



# Policy:

## OPS 005 Emergency Preparedness Resilience and Response (EPRR)

In the event of an incident, please refer to the Major and Critical Incident Plan

<b>Executive Director lead</b>	Deputy Chief Executive and Accountable Emergency Officer
<b>Policy Owner</b>	Emergency Planning Manager
<b>Policy Author</b>	Emergency Planning Manager

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<b>Approved by</b>	Executive Directors' Group
<b>Date of issue</b>	29 March 2019
<b>Date for review</b>	31 March 2022

### Summary of policy

This policy provides a framework within which Emergency Preparedness, Resilience and Response (EPRR) plans are created and monitored, taking into account

- The NHS EPRR Core Standards
- The NHS Standard Contract
- ISO 22301 on societal security.

<b>Target audience</b>	All staff who in the course of their work undertake duties in relation to the NHS Core Standards for EPRR
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<b>Keywords</b>	Policy, EPRR.
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### Storage

This policy is stored and available through the SHSC intranet and Internet. This version of the policy supersedes the previous version. Any copies of the previous policy held separately should be destroyed and replaced with this version.

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## Version Control/Review and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
5.0	Review / ratification / issue	November 2016	Policy revised and updated for new policy template.
6.0	New overarching EPRR policy to meet NHS England core standards	March 2019	Need for EPRR policy for building resilience so that EPRR and business continuity issues are mainstreamed in processes, strategies and action plans across the Trust. Policy that this replaces reads as a plan and will be re-written as such.

### 1 Introduction

This policy sets out the emergency preparedness, resilience and response (EPRR) arrangements within the Trust to:

- Ensure the Accountable Emergency Officer's commitment to the plans and give a member of the executive management and governing body, overall responsibility for the Emergency Preparedness, Resilience and Response; and Business Continuity Management agendas.
- Emergencies in this context are defined in Section 1 of the Civil Contingencies Act 2004 as:
  - (a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;
  - (b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom;
  - (c) war, or terrorism, which threatens serious damage to the security of the United Kingdom".

### 2 Scope

The policy relates to all staff who in the course of their work undertake duties in relation to the NHS England Core Standards for EPRR.

This includes staff working directly in clinical services and also those working in corporate services, including for example, Finance and Contracting, Human Resources, Facilities and Communications. The policy is to be read in conjunction with the Major and Critical Incident Plan, Business Continuity Policy and other emergency plans and policies on the Trust Intranet.

### 3 Purpose

The NHS England Core Standards for Emergency Preparedness, Resilience and Response requires organisations including NHS Foundation Trusts, to have in place an overarching policy for building resilience in order that EPRR and business continuity issues are mainstreamed in processes, strategies and action plans across the organisation.

This policy demonstrates Trust commitment to EPRR together with the requisite training, exercising, Emergency Planning Group and annual work plan to both build and maintain resilience.

### 4 Definitions

Board of Directors/ Nominated Non-Executive Director

- receive reports no less frequently than annually regarding EPRR including where appropriate, reports on exercises undertaken by the Trust, significant incidents and ensure that adequate resources are made available to enable the Trust to meet the requirements of the core standards for EPRR. This budget and resource should be proportionate to the size and scope of the Trust.
- Receive an annual report from the Accountable Emergency Officer on the Trust's position in relation to the EPRR core standards.

Accountable Emergency Officer (AEO)

- This person assumes overall responsibility for the EPRR and Business Continuity agendas
- assumes responsibility to the Board of Directors to ensure compliance with EPRR core standards
- provides a strategic lead on EPRR matters including attendance at Local Health Resilience Partnership (LHRP) meetings
- with the Emergency Planning Manager, reviews this policy on an annual basis to ensure its continued relevance
- provides an annual report to the Board of Directors on the Trust's position in relation to the EPRR core standards. This role is held by the Deputy Chief Executive / Director of Operations.

Emergency Planning Officer/Manager (EPO)

- This role is performed by the policy author who provides an operational lead on EPRR matters across all Trust business
- ensures that EPRR matters are scrutinised by the Trust Audit Committee and appropriate assurance sought on each EPRR work stream
- supports the Accountable Emergency Officer at a strategic level
- informs the Trust Emergency Planning Group of annual risk assessments provided in Community Risk Registers (CRR) and ensure these risks are reflected in Trust planning.

- Write and update EPRR plans and policies and ensure these are distributed for consultation internally and externally as appropriate.
- Liaise with staff at all levels as appropriate to assist with their understanding of EPRR requirements.
- Provide the Trust Emergency Planning Group with an annual EPRR training and exercising schedule for approval.
- Represent the Trust at external meetings and exercises.
- Provide operational leadership with regard to EPRR matters in the event of a Critical or Major Incident.

#### Trust Emergency Planning Group (TEPG)

- Convenes as necessary
- Assesses annual risk assessments provided in Community Risk Registers
- Provides consultation and approval of new and reviewed EPRR plans and policies
- Approves and supports annual EPRR training and exercise schedules
- Convenes to support Critical and Major Incident activity.
- Sets out on call standards and expectations in respect of EPRR

#### Local Health Resilience Partnership (LHRP)

- The strategic planning group made up of Trust Accountable Emergency Officers with responsibility for Emergency Preparedness, Resilience and Response.

#### Community Risk Register (CRR)

- A document maintained by local emergency responders that is specifically tailored to an area e.g. South Yorkshire. It will include national risks such as Pandemic Flu and localised risks such as flooding.

## 5 Procedure and Implementation

EPRR core standards apply to the arrangements the trust have in place to prepare for and respond to an emergency.

Emergency Plans and Policies will:

- Have a change control process and version control. All changes to EPRR plans and policies will be subject to annual scrutiny and approval by the Trust Executive Directors Group. Each new version will have a new version number.
- Take account of any changing business objectives and processes. EPRR plans and policies will be revised annually by the Emergency Planning Officer to ensure they remain fit for purpose.
- Take account of any changes in the Trust's functions and/or organisational structure or staff changes. Where changes to structure and staff take place that directly impact on EPRR plans and policies, these will be updated immediately.
- Take account of change in key suppliers and contractual arrangements.

- Take account of any updates to internal risk assessment(s) and external community risk registers.
- Use consistent unambiguous terminology and include glossaries where required.
- Include appropriate distribution lists.
- Be available on the trust website or on each team shared drive as appropriate.
- Have an expectation that a lessons identified report should be produced following exercises, emergencies and/or business continuity incidents and share for each exercise or incident and a corrective action plan put in place.
- Include references to other sources of information and supporting documentation.
- Adhere to Trust policy with regard to different groups of people and different needs of people with protected characteristics and ensure plans take into account e.g. age, disability, race, sex, sexual orientation, gender reassignment, pregnancy and maternity, marriage and civil partnership, religion or belief and disadvantaged groups.

## **6 Training**

There are no specific training needs in relation to this policy but all staff will need to be familiar with its contents. Awareness will be raised via all staff email, Trust Communications and direct mail to staff from the Emergency Planning Officer. As an overarching policy for EPRR, this policy provides for the undertaking of all training and exercising requirements stipulated within the Core Standards, in order for the Trust to meet them.

## 7 Audit, monitoring and review

Area for Monitoring	How	Who by	Reported to	Frequency
Adherence of policy to EPRR core standards guidance issued by NHS England	Monitor NHS England EPRR guidance	Emergency Planning Manager	Audit Committee	5 times per annum
Compliance of Trust with core standards for EPRR	Written report to Trust Board of Directors	Accountable Emergency Officer	Trust Board Audit Committee	Quarterly 5 times per annum
Consultation/Production and revision of EPRR plans and policies as required by EPRR core standards	Plans and Policies to be sent to appropriate staff and presented via Trust Emergency Planning Group to Policy Governance Group for approval.  Written reports on progress to be provided to Audit Committee.	Emergency Planning Manager	Policy Governance Group.  Audit Committee	Plans and Policies in line with annual review dates.  As scheduled 5 times per annum
Ensure Trust Business Continuity Risk Assessments are informed by Community Risk registers and consulted with relevant partners	Received annually from South Yorkshire Local Resilience Forum	Emergency Planning Manager	Directorate Governance Meetings	As each Community Risk Register is approved.

## 8 Implementation plan

<b>Objective</b>	<b>Task</b>	<b>Executive/ Deputy/ Associate Director Responsibility</b>	<b>Timescale</b>
Dissemination, storage and archiving	Version 6 will be included in the Internet and Intranet.	Emergency Planning Manager	4/19
Publicising the policy	E learning packages	Emergency Planning Manager	4/19
	“Emergency Planning” intranet page	Emergency Planning Manager	4/19
	Archive former version of policy	Director of Corporate Governance	4/19
Plan formulation	EPRR Plan	Emergency Planning Manager	4/19
	Simple local business continuity plans	Department Heads advised by Emergency Planning Manager	8/19
Training and development	Staff have access to training and seek additional advice from the Emergency Planning Manager	HR/Learning and Development Emergency Planning Manager	4/19
	On call manager/Director cohort to have specialised training which meets the National Occupational Standards for Civil Contingencies	On call Manager/Director cohort advised by Emergency Planning Manager	From 4/19



## 9 Development, consultation and approval

This policy meets the requirements of NHS England’s EPRR Core Standards to have in place an overarching framework policy that embeds EPRR responsibilities into Trust activity.

Consultation has taken place with all services and interdependencies including Communications, Finance, IMST, Facilities and On Call managers between 16 and 30 January 2019.

Policy approval through Policy Governance Group.

## 10 Links to other policies, standards (Associated documents)

Business Continuity Policy  
Critical and Major Incident Plan  
Pandemic Flu Plan  
Adverse Weather Plan  
Heatwave Plan  
CBRN Plan  
Evacuation Plan

NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) 2016 – NHS England  
NHS England Emergency Preparedness, Resilience and Response Framework 2013 – NHS England National Emergency Preparedness, Resilience and Response Unit

Civil Contingencies Act 2004  
NHS Act 2006

## 11 Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email or equivalent	Any other promotion/ dissemination (include dates)
6.0	March 2019	March 2019	Training from March 2019

## 12 Equality Impact Assessment

The management of SHSC are committed to providing equality of opportunity, not only in its employment practices but also in the services for this policy for which it is responsible. The Equality Impact Assessment of the plan is neutral.

SHSC also value and respect the diversity of their respective employees and the communities they service. In applying this policy they will have due regard for the need

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to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups.

### 13 Contact details

<b><i>Title</i></b>	<b><i>Name</i></b>	<b><i>Phone</i></b>	<b><i>Email</i></b>
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