

Emergency Preparedness Resilience and Response (EPRR) policy

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

Executive Director lead	Executive Director of Operations and Transformation and Accountable Emergency Officer
Policy Owner	Emergency Planning Manager
Policy Author	Emergency Planning Manager

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Summary of policy

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

- The NHS EPRR Framework 2022 and Core Standards
- The NHS Standard Contract
- ISO 22301 on societal security.

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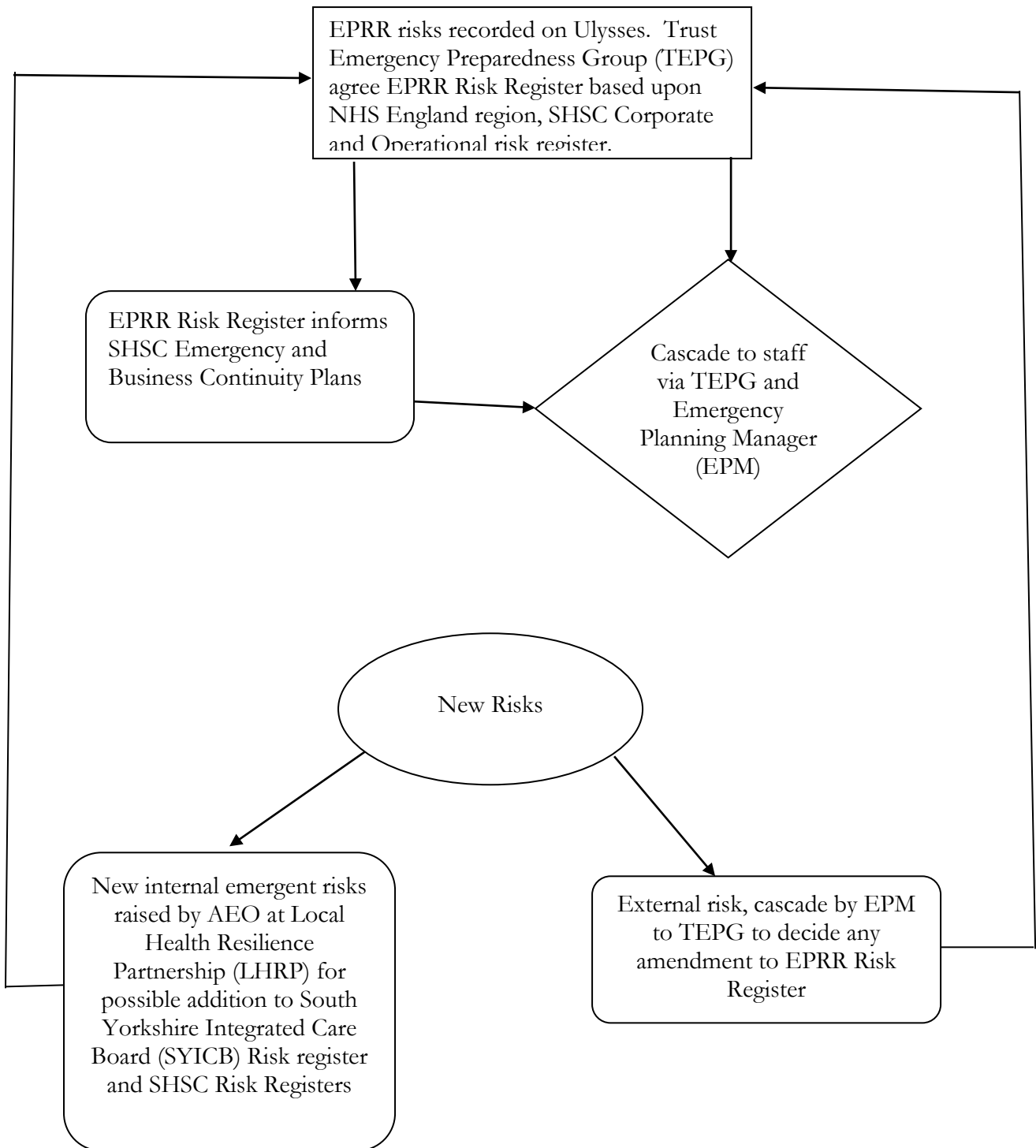
Storage

This policy is stored and available through the SHSC intranet and extranet platform JARVIS. 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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Flow Chart – Risk Assessments (Section 7)



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 our Trust. Policy that this replaces reads as a plan and will be re-written as such.
7.0	Review	March 2022	Changes to Trust Emergency Planning Group definition, adds quarterly reporting to Health and Safety Committee into EPO role, updates to terminology and additional policy and plan links.
7.1	Mid-term review	December 2023	Updated to include feedback from NHS England's core standards review in respect of training, TEPG, risk assessment, learning and governance.

1 Introduction

This policy sets out Sheffield Health and Social Care NHS Foundation Trust (SHSC) will meet its statutory responsibilities for emergency preparedness, resilience and response (EPRR) in line with the Civil Contingencies Act 2004, Health and Social Care Act 2022 and the NHS England EPRR Framework and associated EPRR Core Standards.

We will:

- Ensure the Accountable Emergency Officer's commitment to the plans and give a member of the executive management and governing body, overall responsibility for 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".
- Ensures emergency preparedness takes account of our Trust's
 - i) business objectives and processes
 - ii) Key suppliers and contractual arrangements
 - iii) Risk assessments
 - iv) Functions and organisational structural and staff changes.

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 Finance and Contracting, Procurement, IT, Human Resources, Facilities, Risk, Health and Safety, Security 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 our Trust Intranet and extranet platform JARVIS.

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 our Trust commitment to EPRR together with the requisite training, exercising and annual work plan to both build and maintain resilience.

4 Definitions

Board of Directors

- receive reports no less frequently than annually regarding EPRR including where appropriate, reports on exercises undertaken by our Trust, significant incidents and ensure that adequate resources are made available to enable our Trust to meet the requirements of the core standards for EPRR. This budget and resource should be proportionate to the size and scope of our Trust.
- Receive an annual report from the Accountable Emergency Officer on our 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 ahead of its scheduled 3-yearly review cycle.
- provides an annual report to our Board of Directors on our Trust's position in relation to the EPRR core standards.
- Assumes overall responsibility for the Trust Emergency Preparedness Group, designates Chair to ensure feedback on draft plans and policies and potential training and exercising, share best practice and act proactively to embed EPRR within teams across our Trust.
- Provide twice yearly updates on the EPRR annual work plan to Quality Assurance Committee.
- Determines and allocates appropriate budget to meet annual EPRR requirements.

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 our Trust Audit and Risk Committee and appropriate assurance sought on each EPRR work stream
- supports the Accountable Emergency Officer at a strategic level
- informs the Trust Health and Safety Committee through quarterly reports 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 our Trust Audit and Risk Committee with an annual EPRR training and exercising schedule for approval, within the EPRR work plan.

- Represent our Trust at external meetings and exercises.
- Provide operational leadership with regard to EPRR matters in the event of a Critical or Major Incident.
- Provide our Trust Emergency Preparedness Group with relevant information on risk and all requirements of the EPRR Core Standards.
- Liaise with Corporate Assurance Team to ensure EPRR risks are taken into account within internal risk processes.
- Provide our Trust Emergency Planning Group with an annual EPRR training and exercising schedule for approval.
- Ensure there is collaboration and information sharing with other Trusts and multi-agency partners as appropriate. This will happen through a variety of forums such as South Yorkshire Local Resilience Forum (SYLRF), Local Health Resilience Partnership (LHRP) and informal groups such as North of England Mental Health EPRR Group, South Yorkshire EPRR Group, Sheffield City Council Health Protection Committee. working together to share best practice.

Trust Emergency Preparedness Group (TEPG)

- Terms of reference available on request from the AEO or Emergency Planning Manager.
- Ensure our Trust complies with its duties under the Civil Contingencies Act 2004 and associated NHS England Core Standards and guidance for EPRR.
- Promote and ensure effective EPRR management processes and culture are embedded throughout our Trust.
- Facilitate the development, review and maintenance processes and culture are embedded throughout our Trust.
- Ensure lessons identified from incidents and exercises, both internal and external to our Trust are considered and embedded to become lessons learnt where appropriate.
- The TEPG is a Tier 2 group reporting directly to our Audit and Risk Committee as part of our committee structure.

Local Health Resilience Partnership (LHRP)

- The strategic planning group made up of partner 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 or other infectious disease and localised risks such as flooding.

5 Procedure and Implementation

EPRR core standards apply to the arrangements our 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 our Trust's Executive lead. 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 Manager to ensure they remain fit for purpose, or earlier should there be significant organisational change.
 - Take account of any changes in our 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. All EPRR policies and plans will be reviewed by the Trust Emergency Planning Group in light of any changes in our Trust's function, organisational structure or staff.
 - 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 extranet site JARVIS or on each team shared drive and on-call folder as appropriate.
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- 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

In addition to training of all staff who may be involved in the planning or response to an incident, it is critical that all emergency plans are validated by exercising. The Emergency Planning Manager via our Trust Emergency Preparedness Group will agree a Training and Exercise schedule for the coming year that will include business continuity exercises as well as emergency plans in the format of both annual table top exercises and a live exercise every three years.

In 2022, NHS England introduced new health commander portfolios that must be adhered to as part of the national minimum occupational standards for EPRR. The portfolios and evidence documents set out a wide range of training requirements for each Tactical and Strategic Commander.

Our Trust is committed to ensuring its staff are appropriately trained and qualified to undertake their roles and therefore adhering to the portfolio requirements as far as is

reasonably practicable.

7 Risk Assessment

Our Trust has a robust method of reporting, recording, monitoring, communicating and escalating EPRR risks internally and externally.

Our Trust Emergency Preparedness Group will agree and review the EPRR Risk Register held on Ulysses based on the information contained within national, community and local risk registers and risks contained within our Trust Corporate Risk and Operational Risk Registers. This process will be conducted annually.

The information within the EPRR Risk Register will then inform our Trust Emergency and business continuity plans. This information will be cascaded to staff via our Trust Emergency Preparedness Group and Emergency Planning Manager.

Should a new internal emergent risk be identified in the intervening time it will be raised by our Trust AEO at LHRP for possible addition to their and SYICB Risk Register. It will also be added to our Trust EPRR Risk Register and organisational Risk Registers.

Should any external risk information be received, this will be cascaded by the Emergency Planning Manager to the Trust Emergency Preparedness Group who will decide if an amendment to the EPRR Risk Register is required.

8 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 and Risk Committee (ARC)	5 times per annum
Compliance of Trust with core standards for EPRR	Written report to Trust Board of Directors	Accountable Emergency Officer	Audit and Risk Committee	5 times per annum
Consultation/Production and revision of EPRR plans and policies as required by EPRR core standards	Policies to be sent to appropriate staff and presented via Trust Emergency Preparedness Group (TEPG) to PGG for approval to ARC, plans via	Emergency Planning Manager	Trust Emergency Preparedness Group (TEPG) Policy Governance Group.(PGG)	Plans and Policies in line with annual review dates.
			Audit and Risk	As scheduled

	TEPG to ARC for approval. Written reports on progress to be provided to ARC		Committee (ARC)	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.
Ensure Trust EPRR Risk Register is produced that is consistent with SYICB Risk Register and links to the internal Corporate and operational risk registers.	Trust Emergency Preparedness Group (TEPG)	Emergency Planning Manager	TEPG	Annually and/or if an amended Risk Register or Corporate Risk Register is approved.
Ensure that EPRR training and exercises are carried out in accordance with the annual plan	TEPG	Emergency Planning Manager	Audit and Risk Committee	Twice per year

9 Implementation plan

Objective	Task	Executive/ Deputy/ Associate Director Responsibility	Timescale
Dissemination, storage and archiving	Version 7.1 will be included on JARVIS.	Emergency Planning Manager	12/23
Publicising the policy	E learning packages	Emergency Planning Manager	12/23
	"Emergency Planning" JARVIS page	Emergency Planning Manager	12/23
	Archive former version of policy	Director of Corporate Governance	12/23
Plan	EPRR Plan	Emergency	4/22

formulation		Planning Manager	
	Simple local business continuity plans	Department Heads advised by Emergency Planning Manager	12/23
Training and development	Staff have access to training and seek additional advice from the Emergency Planning Manager	HR/Learning and Development Emergency Planning Manager	12/23
	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 07/22

10 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 took place with all services and interdependencies including Communications, Finance, IMST, Facilities and On Call managers between 24 and 31 January 2022 when this policy was subject to its last scheduled review. No consultation was conducted for this mid-term review as the amendments were small, but full consultation will occur at its next scheduled review.

Policy approval through Policy Governance Group.

11 Links to other policies, standards (Associated documents)

Business Continuity Policy
Team/Service Business Continuity Plans
Critical and Major Incident Plan
New and Emerging Pandemic Plan

Adverse Weather and other emergencies Plan
 Heatwave Plan
 CBRNe Plan
 Evacuation Plan
 Lockdown Policy
 Fire safety Policy
 Fuel Shortage Plan
 Communications Plan
 Switch Major Incident Plan
 Security Policy

NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) 2023
 NHS England Emergency Preparedness, Resilience and Response Framework 2022
 Civil Contingencies Act 2004
 NHS Act 2006
 Health and Social Care Act 2022

12 Debriefs and Organisational Learning

It is imperative that our Trust learns from incidents, whether that be an internal incident, a multi-agency incident that impacts our Trust or a national incident such as the Manchester Arena terror attack.

The following process should be followed:

Lessons identified – Emergency Planning Manager reviews and assesses action required – Action required is recorded on the Trust Emergency Planning Group (TEPG) Action Log and discussed.

Each action must be assigned an owner and target date for completion – The TEPG will track and monitor progress of actions – Once actions have been completed, the TEPG must ensure appropriate training and exercise to embed.

13 Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email or equivalent	Any other promotion/ dissemination (include dates)
7.0	March 2022	March 2022	Training from January 2022
7.1	December 2023	December 2023	Training and exercise programme 2024

14 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 to:

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

15 Contact details

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