

# Emergency Preparedness Resilience and Response Policy

Version No: 1

**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, Response and Resilience.

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<b>Accountable Director</b>	Director of Nursing, Midwifery & Governance	
<b>Policy Author</b>	Emergency Preparedness Lead	
<b>Target audience</b>	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

<b>Section 1 – Document Information</b>	
<b>Title</b>	Emergency Preparedness, Response and Resilience Policy
<b>Directorate</b>	Quality & Risk
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This is a new self-standing document.	
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<b>Are all mandatory headings complete?</b>	Yes
<b>Does the document outline clearly the monitoring compliance and performance management?</b>	Yes
<b>Equality Analysis completed?</b>	Yes

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*Please remember to consult with all services provided by the Trust, including Community & Primary Care	
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<b>Section 3 – Version Control</b>		
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	Click here to enter a date.	

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## 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 prepared for dealing with emergencies.

## 3. Statement of Intent

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
<b>AEO</b>	Accountable Emergency Officer
<b>Business Continuity Incident</b>	According to the NHS incident classification, 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.
<b>CCA</b>	Civil Contingency Act 2004

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<b>Critical Incident</b>	According to the NHS incident classification, 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.
<b>Emergency</b>	An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies
<b>Emergency Preparedness</b>	Development and maintenance of agreed procedures to prevent, reduce, control, mitigate and take other actions in the event of an emergency.
<b>EPRR</b>	Emergency Preparedness, Response & Resilience
<b>Major Incident</b>	According to the NHS incident classification, 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.
<b>MWL</b>	Mersey and West Lancashire Teaching Hospitals NHS Trust
<b>Resilience</b>	The ability of an organisation to adapt, respond and recover to disruptions, whether internal or external, to deliver organisationally agreed critical activities.
<b>Response</b>	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:

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

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### 5.2 Director of Nursing, Midwifery & Governance.

The MWL Director of Nursing, Midwifery & Governance 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:

- a. 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).
- b. Ensuring that the organisation is appropriately prepared and resourced for dealing with an incident.
- c. 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.
- d. 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.
- e. Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance.
- f. Providing NHS England with such information as it may require for the purpose of discharging its functions.
- g. 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.

### 5.3 Emergency Preparedness Lead

- a. Ensuring MWL has an appropriate governance structure, and chair of the MWL EPRR Working Group, to support the oversight and delivery of EPRR core standards across the organisation.
- b. 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

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assurance and/or audit processes. The work programme will be regularly reported upon via the EPRR Working Group.

- c. Ensuring that prescribed requirements in relation to EPRR are conformed with.
- d. On a day-to-day basis, leading the EPRR Programme and related activities.
- e. Facilitating the effective use of EPRR resources across the organisation.
- f. Ensuring current arrangements are continually reviewed and fit for purpose.
- g. Assisting in the development and audit of incident response and EPRR plans.
- h. Ensuring the EPRR corporate responsibilities are met in line with NHS England Core Standards for EPRR.
- i. Providing updates to the AEO and the Risk Management Council, as appropriate.
- j. Providing annual NHS EPRR Core Standards compliance report to Board, via the RMC.
- k. Raising issues of quality assurance relative to EPRR with relevant stakeholders.
- a. Working with the wider Merseyside EPRR practitioners' network to work as a system partner and peer support.

#### 5.4 Chief Operating Officer (COO) & Assistant Directors of Operations

- a. 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).
- b. Ensuring that EPRR is part of everyday culture and promoted and embedded across the departments.
- c. Ensuring that EPRR Core Standards are implemented at a local level, and there are appropriate records in place to support STHK governance and audit process.
- d. Cooperating with the EPRR team to ensure that IPRs are in place and up to date within their areas of responsibility.
- e. Requesting EPRR support to facilitate debriefing sessions following incidents.
- f. Act as deputy to the AEO and dispense duties as the delegated authority, in the absence of the AEO.

#### 5.5 Executive Directors and General Managers On-Call

- a. Ensuring they are contactable during the agreed-on call period
- b. Making the appropriate decisions for the agreed level of incident management.
- c. 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.
- d. Attending relevant training and exercises to keep their knowledge and skills related to EPRR up to date as per the minimum occupational standards.

#### 5.6 Loggists

- a. Providing support for the Trust's emergency response during an incident.
- b. Recording all decisions, actions and rationale made in the management of an incident.

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- c. Recording to the appropriate quality and completeness for use in any necessary subsequent review, whether internal or public.
- d. Attending refresher training relevant to their role.

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

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

**5.8 Occupational Health and Well Being**

The service is responsible to provide health surveillance and to provide advice / counsel / refer on as appropriate.

**6. 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. 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. Any EPRR risks highlighted are logged via the Trusts DATIX system, which is monitored and managed by the RMC: this includes threats within the Trust’s control (for instance:

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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.

## 8. Governance

### 8.1 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.

### 8.2 EPRR Working Group

The purpose of the MWL EPRR Working Group is to:

- a. Have oversight on behalf of STHK on all matters concerning EPRR.
- b. 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.
- c. Set MWL policy and approval of plans in relation to EPRR.
- d. 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 Working Group are available as a separate document, reviewed annually and available upon request to be forwarded to [documentcontrol@sthk.nhs.uk](mailto:documentcontrol@sthk.nhs.uk).

### 8.3 Planning Process

The Trust's Emergency Preparedness Planning process will be based on the principles of risk assessment.

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

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plans will be written to enable responders to make informed decision making 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 Working Group, which will receive regular reports regarding progress with specific work streams.

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

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

#### 8.4 Risk Management Council

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

- a. Receiving assurance from the EPRR Working Group that MWL is discharging its duties under as 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).
- b. Providing the Trust Board annual assurance, through the Executive Committee.

Full Terms of Reference for the MWL Working Group are available as a separate document, reviewed annually and available upon request to be forwarded to [documentcontrol@sthk.nhs.uk](mailto:documentcontrol@sthk.nhs.uk).

#### 8.5 MWLTrust 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 Working Group are available as a separate document, reviewed annually and available upon request to be forwarded to [documentcontrol@sthk.nhs.uk](mailto:documentcontrol@sthk.nhs.uk).

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## 9. Training and Exercising

### 9.1 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:

- a. Trust board
- b. Executive Director On-Call
- c. General Managers On-Call
- d. Loggists
- e. Other key members of staff covering roles identified by the response plans

A Training Needs Analysis (TNA) is undertaken annually by the EPRR Team. This will inform the design of the MWL training calendar.

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

All EPRR training undertaken is recorded by the EPRR team and a quarterly report of staff trained shared with the MWL EPRR Working Group for assurance.

### 9.2 Exercising

MWL are required to exercise response plans in line with the following minimum national requirements:

- a. Live Exercise - every 3 years
- b. Tabletop Exercise - every 12 months
- c. Communications Exercise - every 6 months

MWL will endeavour to exercise more than the above-mentioned requirements, this will be done taking into due consideration ongoing operational workload and pressures.

Roles within plans, not individuals, will be exercised to ensure they are fit for purpose and encapsulate all necessary functions and actions to be carried out in an incident.

MWL will consider exercising with partner agencies and contracted services where the identified risks and the involvement of partner organisations is appropriate.

### 9.3 Lessons identified

Following a business continuity, critical or major Incident activation, the EPRR Team will facilitate a structured debrief to ensure lessons identified and notable practice are recorded. As a result of the debrief, a report will be produced by the EPRR Team to include an action plan with assigned owners and timescales. It is the responsibility of the EPRR Working Group to monitor the actions (including regional lessons identified) and, where appropriate, provide assurance to the Risk Management Council.

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Many lessons can also be observed from incidents which are not classed as major, critical or business continuity: when such situations occur, debriefs are also available to assess whether any lessons can be identified to help strengthen existing plans or to potentially highlight any gaps which require addressing.

All lessons identified from incidents, training and exercises will be used to determine any amendments required within relevant response plans and will be integrated in the annual EPRR work plan, as appropriate.

Actions aimed at incorporating the lessons identified will be monitored by the MWL EPRR Working Group.

## 10. Communication

### 10.1 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.

### 10.2 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.

### 10.3 Business Continuity Boxes (Battle boxes)

All wards and department are responsible for ensuring their Business Continuity/Contingency Boxes are adequately stocked and the contents up to date. Boxes should be regularly checked, sealed and signed for.

### 10.4 Business Continuity

All wards/department are responsible for ensuring their Business Continuity Plan is kept up to date. Any updates plans are to be shared with the EPRR Lead for recording. Up to date BC Templates are available on the Intranet.

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## 11. Monitoring Compliance

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

As such, MWL is expected to fulfil the civil protection duties outlined in section 8.1 of the present policy, which are going to be used as KPIs for the present policy.

Additionally, MWL will act in accordance with the underpinning principles of good practice for EPRR below outlined:

<b>Preparedness and Anticipation</b>	MWL will endeavor 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.
<b>Continuity</b>	MWL will endeavor to set incident response plans and procedures grounded within its existing functions and its familiar ways of working, as much as practically possible.
<b>Subsidiarity</b>	Decisions should be taken at the lowest appropriate level, with coordination at highest level necessary.
<b>Communication</b>	MWL will endeavor 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.
<b>Cooperation and Integration</b>	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.
<b>Direction</b>	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.

### 11.1 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

### 11.2 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	Sue Redfern	Report	Annual	Report to be submitted to RMC	Sue Redfern
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 Working Group action tracker	Quarterly	Action tracker monitored as part of the EPRR Working Group agenda	Angela Manning
Audit results from ward level business continuity boxes	Ward Matrons/ Managers	Tendable	Monthly	Compliance report to be submitted to EPRR Working Group	Angela Manning

## 12. 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)

### 13. Related Trust Documents

No	Related Document
1	MWL Major Incident Plan
2	STHK and S&O Major Incident Action Cards
2	MWL Business Continuity and Critical Incident Plan
3	Specific incident response plans i.e. Mass Casualty, CBRNE, Communications Failure
4	Other associated EPRR supporting documentation
5	EPRR Working Group ToR

## 14. Equality Analysis Form

The screening assessment 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 to ascertain whether a full equality analysis is required. This assessment 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](mailto: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 [darren.mooney@sthk.nhs.uk](mailto:darren.mooney@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 workforce Head of Equality, Diversity and Inclusion. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

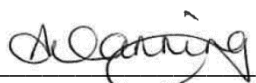
<b>Equality Analysis</b>			
<b>Title of Document/proposal /service/cost improvement plan etc:</b>	STHK EPRR Policy		
<b>Date of Assessment</b>	03/10/2022	<b>Name of Person completing assessment /job title:</b>	Angela Manning
<b>Lead Executive Director</b>	Director of Nursing, Midwifery & Governance		Emergency Preparedness Lead
<b>Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:</b>	<b>Yes / No</b>	<b>Justification/evidence and data source</b>	
1 Age	No	N/A	
2 Disability (including learning disability, physical, sensory or mental impairment)	No	N/A	
3 Gender reassignment	No	N/A	
4 Marriage or civil partnership	No	N/A	
5 Pregnancy or maternity	No	N/A	
6 Race	No	N/A	
7 Religion or belief	No	N/A	
8 Sex	No	N/A	
9 Sexual Orientation	No	N/A	
<b>Human Rights – are there any issues which might affect a person’s human rights?</b>	<b>Yes / No</b>	<b>Justification/evidence and data source</b>	
1 Right to life	No	N/A	
2 Right to freedom from degrading or humiliating treatment	No	N/A	
3 Right to privacy or family life	No	N/A	
4 Any other of the human rights?	No	N/A	
<b>Lead of Service Review &amp; Approval</b>			
<b>Service Manager completing review &amp; approval</b>		Angela Manning	
<b>Job Title:</b>		Emergency Preparedness Lead	



## 15. Data Protection Impact Assessment Screening Tool

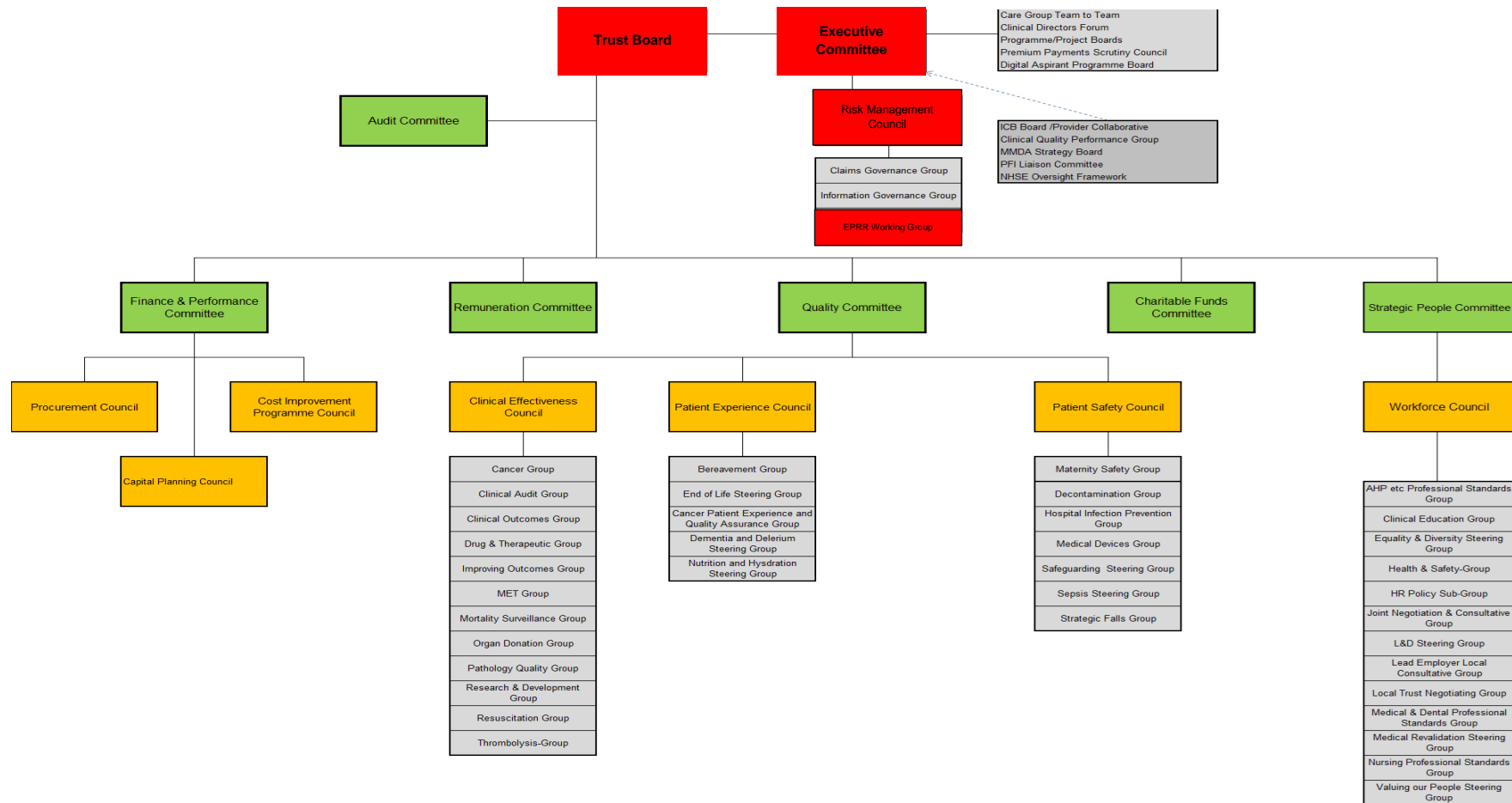
	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly 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: 11/08/2023

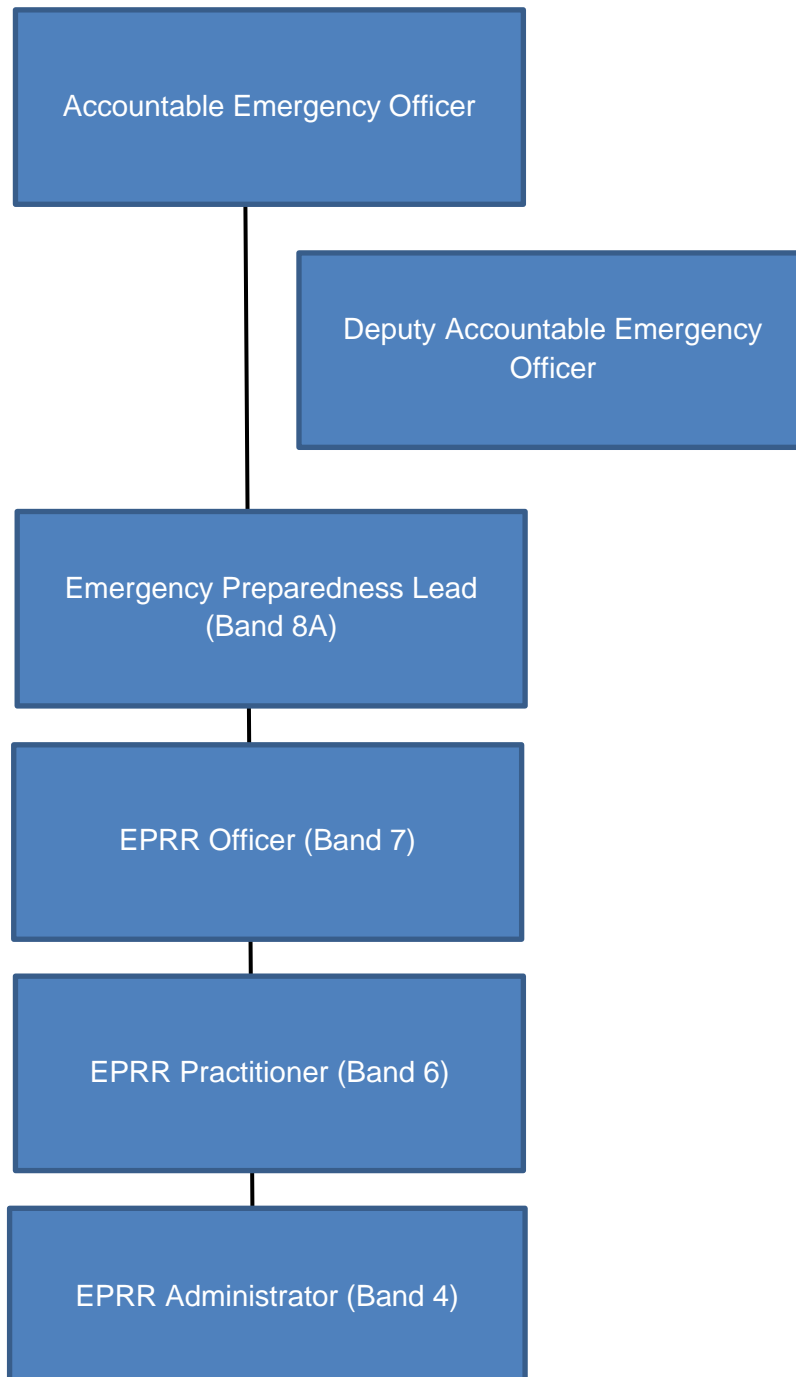
## Appendix 1 – EPRR Governance Structure

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



## Appendix 2 – EPRR Organisational Structure\*

EPRR Team and structure detailing resource required to fulfil EPRR function.



\*Paper submitted to board for additional resource.