging of all decisions made using the Trust approved Logbooks (Green), with the support of a Loggist.
- Approve the decision to Stand-down the Trust from the incident, noting that this may occur at a different time to the wider multi-agency response.
- Maintain professional competency against the MOS for STRATEGIC Commander.
- Participate with any internal/external debriefs as required to ensure appropriate review and responses.
- Ensure all Tactical Commanders are subject to a hot debrief.

5.6 Tactical Commander

Nominated DDDO or Head of Operations (Tactical On Call out of hours) will be appointed as **TACTICAL COMMANDER** and will convene and be supported by the Incident Management Team.

The role of the Tactical Commander, in support of the Incident Management Team is to protect life, property and the environment by ensuring rapid and effective actions that save lives and minimise harm, are implemented through a Tactical Coordinating Group (TCG).

They work between the Strategic and Operational levels of command. Tactical Commanders are responsible for interpreting strategic direction (where strategic-level command is in use) and developing and coordinating the tactical plan.

The Joint Decision Model (JDM) should be used as the standing agenda for Tactical Coordinating Group meetings.

They will operate from the Incident Coordination Centre (ICC), and will:

- Obtain sufficient information to determine the status of response.
- Formulate tactical plans which take account of available information, including any pre-determined emergency plans, and anticipated risks.
- Implement tactics in a timely manner, with the **Operational Commander**, confirming roles, responsibilities, tasks, and communication channels.
- Conduct on-going risk assessment and management in response to the dynamic nature of incidents/emergencies.
- Review tactics with relevant others including key personnel involved in command, control, and coordination.
- Ensure actions to implement tactics are carried out, considering impacts on individuals, communities, and the environment.
- Determine priorities for allocating available resources.
- Anticipate future resource needs, taking account of possible escalations of emergencies.
- Work in cooperation and communicate effectively with other responders.
- Liaise with relevant organisations to address long term priorities of restoring essential services and helping to facilitate the recovery of affected communities.
- Obtain and provide technical and professional advice from suitable sources to inform decision making where required.
- Provide accurate and timely information to inform and protect communities, working with the Strategic Coordination Team.
- Monitor and maintain the health, safety, and welfare of individuals during responses, including mental wellbeing.
- Review actions taken at **Operational** level.
- Identify where circumstances warrant a **strategic** level of management and engage with the **Strategic** level as required.
- Ensure that any individuals under your area of authority are fully briefed and debriefed.
- Evaluate the effectiveness of tactics and use this information to inform future practice.
- Fully record your decisions, actions, options and rationale in accordance with current information, policy and legislation.
- Ensure appropriate logging of all decisions made using the Trust approved Logbooks (Green), with the support of a Loggist.
- Maintain professional competency against the MOS for TACTICAL Commander
- Participate with any internal/external debriefs as required to ensure appropriate review and responses.

- Record decisions, actions, options, and rationales in accordance with current information, policy, and legislation.
- Brief and debrief individuals under their area of authority.

5.7 Operational Commander

A nominated Senior Manager (Operational On Call out of hours) will be appointed as **OPERATIONAL COMMANDER** who will act as the Operational Team Leader and will provide liaison with the Tactical Command team.

OPERATIONAL Commander will:

- Respond at the OPERATIONAL level to any declared incident/emergency.
- Assess the situation and report to other responders and to the TACTICAL level.
- Prepare, implement and review plans of action based upon the dynamic risk assessment and tactical plan.
- Ensure the tasks identified by the TACTICAL Commander and/or Tactical Coordination Team are delegated to the relevant **INCIDENT RESPONSE TEAM LEADER** to coordinate in accordance with the priorities set.
- Ensure that Operational Teams under their command have been fully briefed and debriefed.
- Ensure responding staff have been mobilised and appointed key roles.
- Coordinate and monitor defined areas of activity and staff (ensuring staff welfare).
- **Not** carry out operational or clinical roles at the same time.
- Liaise with the TACTICAL Commander/TCT, to ensure situational awareness is achieved and requests from the department are promptly escalated for action.
- Advise TACTICAL Commander/TCT of risks to achievement of the plan.
- Provide regular briefings to the TACTICAL Commander/TCT as per the established battle rhythm
- Maintain adequate records through the Incident Log and Incident Management Team (IMT) documentation/minutes/MS Teams recordings.
- Participate/facilitate any internal/external debriefs as required to ensure appropriate review and responses.
- Record decisions, actions, options, and rationales in accordance with current information, policy, and legislation.

5.8 Incident Response Team Leaders

Key departments involved in the response will appoint an **INCIDENT RESPONSE TEAM LEADER (IRTL)** who will act as the departmental team leader and provide liaison with the Operational Commander and other members of the Operational Coordination Team (OCT)

INCIDENT RESPONSE TEAM LEADERS will:

- Be responsible for the command of a group of resources, including staff, and carrying out functional or geographical responsibilities related to the tactical plan.
- Brief on duty staff
- Implement the agreed plans at the local level.
- Mobilise responding staff and appoint them to key roles, treatment teams, etc.
- Coordinate and monitor defined areas of activity and staff (ensuring staff welfare).
- **Not** carry out operational or clinical roles at the same time.
- Liaise with the OPERATIONAL Commander/OCT, to ensure situational awareness is achieved and requests from the department are promptly escalated for action.
- Advise OPERATIONAL Commander/OCT of risks to achievement of the plan.
- Provide regular briefings to the OPERATIONAL Commander/OCT as per the established battle rhythm.
- Maintain adequate records through the Incident Log and Incident Management Team (IMT) documentation/minutes/MS Teams recordings.
- Participate with any internal/external debriefs as required to ensure appropriate review and responses.
- Record decision, actions, options, and rationales in accordance with current information, policy, and legislation.
- Brief and debrief individuals under your area of authority.

5.9 Loggists

Loggists are responsible for:

- Providing support for the Trust's emergency response during an incident.
- Recording all decisions, actions and rationale made in the management of an incident.
- Recording to the appropriate quality and completeness for use in any necessary subsequent review, whether internal or public.
- Attending refresher training relevant to their role.

5.10 All staff (including sub-contractors)

All staff (including sub-contractors) are responsible for:

- Familiarising themselves with and adhering to EPRR policies, procedures and plans.
- Cooperating and participating in the implementation of EPRR activities and taking part in appropriate training and exercising.

5.11 Occupational Health and Well Being

The service is responsible for providing health surveillance and advice / counselling / referring on as appropriate.

6. Trust EPRR Representation

6.1 Local Resilience Forum

The NHS Cheshire and Merseyside Accountable Emergency Officer (AEO) attends both the Cheshire Resilience Forum (CRF) Executive Board and the Merseyside Resilience Forum (MRF) Executive Group. This representation supports the health sector's contribution to the Local Resilience Forum (LRF). These executive groups are responsible for setting the strategic direction of the LRF, agreeing its aims and objectives, and driving the Emergency Preparedness, Resilience and Response (EPRR) agenda at a strategic level.

6.2 Local Health Resilience Partnership

The Trust's Accountable Emergency Officer (AEO) represents the organisation at Local Health Resilience Partnership (LHRP) Strategic meetings. In the AEO's absence, a suitably nominated senior manager within the Trust may attend on their behalf.

Representation at the Local Resilience Forum (LRF) is provided by the NHS Cheshire and Merseyside Integrated Care Board (ICB) EPRR Lead or their nominated deputy. Any actions or relevant information for the Trust arising from the LRF are communicated through the LHRP Strategic meetings (attended by the Trust's AEO) and LHRP Tactical meetings (attended by the Trust's Head of Emergency Preparedness).

NHS Cheshire and Merseyside provides EPRR management representation at both the Tactical and Operational groups of the LRF on behalf of the ICB and the wider health system.

ICB EPRR Managers are responsible for cascading key information to relevant health partners and for facilitating their involvement in training, exercises, and workshops, with the aim of strengthening local partnerships and enhancing interoperability.

6.3 External Contractors & Suppliers

Where the Trust receives services or supplies that are critical to the continuity of its core operations, the designated service lead is responsible for ensuring—within the framework of the Trust's overarching Business Continuity Management System (BCMS)—that the relevant supplier or contractor can meet their contractual obligations under the department's local Business Continuity Plan (BCP) and broader business continuity arrangements.

BCPs from suppliers or contractors may be requested where their service is identified as business-critical.

Where appropriate, local business continuity exercises should include representation from key suppliers or contractors to ensure alignment and preparedness in the event of disruption.

7. EPRR Resource and Finance

To ensure MWL are compliant with the EPRR requirements as set out in the CCA (2004), NHS Act 2006 (as amended) and NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework (2022) and the NHS England Core Standards for EPRR (2022), the Board are committed to ensuring that the organisation has sufficient and appropriate resource to enable it to fully discharge its duties. This includes identifying resources required to fulfil the EPRR function and ensuring there is appropriate budget/funding (Appendix 2).

7.1 CBRNe / HazMat Decontamination Resourcing

EPRR core function includes the planning and preparedness that is undertaken for Hazardous Materials (HAZMAT) and Chemical, Biological, Radiological and Nuclear (CBRN) incidents.

These risks are prominently highlighted in the National Risk Register, and there has been growing emphasis from the Government on ensuring NHS organisations are adequately prepared for such incidents. As part of this national focus, NHS Acute and Ambulance Trusts in England are required to maintain a minimum number of operational Powered Respirator Protective Suits (PRPS) to safeguard staff when managing contaminated—or potentially contaminated—patients. Funding has been secured for 2025/26 to support the provision of PRPS across both Acute and Ambulance Trusts.

In addition, a national CBRN health strategy is currently being developed by the Department of Health and Social Care (DHSC), NHS England, and the UK Health Security Agency (UKHSA). This tripartite initiative aims to significantly strengthen the NHS's HAZMAT and CBRN preparedness over the next five years. Key objectives include enhancing patient care and improving staff protection during contamination incidents. As part of this strategy, further work will be undertaken regarding decontamination resources, updated CBRN training materials, and specialist PPE provision for both Acute and Ambulance Trusts.

In line with these national requirements, the Trust maintains 24 Powered Respirator Protective Suits (PRPS) across each of its acute sites—Whiston, Southport, and Ormskirk. These suits are funded through the Trust's EPRR budget, with ongoing maintenance coordinated via Respirex International.

Each acute site is equipped with decontamination facilities, including easy-to-deploy tents designed for disrobing, showering, drying, and re-robing contaminated patients. Each Emergency Department (ED) is responsible for the storage, routine checking, and auditing of these decontamination tents, PRPS suits, and associated equipment. This includes items such as flooring fitments to collect contaminated water runoff, wastewater

collection bladders, and dry decontamination equipment. Annual maintenance of the decontamination tents is managed through the EPRR budget.

The Trust is also responsible for the maintenance and replacement of Ramgene Monitors. In accordance with national minimum standards for acute hospitals, each site—Whiston ED, Southport ED, and Ormskirk ED—is equipped with two Ramgene Monitors. These are subject to annual maintenance, managed internally by the EBME team.

7.2 Incident Response

In the event of a Major Incident, predicted and unpredicted spending has an allocated budget with a unique cost centre specifically for emergency preparedness. This code has previously been approved by the Finance Team. Additional spending can be approved by the Strategic Commander

8. Risk Management

Risk Management is covered within the CCA (2004) and the 2005 Regulations and is the first step in the emergency planning and business continuity process. It ensures that local responders make plans that are sound and proportionate to risks.

As such, NHS-funded organisations have responsibility in the context of multi-agency planning to contribute to the Community Risk Register. NHS-funded organisations will therefore need to undertake risk assessment exercises appropriate to their facilities and services.

Risk Assessments and Business Impact Analysis underpins Business Continuity and Major Incident Plans and is written taking into consideration potential impacts in the surrounding community and environment.

EPRR risks are regularly reported/escalated to the Risk Management Council (RMC). Any EPRR risks highlighted are logged via the Trusts Inphase system, which is monitored and managed by the RMC: this includes threats within the Trust's control (for instance equipment failure, which can be prevented by proper maintenance) as well as community risks, such as reasonable worst-case scenarios, local events and adverse weather.

9. Governance

9.1 Structure

In addition to risk assessing, MWL has a robust method of reporting, recording, monitoring, communicating and escalating EPRR risks both internally and externally. Internally, EPRR is a standing agenda item at the Risk Management Council, where all

risks are reported/escalated. The structure for EPRR-specific governance is outlined in Appendix 1.

9.2 EPRR Group

The purpose of the MWL EPRR Group is to:

- Have oversight on behalf of MWL on all matters concerning EPRR.
- Ensure MWL meets its legal obligations under the Civil Contingencies Act (2004), and to provide a forum for the oversight of the Trust EPRR capability and compliance with the NHS England Core Standards for EPRR.
- Set MWL policy and approval of plans in relation to EPRR.
- Ensure the Trust is sighted on and assesses the impact of national and regional strategic developments and guidance relating to EPRR.

Full Terms of Reference for the MWL EPRR Group are available as a separate document, reviewed annually and available upon request to be forwarded to documentcontrol@merseywestlancs.nhs.uk

9.3 Risk Management Council

Among its other functions not directly involved with EPRR, the Risk Management Council has the role of:

- Receiving assurance from the EPRR Group that MWL is discharging its duties under as a Category 1 responder, as set out in the CCA 2004, the 2005 Regulations, the NHS Act 2006, the Health and Care Act 2022 and the NHS Standard Contract, including the NHS EPRR Framework (2022) and the MHS Core Standards for EPRR (2022).
- Providing Trust Board annual assurance, through the Executive Committee.

Full Terms of Reference for the EPRR Group are available as a separate document, reviewed annually and available upon request to be forwarded to documentcontrol@merseywestlancs.nhs.uk

9.4 MWL Trust Board

The independence that Non-executive Directors (NEDs) bring is essential to being able to hold the AEO to account, but responsibility for EPRR sits with the whole Board and all NEDs should assure themselves that requirements are being met.

Full Terms of Reference for the MWL EPRR Group are available as a separate document, reviewed annually and available upon request to be forwarded to documentcontrol@merseywestlancs.nhs.uk

10. Incident Response Plans

All Incident Response Plans (IRPs) will follow the standard Trust template for policies and plans. The Trust is required to develop IRPs to mitigate the impact of common consequence incidents that may affect its operations or the population it serves.

IRPs will be reviewed annually; however, they may be reviewed earlier in response to changes in legislation, updated guidance, or following an incident activation and subsequent learning.
Version control for IRPs will be maintained in accordance with the Trust's Policy Management Standards. In line with EPRR requirements, each IRP must include:

- Version numbering
- Activation triggers and criteria
- Defined incident roles and responsibilities
- Communication methods
- Required resources
- Stand-down procedures
- Debriefing and post-incident review requirements
- Clear date/year identification
- Procedures for archiving and secure destruction of previous digital and hard copy versions

10.1 Planning Process

The Trust's Emergency Preparedness Planning process will be based on the principles of risk assessment, learning from lessons identified and continuous improvement.

Risks that require plans to be developed may be identified from:

- Trust Corporate Risk Register
- Merseyside Resilience Forum (MRF)
- Community Risk Register
- Lancashire Resilience Forum (LRF) Community Risk Register

The Trust's incident response plans will contain a framework to follow for each type of emergency scenario (Business Continuity, Critical Incident and Major Incident). The plans will be written to enable responders to make informed decisions and will include a command and control framework to enable effective communication, management and response across the Trust.

The emergency planning process will be overseen by the EPRR Group, which will receive regular reports regarding progress with specific work streams.

Divisional specific planning activity will be overseen by the respective Governance Committee(s).

Progress with identified work streams will be monitored by the EPRR Group, which provides assurances to the Quality Committee and Trust Board via the Risk Management Council.

10.2 Collaborative Planning and Consultations

The development and review of all Trust IRPs will be conducted through a collaborative and consultative process to ensure plans are:

- Aligned with operational capability and local service delivery models
- Informed by the subject matter experts and key stakeholders
- Developed with appropriate reference to multi-agency planning assumptions and partnership arrangements

Internally, consultation will include:

- Input from relevant department leads, on-call staff (Operational, Tactical, Strategic), and the EPRR Team
- Review by subject matter experts (e.g. IPC, Estates, Communications, Clinical Risk)

Externally, the Trust will:

- Participate in joint planning and exercising, including integration of local system-level arrangements and mutual aid protocols

11. Business Continuity Management System Strategy

The Trust Board will formally endorse the Trust's Business Continuity Management Strategy to ensure the organisation's resilience and preparedness. The Board will be regularly appraised of the Trust's key and critical service areas, including their identified Maximum Periods of Tolerable Disruption (MPTD), to support and endorse the overall Business Continuity Management System (BCMS) Strategy and associated programme of work.

The Trust's Business Continuity Planning arrangements will be developed and aligned with the following standards and guidance:

- NHS England Business Continuity Toolkit (2022)
- ISO 22301 (Business Continuity Management Systems – Requirements)
- ISO 22313 (Business Continuity Management – Guidance)
- NHS EPRR Core Standards
- Expectations and Indicators of Good Practice

The Trust recognises that, despite robust Business Continuity Management (BCM) practices, residual risks may remain. These represent the minimal level of risk tolerated

beyond the predefined thresholds of disruption. As part of the BCMS Strategy, such residual risks will be subject to continuous review and monitoring.

Additional risks related to business continuity—including those arising from long-term planning considerations, climate change, and adaptation processes—will be captured and reported in alignment with the Trust's broader EPRR risk management framework.

12. Training and Exercising

The Trust will establish a Training and Exercising Program linked to the Trusts TNA and MOS, Trusts IRP's and related risks. Specific and dynamic response capabilities may also be trained and exercised outside of this, as determined by levels of required readiness.

The EPRR Training and Exercising Program will be updated annually in accordance with IRP cycles, risk profiles, and post-training and exercise feedback.

12.1 Training

MWL will have processes in place to ensure that training and support is provided to staff that have a functional role in a major, critical or business continuity incident. This includes:

- Trust Board
- Strategic On Call
- Tactical On Call
- Operational On Call
- Loggists
- Other key members of staff covering roles identified by the response plans.

A Training Needs Analysis (TNA) is undertaken annually by the EPRR Team and will be based upon individual roles as set out within the NHS England Minimum Occupational Standards (MOS) for EPRR.

This will ensure targeted training will be met for the following roles:

- AEO
- Executives on Call (Strategic on Call)
- EPRR Team
- Senior Managers on Call (Tactical on Call)
- Service Leads and named roles within IRP's;

Training type and training frequency will be based on the TNA that will inform an annual training program in order to ensure roles can be carried in alignment with competency standards in the MOS.

Training records will be maintained through the EPRR Team, all training undertaken directly or indirectly by the Trusts EPRR team will be captured on this record. A quarterly report of staff trained shared with the EPRR Group and RMC for assurance.

All staff with an On Call function are responsible for undertaking the necessary training and this will be recorded in their annual appraisal.

12.2 Exercising

The Trust will ensure that its EPRR plans are tested regularly using a variety of exercise types, appropriate to the risks and response requirements.

Exercises will focus on testing processes, functions, and roles within the plans—rather than individuals—to ensure these components are fit for purpose and capable of delivering the necessary actions during an incident.

All exercises conducted by the Trust must include:

- Clearly defined aims and objectives
- Exercise type (e.g., live, tabletop, communications)
- Target audience or participant group
- Link to the relevant risk or response plan
- Risk assessment to minimise disruption to the organisation
- A structured debriefing process and method for identifying lessons learned

Where appropriate, the Trust will seek to exercise jointly with partner agencies and contracted services, particularly where the risks involve multi-agency response.

The Trust's EPRR Team will maintain comprehensive records of all exercises and training activities, including those delivered directly or facilitated by the team.

Minimum Exercise Requirements (as per national standards):

- Live Exercise – at least once every three years
- Tabletop Exercise – at least once every 12 months
- Communications Exercise – at least once every six months

MWL will aim to exceed these minimum standards where possible, taking into account operational capacity and service pressures.

12.3 Lessons identified and Continuous Improvement

Following the activation of a Business Continuity, Critical, or Major Incident, the EPRR Team will either coordinate or facilitate a structured debrief to ensure that lessons identified and examples of notable practice are captured. Based on the outcomes of the debrief, the EPRR Team will produce a formal report, including a detailed action plan with clearly assigned owners and timescales for delivery.

The EPRR Group is responsible for monitoring the progress of these actions—along with any relevant regional lessons identified—and, where appropriate, providing assurance to the RMC.

Lessons can also arise from lower-level incidents that may not meet the threshold of a Business Continuity, Critical, or Major Incident. In such cases, debriefs may still be conducted to identify opportunities for improvement, strengthen existing response plans, or address any gaps.

All lessons identified from incidents, exercises, and training activities will be reviewed to determine necessary updates to response plans. These will be incorporated into the annual EPRR work plan as appropriate.

The EPRR Group will maintain oversight of all actions aimed at implementing lessons identified, ensuring continuous improvement in the Trust's preparedness and response capabilities.

13. Communication

13.1 Trust Communication

The Trust will ensure that appropriate communication channels exist, with all relevant stakeholders who may have an interest in the Trust's Emergency Preparedness arrangements.

13.2 Community Resilience Arrangements

The Trust recognises the value of multi-agency planning for civil emergencies and contributes to the multi-agency area resilience arrangements for Cheshire, Merseyside and Lancashire.

13.3 Business Continuity Boxes (Battle boxes)

All wards and department are responsible for ensuring their Business Continuity/Battle Boxes are adequately stocked and the contents up to date. Boxes should be audited monthly on Tendable, sealed and signed for.

13.4 Business Continuity

All wards/department are responsible for ensuring their Business Continuity Plan is kept up to date, tested and approved by the Divisional Governance meeting and EPRR Group. Any updated plans are to be shared with the EPRR Lead for recording. Up to date Business Continuity templates are available on the Intranet.

14. Monitoring Compliance

Preparedness and Anticipation	MWL will endeavour to anticipate and manage consequences of incidents and emergencies through identifying the risks and understanding the direct and indirect consequences, where possible. All individuals that may have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically, as appropriate.
Continuity	MWL will endeavour to set incident response plans and procedures grounded within its existing functions and its familiar ways of working, as much as possible.
Subsidiarity	Decisions should be taken at the lowest appropriate level, with coordination at highest level necessary.
Communication	MWL will endeavour to set incident response plans and procedures to include effective communication channels in case of incident response. This will also consider communication with the public, when appropriate.
Cooperation and Integration	Effective coordination should be exercised within MWL and other organisations via local, regional, and national tiers of a response. Mutual aid can be activated across the organisation, UK, and international boundaries, as appropriate.
Direction	Clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident to effectively prioritise and focus the response.

14.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Assess the risk of emergencies occurring and use this to inform contingency planning
2	Put in place emergency plans
3	Put in place business continuity management arrangements
4	Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
5	Share information with other local responders to enhance co-ordination
6	Cooperate with other local responders to enhance co-ordination and efficiency

14.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Report to Risk Management Council	Lesley Neary	Report	Annual	Report to be submitted to RMC	Lesley Neary
Review of this policy	Angela Manning	Policy document control	Annual	Assurance provided to AEO	Angela Manning
Managing risks related to EPRR and escalate as appropriate	Angela Manning	EPRR Group action tracker	Quarterly	Action tracker monitored as part of the EPRR Group agenda	Angela Manning
Audit results from ward level business continuity boxes	Ward Matrons/ Managers	Tendable	Monthly	Compliance report to be submitted to EPRR Group	Angela Manning

15. References

No	Reference
1	Civil Contingencies Act (2004)
2	Health and Social Care Act (2012)
3	NHS England Emergency Preparedness, Resilience and Response Framework (2022)
4	NHS England Command and Control Framework for the NHS during significant incidents and emergencies (2013)
5	NHS England Core Standards for Emergency Preparedness, Resilience and Response (2022)
6	NHS England Business Continuity Management Framework (service resilience) (2013)

16. Related Trust Documents

No	Related Document
1	MWL Incident Response Plan
2	MWL Major Incident Action Cards
2	MWL Business Continuity Policy
3	Specific incident response plans, ie, Mass Casualty, CBRNE, Communications Failure
4	Other associated EPRR supporting documentation
5	EPRR Group Terms of Reference

17. Equality Analysis Form

The EIA screening must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process. Where the screening identifies that a full EIA needs to be completed, please use the full EIA template.

The completed EIA screening form must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes via the following email, cheryl.farmer@sthk.nhs.uk. If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity and Inclusion for workforce equality&diversity@sthk.nhs.uk.
If this screening assessment indicates that discrimination could potentially be introduced then seek advice from either the Head of Patient Inclusion and Experience or Head of Equality, Diversity (Workforce) and Inclusion.

A full equality impact assessment must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

Title of function	Incident Response Plan
Brief description of function to be assessed	Incident Response Plan detailing arrangements for escalation, command and control and Trust response to an Incident or Emergency
Date of assessment	31/03/2025
Lead Executive Director	Lesley Neary
Name of assessor	Angela Manning
Job title of assessor	Head of Emergency Preparedness

Equality, Diversity & Inclusion

Does the policy/proposal:
1) Have the potential to or will in practice, discriminate against equality groups
2) Promote equality of opportunity, or foster good relations between equality groups?
3) Where there is potential unlawful discrimination, is this justifiable?

	Negative Impact	Positive Impact	Justification/ evidence and data source
Age	No	Unknown	
Disability	No	Unknown	
Gender reassignment	No	Unknown	
Pregnancy or maternity	No	Unknown	
Race	No	Unknown	
Religion or belief	No	Unknown	
Sex	No	Unknown	
Sexual orientation	No	Unknown	

Human Rights

Is the policy/proposal infringing on the Human Rights of individuals or groups?

	Negative Impact	Positive Impact	Justification/ evidence and data source
Right to life	No	Neutral	
Right to be free from inhumane or degrading treatment	No	Neutral	
Right to liberty/security	No	Neutral	
Right to privacy/family life, home and correspondence	No	Neutral	
Right to freedom of thought/conscience	No	Neutral	
Right to freedom of expression	No	Neutral	
Right to a fair trial	No	Neutral	

Health Inequalities

Is the policy/proposal addressing health inequalities and are there potential or actual negative impact on health inequality groups, or positive impacts? Where there are potential unlawful impacts is this justifiable.

	Negative Impact	Positive Impact	Justification/ evidence and data source
Deprived populations	No	Unknown	
Inclusion health groups	No	Unknown	
5 child clinical areas	No	Unknown	
5 adult clinical areas	No	Unknown	

Outcome

After completing all of the above sections, please review the responses and consider the outcome.

Is a full EIA required?	Yes ☐ No ☒ Please include rationale: Emergency Plan to support Trust response to a notification of incident

Sign off

Name of approving manager	Angela Manning
Job title of approving manager	Head of Emergency Preparedness
Date approved	03/07/2025

18. Data Protection Impact Assessment Screening Tool

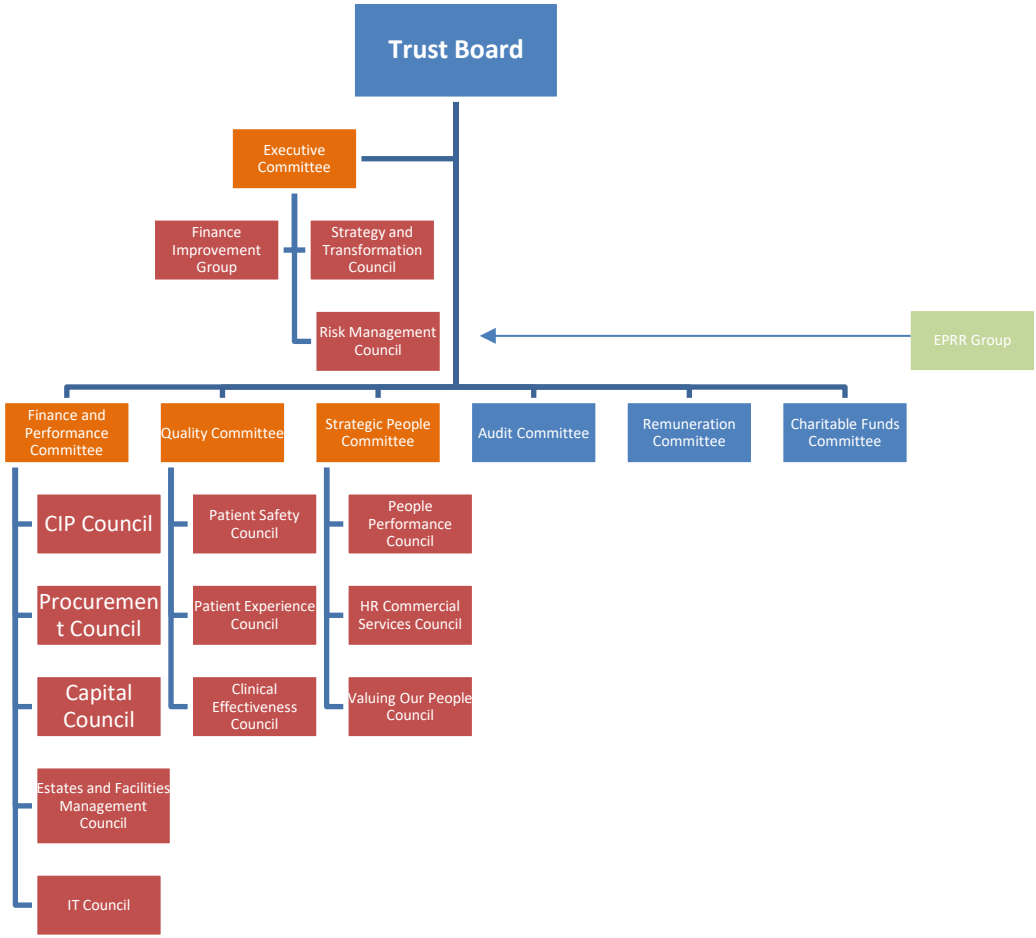
	Yes	No	Unsure	**Comments -** *Document initial comments on the issue and the privacy impacts or clarification why it is not an issue*
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly private?		✔		
Will the procedural document lead to the collection of new information about individuals?		✔		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		✔		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		✔		
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		✔		
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g. biometrics or facial recognition		✔		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		✔		
Will the implementation of the procedural document compel individuals to provide information about themselves?		✔		

Sign off if no requirement to continue with Data Protection Impact Assessment:
Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

Policy author _____ **Date: 01/07/25**

Appendix 1 – EPRR Governance Structure

EPRR-specific Governance structures are highlighted red in the below Trust-wide Governance scheme.



Appendix 2 – EPRR Organisational Structure