

Emergency Preparedness, Resilience and Response (EPRR) Policy

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Table of Amendments		
Version	Date	Amendment Details
1.0	Oct 2018	New policy
2.0	Apr 2019	Change of terminology in line with new Incident Response Plan
3.0	Feb 2022	Clarification on role and responsibilities Inclusion of minimum retention periods for EPRR records Various minor updates to reflect organisational changes
4.0	June 2024	Update to terminology and key definitions as outlined in the NHS Emergency Preparedness Resilience and Response Framework (2022). Update to key guidance documents and legislations. Update to equality statement.

KEY WORDS

Emergency, Emergency Planning, Emergency Preparedness, Resilience, Emergency Response, Business Continuity Incident, Critical Incident, Major Incident, Disaster

1. INTRODUCTION AND OVERVIEW

1.1.1 The patients and communities served by the University Hospitals of Leicester (UHL) (hereby referred to as the Trust) expect safe patient care and services, regardless of any adverse circumstances. To meet these expectations, the Trust is committed to being prepared for any disruptive challenges or emergencies through the National Health Service (NHS) program known as Emergency Preparedness, Resilience and Response (EPRR).

2. POLICY SCOPE

2.1.1 This policy sets out how the Trust meets EPRR obligations as set out in the following legislations / guidance:

- Civil Contingencies Act (CCA, 2004);
- Health and Care Act (2022);
- The NHS Act (2006);
- NHS Contract;
- Statutory and non-statutory guidance relating to EPRR; and
- NHS England's Core Standards for EPRR.

2.1.2 This policy outlines how the Trust establishes robust and effective structures to adequately plan, prepare, exercise, respond to, and recover from incidents, supporting the operation, tactical and strategic response arrangements both internally and with local healthcare partners. By doing so, the Trust assists the Integrated Care Board (ICB) within the Integrated Care System (ICS) and NHS England (NHSE) in discharging their EPRR functions and duties, locally and regionally. This includes supporting the ICB in providing NHS strategic and tactical leadership, and support structures to manage and coordinate the NHS response to and recovery from incidents and emergencies 24/7.

2.1.3 This policy is applicable to all Trust staff, inclusive of temporary and agency staff, those with honorary contracts, students, and staff of contractors or other service providers whom are contracted to work by the Trust.

2.1.4 The Trust's approach for the management of business continuity is out of scope of this policy, and is described in the Business Continuity Management Policy (B1/2013).

3. DEFINITIONS AND ABBREVIATIONS

3.1.1 A copy of relevant definitions and abbreviations specific to this policy can be found listed under Appendix A. All definitions and abbreviations used in this policy are based on the Lexicon of UK Civil Protection Terminology which can be accessed online at <https://www.gov.uk/government/publications/emergency-responder-interopability-lexicon>.

4. ROLES AND RESPONSIBILITIES

4.1 UHL Trust Board

4.1.1 The role of the Trust Board pertaining to EPRR is to seek assurance against organisational preparedness, response and recovery from events and incidents. At a minimum, this includes an annual report covering progress against the NHSE core standards, any key incidents, lessons identified and priorities for the upcoming 12 months.

4.2 Non-Executive Director with lead responsibility for EPRR

4.2.1 Non-Executive Directors have the responsibility to support the Accountable Emergency Officer (AEO) to ensure the Trust meets the legal obligations with respect to EPRR under the CCA (2004) and Health and Care Act 2022. This includes assurance that the organisation has allocated sufficient experienced and qualified resources to meet these requirements. It is the responsibility of the Non-Executive Directors to hold the AEO to account and ensure the legal and guidance requirements of EPRR are being met by the Trust.

4.2.2 The Non-Executive Directors are provided updates, as required through the Trust's Quality and / or Audit Committee, prior to any reports going to the Trust's Board.

4.3 Chief Executive

4.3.1 The Chief Executive has appointed an Executive Board Director as the AEO who is assigned the responsibilities set out in section 4.3.

4.4 Accountable Emergency Officer

4.4.1 The role of AEO is assigned to the Chief Operating Officer (COO) who is a member of the Trust's Executive Board of Directors.

4.4.2 The AEO has executive authority and responsibility for ensuring that the Trust complies with legal and policy requirements.

4.4.3 The AEO provides assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident.

4.4.4 Specifically, the AEO is responsible for:

- a) Ensuring that the Trust, and any sub-contractors, is compliant with the EPRR requirements as set out in the Civil Contingencies Act 2004, the NHS Act 2006 (as amended), the 2005 regulations, the Health and Care Act 2022 and the NHS Standard Contract, including the NHSE EPRR Framework and the NHSE Core Standards for EPRR;
- b) Ensuring that the Trust is properly prepared and resourced for dealing with an incident;

- c) Ensuring that the Trust, any providers it commissions and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this;
- d) Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served;
- e) Ensuring that the organisation complies with requirements of NHSE, or agents of NHSE, in respect of monitoring compliance;
- f) Providing NHSE with information as required for the purpose of discharging NHS functions;
- g) Ensuring that the Trust is represented with director level engagement at relevant meetings, subgroups or working groups of the Local Health Resilience Partnership (LHRP) and/or Local Resilience Forum (LRF).

4.4.5 The AEO holds the authority to delegate responsibility and decision making power to the Deputy Chief Operating Officer (DCOO) to oversee the implementation and response of EPRR related matters into the Trust.

4.5 Emergency Preparedness, Resilience and Response (EPRR) Board

4.5.1 The role of the EPRR Board is to ensure the Trust is meeting EPRR obligations, as set out in section 2.1.1 of this policy. The EPRR Board achieves this role through the following objectives:

- a) To identify and assess the risks to the organisation with regards to EPRR, making reference to national and local risk assessments;
- b) To ensure the Trust has in place robust plans and procedures to respond to a business continuity, critical, or major incident;
- c) To ensure staff are trained on the Trust's emergency and business continuity plans (BCP);
- d) To ensure the Trust regularly tests and exercises emergency and BCPs;
- e) To ensure that the Trust's emergency and BCPs are aligned externally with partner organisations through appropriate representation and involvement with multi agency groups including the LRF and LHRP;
- f) To ensure that lessons identified from incident and exercise debriefs are acted upon and shared appropriately; and
- g) To oversee an annual EPRR work programme and ensure adequate resources are in place to support delivery.

4.5.2 The EPRR Board is chaired by the DCOO and membership includes representatives from:

- Emergency Planning
- Risk and Assurance
- Health and Safety
- Infection Prevention
- IM&T

- Corporate Nursing
- Estates and Facilities
- Chaplaincy Services
- Procurement & Supplies
- Communications
- Each Clinical Management Group (CMG)

4.5.3 Members of the EPRR Board are responsible for:

- Providing feedback to their respective areas of work on relevant issues raised at EPRR Board meetings; and
- Promoting the EPRR agenda within their respective area of work.

4.5.4 The EPRR Board report quarterly to the Executive Quality Board (EQB) via the Trust Operational Management Group (OMG) and on an annual basis to the Trust Board. The EPRR Board may be requested to present updates at the Trust Audit Committee on an ad-hoc basis.

4.6 Deputy Chief Operating Officer

4.6.1 The DCOO provides senior management support to the EPRR Team and chairs the EPRR Board; and is responsible for:

- Support the AEO to discharge their EPRR duties;
- Have nominated delegated authority to act on behalf of the COO for all matters concerning EPRR;
- Represent the Trust at relevant meetings, LRF working sub-groups such as LHRP;
- Provide executive level leadership internally and externally to coordinate the Trust's response to any type of incident;
- Chair the Trust's EPRR Board;
- Provide executive level support to effectively embed the EPRR agenda within the Trust through conversations with the Trust's Senior Leadership Team as necessary.

4.7 EPRR Manager

4.7.1 The EPRR Manager, with support from the EPRR Team, is responsible for:

- Coordinating the development of the EPRR Policy;
- Coordinating the delivery of the Trust's EPRR Board and ensuring active engagement from all members;
- Coordinating the development and delivery of the EPRR Work Programme;
- Proactively identifying, assessing, and managing risks which may impact the Trust's ability to continue to deliver the critical and essential activities and including these risks on the Trust risk register;
- Communicating threats and risks to the Trust's senior managers and Executive Team, and providing regular updates on both the risk profile and strategies for effectively managing these;
- Leading the development of robust emergency plans to support the Trust and stakeholders in responding to disruptive incidents and emergencies;

- Coordinating the development of the Trust's emergency and BCPs, in order to ensure the Trust's preparedness to respond to a range of disruptive events or emergencies;
- Leading the coordination, support and the delivery of EPRR training;
- Leading the coordination, support and delivery of EPRR exercises;
- Providing regular updates to the AEO on the Trust's EPRR arrangements;
- Writing regular reports to the Trust Board and other UHL sub-committees, to provide assurance regarding compliance levels against NHSE's Core Standards for EPRR;
- Representing the Trust, at a tactical level, at relevant local and regional committees.

4.8 CMG Heads of Operations

4.8.1 CMG Heads of Operations are responsible for:

- Ensuring sufficient resources are in place to support the CMG preparing for and responding to disruptive incidents and emergencies;
- Ensuring their CMG is represented by a senior manager at each meeting of the EPRR Board;
- Ensuring their CMG maintains a dedicated CMG Hub, the CMG Head of Operations should ensure they are resourced and coordinated effectively; and
- Updating the EPRR Team if there are any material changes within the CMG that may affect the Trust's emergency or BCPs.

4.9 Service and Departmental Managers

4.9.1 Service Managers are responsible for:

- Ensuring that they, and their staff, are aware of the role that their service would fulfil during any type of incident;
- Ensuring that they, and their staff, are adequately trained to deliver their identified role during any type of incident.

4.10 All Staff

4.10.1 All staff are responsible for:

- Making sure they are aware of what is expected of them during a business continuity, critical or major incident. For those staff who may be assigned a role-specific action card in an incident, this should include reading the Trust's Incident Response Plan and any relevant supporting annexes which are relevant to their action card;
- Registering to receive UHL ALERTS if they meet the criteria listed under section 5.8 of this policy;
- Following any relevant emergency, BCPs and BC toolkits, if they are activated;
- Actively participating in relevant training, testing and exercising of the Trust's emergency and BCPs.

4.11 Governance of CBRNe / HAZMAT Incidents

4.11.1 To ensure the Trust has adequate arrangements in place to prepare for, respond to and recover from Chemical Biological Radiological and Nuclear (CBRNe) or Hazardous Materials (HAZMAT) incidents, the following governance arrangements are in place:

- AEO – COO;
- Planning Lead(s) – The Trust’s EPRR Team in conjunction with the Deputy Head of Nursing for Emergency Medicine;
- Training Lead(s) – The Trust’s Modern Matron for Emergency Medicine (qualified CBRNe Train the Trainer);
- Equipment and Maintenance Lead(s) – The Trust’s EPRR Team complete quarterly audits of the CBRNe and Emergency Department Equipment inventories.

4.11.2 Annual CBRNe Audits are completed by East Midlands Ambulance Services NHS Trust (EMAS). Pre-assessment audits are completed and submitted by the Trust’s EPRR Team. In person visits include the EMAS EPRR Manager and the Trust’s EPRR Team, a CBRNe trained representative from the Emergency Department may also be present to support the answering of any clinical questions. Results from the audit are shared with the AEO and the Chief Executive, and an action plan is developed and presented at the EPRR board for approval.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Governance: Accountability and Reporting

The AEO ensures that there is a clear line of accountability with respect to the EPRR programme. The Trust’s current line of accountability for EPRR is set out in Appendix B of this policy.

5.2 Governance: EPRR Work Programme

5.2.1 The EPRR Work Programme is overseen by the Trust’s EPRR Board.

5.2.2 The EPRR Manager maintains an EPRR Work Programme to:

- Ensure any planned work is considered and based on risk (see section 5.2.3 below) to provide a clear focus of work and accountability;
- Ensure the Trust is compliant against NHSE’s Core Standards for EPRR;
- Support NHSE, the ICS and LRF embed the EPRR agenda across the region;
- Continue improving the Trust’s contingency arrangements to effectively respond to incidents in accordance to the organisational requirements.

5.2.3 Work included in the EPRR Work Programme should be based on risk and in response to any identified gaps in the Trust’s EPRR arrangements, when measured against:

- The Trust’s EPRR obligations, as set out in section 2.1.1 of this policy;

- Outcomes of any review carried out on the Trust’s plans, policies or procedures, either by the EPRR Team or external auditors;
- Best practice;
- Lessons identified and recommendations generated from:
 - A test or exercise of the Trust’s emergency or BCPs;
 - The Trust going on standby for, or declaring an incident;
 - Learning or experience from other organisations, including Category 1 and 2 responders, and other NHS Trusts.

5.2.4 The EPRR Work Programme is reviewed and updated on a quarterly basis by the EPRR Manager.

5.3 Governance: Audit and Compliance

5.3.1 The EPRR Manager undertakes an annual self-assessment against NHSE’s core standards for EPRR, in line with NHSE’s assurance process. The outcomes of the annual self-assessment are reported to the Trust Board as part of the EPRR Annual Report following confirmation of overall compliance ratings by NHSE and the ICB.

5.3.2 The Trust’s emergency and business continuity plans are to be audited annually by the Trust’s Audit Committee.

5.4 Governance: Reporting

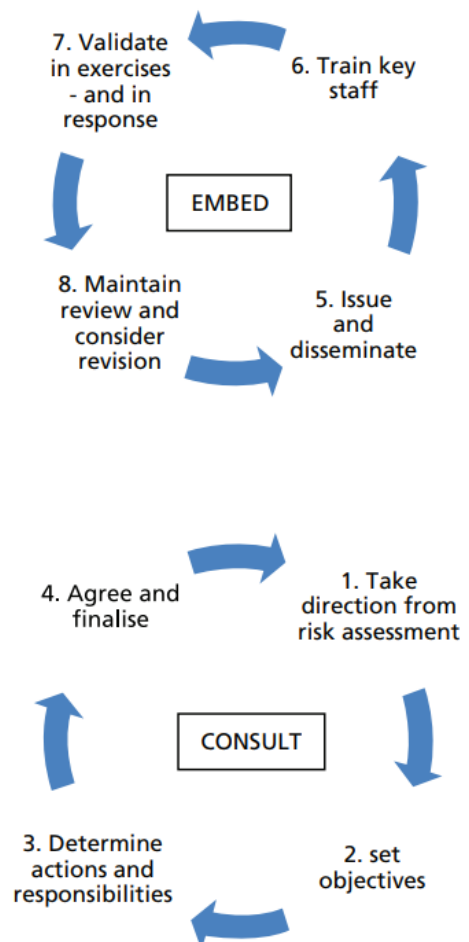
5.4.1 The AEO ensures that executive and non-executive functions are regularly updated with regard to EPRR arrangements. At a minimum, this includes:

- A quarterly EPRR Board report to EQB, via the Trust’s OMG;
- An annual report to the Trust Board in September.

5.5 Risk Assessment

5.5.1 The EPRR Team assesses the risk of emergencies occurring via the UK Government’s National Risk Register and the Leicester, Leicestershire and Rutland (LLR) Local Community Risk Register (CRR). The two risk registers provides the Trust with a reliable source of information on the nature and likelihood of the threats and hazards which could trigger the need for any incident to be declared. Any updates to either the National or Local CRR is reported to the Trust’s EPRR Board who determine if the amendments justify any changes to the Trust’s EPRR Work Programme.

5.5.2 UHL will participate in the LRF risk assessment work and the Trust will review the outcome from the LRF risk assessment on an annual basis.



- 5.5.3 Multi-agency plans will be developed in partnership with the LRF and LHRP groups, and any UHL Trust specific EPRR arrangements and plans will be developed to enable UHL to respond to identified risks.
- 5.5.4 The EPRR Team evaluates the risk of *Figure 1: Emergency Planning Cycle* inadequate systems and processes to address threats / hazards listed in the National and Local CRR. This evaluation, aligned with the Trust’s Risk Management Policy, considers impacts on patient and staff safety, public confidence, business continuity, and the Trust’s financial position.
- 5.5.5 UHL will ensure that EPRR processes are integrated within the risk management strategy allowing for consistent risk identification, assessment, mitigation and escalation.
- 5.5.6 EPRR risks are regularly reviewed by the UHL Risk Management Committee and updated as per the Risk Management Policy. Any changes to the EPRR risks (including new, amended or closed risks) must be reported to the Trust’s EPRR Board for assurance and sign off.
- 5.5.7 An overview of the Trust’s EPRR risks are communicated externally with multi-agency partners through LLR Prepared via the UHL EPRR Risk Matrix, as illustrated below:

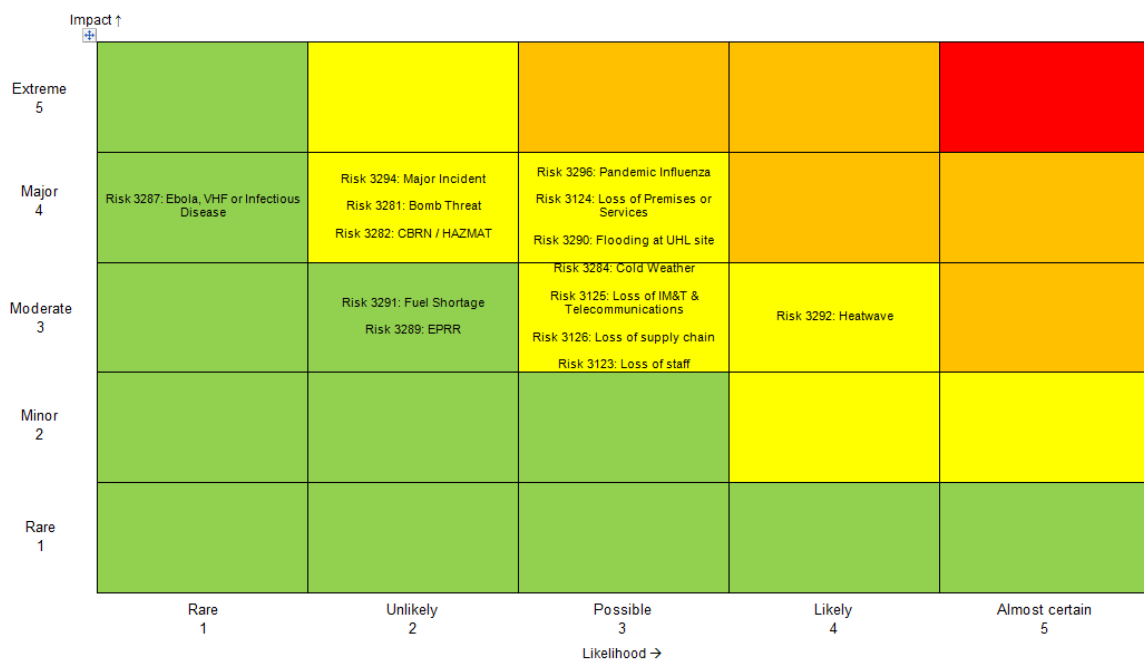


Figure 2: UHL Risk Matrix Illustration – As of October 2024. The latest UHL Risk Register is available via UHL Connect (<https://uhlconnect.uhl-tr.nhs.uk/site/0d782e82-f1d0-4ce8-b420-a01bb2ea5332/page/a66e4775-e908-43fa-9ba9-9bd1ba9af71f>)

5.6 Stakeholder Engagement

5.6.1 The Trust is an active member of the LLR LRF and LHRP. Membership and representation at the LRF, LHRP, and their respective sub-committees is set out in the table below:

Committee / Forum	UHL Representative
LLR Executive Board	AEO / DCOO
LHRP Executive Committee	AEO / DCOO
LLR Health Emergency Planners Officers Group (HEPOG)	EPRR Manager or Deputy
LLR Practice Group	Represented by LLR ICBs (or on request, by EPRR Manager / Deputy)
LLR Planning & Capabilities	Represented by LLR ICBs (or on request, by EPRR Manager / Deputy)
LLR Media & Communications Group	Head of Communications or Deputy
LLR Governance & Delivery Group	Represented by Leicester Partnership Trust (LPT) or LLR ICBs
LLR People & Communities Group	
Acute Network Group	EPRR Manager or Deputy

Table 1: UHL Membership & Representation at LRF/LHRP Committees

5.7 Planning for Emergencies

- 5.7.1 The EPRR Team, in conjunction with the relevant staff and departments, plans for emergencies in line with NHS guidance, best practice and the cycle of emergency planning. (Emergency Planning Cycle (see Page 8, Figure 1: Emergency Planning Cycle).
- 5.7.2 The EPRR Team shares plans out for consultation internally (with members of the EPRR Board) and externally (with members of the LLR HEPOG) to ensure plans are realistic, effective and conducive of system wide working. External feedback received is documented, and updates / amendments recorded through a central spreadsheet held by the EPRR Team. Updates to any of the Trust's emergency and BCPs are clearly evidenced under version control.
- 5.7.3 The Trust has a single "Incident Response Plan" which sets out a common response framework for how the Trust responds to all business continuity, critical and major incidents.
- 5.7.4 The Trust's Incident Response Plan is supplemented by a series of specific emergency plans to set out the detailed response arrangements for specific risks.
- 5.7.5 The Trust's emergency plans should provide sufficient flexibility to enable staff to adapt them to a range of incidents in size and scale, while still providing sufficient information and direction as to be useful.
- 5.7.6 All UHL emergency plans are available both electronically via the Trust's intranet and on relevant shared drives and physically in each of the Trust's Incident Coordination Centres (ICC) and CMG Hubs.
- 5.7.7 The EPRR Team ensures all the emergency plans are appropriately classified with protective marking categories, which include:

- **OFFICIAL:** The majority of information that is created, processed, sent or received in the public sector and by partner organisations, which could cause no more than moderate damage if compromised and must be defended against a broad range of threat actors with differing capabilities using nuanced protective controls; Under Official, an additional handling caveat of OFFICIAL SENSITIVE is used to further classify information assets.
- **SECRET:** Very sensitive information that requires enhanced protective controls, including the use of secure networks on secured dedicated physical infrastructure and appropriately defined and implemented boundary security controls, suitable to defend against highly capable and determined threat actors, whereby a compromise could threaten life (an individual or group), seriously damage the UK's security and/or international relations, its financial security/stability or impede its ability to investigate serious and organised crime
- **TOP SECRET:** Exceptionally sensitive information assets that directly support or inform the national security of the UK or its allies AND require an extremely high assurance of protection from all threats with the use of secure networks on highly secured dedicated physical infrastructure, and robustly defined and implemented boundary security controls.

5.8 UHL ALERTS

- 5.8.1 The EPRR Team maintains a central communication system to alert and communicate with staff during declared incidents. The Trust refers to this system as UHL ALERTS.
- 5.8.2 UHL ALERTS is managed and delivered with the use of the third-party electronic system, Everbridge.
- 5.8.3 UHL ALERTS will only be sent during a potential or actual critical or major incident, or as part of a planned test to exercise the system.
- 5.8.4 The UHL Strategic Commander, Chief Executive, Chief Operating Officer, Chief Nurse, Medical Director or the nominated deputies, are the only Trust officers who can authorise issuing out a UHL ALERTS message.
- 5.8.5 The only personnel who have the capability of sending UHL ALERTS are members of the EPRR Team and Communications Team.
- 5.8.6 The EPRR Team ensures sufficient safeguards are in place to ensure the system is not misused and that data stored on Everbridge is kept secure by restricting the number of staff who can:
- a) View, add, amend or delete data;
 - b) Access to logon to Everbridge and send UHL ALERTS.
- 5.8.7 The following Trust staff must register to receive UHL ALERTS:
- All staff on an on-call rota;
 - All managers, band 7 upwards;

- Any member of staff who might fulfil a role-specific action card in response to any type of incident;

Where staff listed do not hold work devices, and where they are unwilling or unable to register personal devices, their respective teams must put in place sufficient alternatives to ensure they are still contactable during an incident.

- 5.8.8 All UHL personnel not identified within 5.8.6 are able to register to receive UHL ALERTS, in the event of this the responsible line manager should consider whether registration is appropriate.
- 5.8.9 It is the responsibility of all staff registered on UHL ALERTS to ensure their details are kept up-to-date. The EPRR Team complete an audit of all registered staff to assure the system is used efficiently and effectively.
- 5.8.10 If staff wish to register or amend their data on UHL ALERTS, they must submit the “UHL ALERTS Data Form” to everbridge@uhl-tr.nhs.uk. Staff can download this form from the UHL ALERTS FAQs page on the UHL intranet.
- 5.8.11 If staff wish to unsubscribe from receiving UHL ALERTS, they must send an email to everbridge@uhl-tr.nhs.uk with their name and the word “remove” in the subject title.
- 5.8.12 The EPRR Team actions all requests to register, amend or unsubscribe data within 28 calendar days of receiving a request and issue a confirmation via email once this is complete.

5.9 Responding to Incidents

- 5.9.1 If the Trust activates one or more emergency plans, all staff must take appropriate action and follow the plan(s).
- 5.9.2 All other Trust policies remain in place during any type of incident, unless explicit direction is received from the UHL Strategic Commander.
- 5.9.3 The EPRR Team maintains a number of trained UHL Loggists whom, in the event of an incident, can be called upon to record key information, decisions, rationale and actions taken in response to an incident. The Loggist completes this contemporaneous document on behalf of a specific role, predominantly the UHL Strategic / Tactical Members and / or a CMG Lead.
- 5.9.4 All UHL personnel (whom are not being logged for by a UHL Loggist) fulfilling an incident role-specific function should maintain a personal log book. Ensuring all key decisions, actions and justification is documented in a logbook (which can be found in any of the Trust’s ICCs, and via the EPRR SharePoint) and submit this to the EPRR Team at the end of the incident.
- 5.9.5 For ease of use, one cost centre (Corporate Operations) is designated to urgently purchase equipment that isn’t in stock. The UHL Director on Call / Strategic Commander follows the Trust’s financial policies to raise a purchase order. Post incident, finances are to be reallocated to the appropriate area, and costs are to be monitored and reported up to NHS England as appropriate.

5.10 Learning from Incidents, Tests & Exercises

5.10.1 The Trust seeks to learn as much information as possible following a test, exercise, or real-life activation of emergency or BCPs.

5.10.2 This information is captured through a debrief, where the cause of the incident is identified, alongside the strengths and weaknesses of the response. These ensure lessons are identified, a clear action plan is developed and recommendations for new ways of working are made to the EPRR Board through a debrief report.

5.10.3 To support the Trust learn from a test, exercise, or real-life activation of emergency or BCPs, the service / department head holds a “hot” debrief within 48 hours of stand down of a test, exercise, or real-life activation of emergency or BCPs. This is followed by a “cold” debrief within 28 calendar days which is led by the EPRR Team. Multi-agency debriefs are held within eight weeks of the close of the incident and post-incident reports must be written within four weeks of the debrief.

The debrief covers key topics, such as:

- Developing a common situational awareness;
- Understanding the pressures leading up to, during and post incident;
- Actions taken across the organisation and system;
- Identifying what went well; and
- Identifying what could be improved for the future;
- Identifying what additional support, tools or guidance that can be provided to staff when responding to future events.

5.10.4 A post incident report is to be written within four weeks of the debrief. The report is to be shared with members of the EPRR Board, and where relevant across the local ICS, through the LHRP, the wider NHS and with partner organisations.

5.11 Retention Periods

5.11.1 EPRR-related documentation needs to be preserved in accordance with the minimum retention periods, as per NHS Emergency Preparedness Resilience and Response Framework (Version 3, July 2022), and illustrated below:

Category	Examples	Minimum Retention Period	Final Action
Incidents (declared)	Decision log book, on-call log book, incident related documents including plans and organisational structures. Paper and electronic records.	30 years.	Review, archive or destroy under confidential conditions.
Exercise	Paper and electronic records.	10 years.	Review, archive or destroy under confidential conditions.
On Call (routine –	Decision log, on call log, handover records. Paper	10 years	Review, archive or destroy under

Category	Examples	Minimum Retention Period	Final Action
non-major incident)	and electronic records.		confidential conditions.
EPRR	Incident response plans, guidance, standard operating procedures, core standards for assurance. Electronic records.	30 years	Review, archive or destroy under confidential conditions.
EPRR	Information sharing protocols, memorandums of understanding, service level agreements. Paper and electronic records.	10 years	Review, archive or destroy under confidential conditions.
EPRR	LHRP and sub-group minutes, papers, action logs. Risk registers. Electronic records.	30 years	Review, archive or destroy under confidential conditions.

Table 2: Records to be retained and retention periods

5.12 Testing and Exercising

5.12.1 The EPRR Team validates emergency and BCPs through a programme of testing and exercising. At a minimum frequency, this includes:

- 1 communication test every six months;
- 1 table top exercise every year;
- 1 live exercise every three years;
- 1 command post exercise every three years;
- 1 ICC equipment test every three months.

5.12.2 An exercise needs analysis must be completed as part of any work to create, review or update any of the Trust's emergency or BCPs and this is the responsibility of the plan owner. The exercise needs analysis is available and can be found in the EPRR Training and Exercising Strategy.

5.12.3 The EPRR Team maintain a Training and Exercising Strategy, which is used to develop an exercise programme informed by the outcomes of any available exercising needs analyses. The EPRR Training and Exercising Strategy is overseen by the EPRR Board.

5.12.4 Emergency plans and business continuity toolkits belonging to individual services and departments should be tested annually to ensure they remain fit for purpose. Local testing and exercising should be undertaken in line with best practice and include a debrief report, lessons identified and recommendations. Lessons identified that impact the Trust should be shared with the EPRR Team within 28 calendar days of an exercise / test taking place.

5.12.5 Any lessons identified following training, exercising or incidents are to be included in the Trust's Lessons Identified Log, as part of the EPRR Work Programme, which is reviewed by the Trust's EPRR Board annually.

5.12.6 The EPRR Team is responsible for communicating to stakeholders about the test or exercise. At a minimum, this should include:

- The aim, objectives and scope of the test or exercise;
- The type of test or exercise (i.e. communications, table top or live);
- The expectation of staff and stakeholders before, during and after the test or exercise;
- A 'time window' on when the test or exercise is scheduled to take place;
- The process for feeding back issues and learning as a result of the test or exercise.

5.12.7 The EPRR Team ensures all communications during a test or exercise are prefixed to ensure staff and stakeholders are aware of the test's/exercise's artificiality:

- STARTEX: To indicate the start of the exercise
- EXERCISE CANCELLED: To indicate the termination of the test or exercise due to a real incident occurring during the exercise.
- NO DUFF GEN: To indicate a real incident is occurring outside of the exercise.
- ENDEX: To indicate the end of the exercise

5.13 Training

5.13.1 The EPRR Team maintains an annual EPRR Training Programme that is informed by the outcomes of any available training needs analyses (TNA). The EPRR Training Programme is overseen by the EPRR Board.

5.13.2 The EPRR Team ensures staff who have response roles for incidents are trained on what to do during any type of incident.

5.13.3 The EPRR Team maintain a Training and Exercising Strategy which outlines how UHL personnel are trained and exercised in their emergency response roles. This document considers best practice and guidance such as the National Occupation Standards for Civil Protection.

5.13.4 A training need analysis must be completed as part of any work to create, review or update any of the Trust's emergency or BCPs and this is the responsibility of the plan owner.

5.14 Reviewing

5.14.1 The EPRR Team regularly review and update emergency and BCPs. At a minimum, this is undertaken annually, or sooner:

- Following a test or exercise;
- Following a real-life activation of a plan.

6. EQUALITY AND DIVERSITY STATEMENT

- 6.1.1 The Trust is fully committed to being an inclusive employer and opposes all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.
- 6.1.2 It is the Trust's legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.
- 6.1.3 The Trust is also committed to the principles in respect to improving social deprivation and health inequalities. The Trust's aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. The Trust recognises that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.
- 6.1.4 The Trust is also committed to delivering services that ensure the Trust's patients are cared for, comfortable and so far as reasonably practicable, meet their individual needs.

7. PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 7.1.1 This policy is reviewed on a 3-yearly basis or more frequently if new or revised national guidance is released. Any review is led by the Trust's EPRR Team.

8. PROCESS FOR MONITORING COMPLIANCE

- 8.1.1 The process for monitoring compliance against this policy is set out in the table on the page below.

Element to be monitored	Lead	Method of Assessment	Frequency	Reporting arrangements
EPRR Work Programme	EPRR Team	Does the Trust have in place an agreed EPRR Work Programme?	Annually	Approved by the EPRR Board
Reporting	EPRR Team	Has the Trust Board received a report on EPRR in the last 12 months?	Annually	Reported to the EPRR Board and recorded on the EPRR Work Programme
EPRR Risk Assessments	EPRR Team	Has the Trust assessed the risk of emergencies taking place? Has this been done in line with the Trust's Risk Management policy?	Annually	Reported to the EPRR Board and recorded on the EPRR Work Programme
Emergency Plans	EPRR Team	Does the Trust have an Incident Response Plan?	Annually	Reported to the EPRR Board and recorded on the EPRR Work Programme
CMG Hubs	EPRR Team	Has each CMG identified a Hub?	Annually	Reported to the EPRR Board and recorded on the EPRR Work Programme
Testing and Exercising	EPRR Team	Has the Trust carried out 2 communications tests in the past 12 months?	6-Monthly	Reported to the EPRR Board and recorded on the EPRR Work Programme
Testing and Exercising	EPRR Team	Has the Trust carried out a table top exercise in the past 12 months?	Annually	Reported to the EPRR Board and recorded on the EPRR Work Programme
Testing and Exercising	EPRR Team	Has the Trust carried out a live exercise in the last 3 years?	3-Yearly	Reported to the EPRR Board and recorded on the EPRR Work Programme
Testing and Exercising	EPRR Team	Has the Trust carried out a command post exercise in the last 3 years?	3-Yearly	Reported to the EPRR Board and recorded on the EPRR Work Programme

Element to be monitored	Lead	Method of Assessment	Frequency	Reporting arrangements
Testing and Exercising	EPRR Team	Has the Trust carried out an ICC equipment test in the last three months?	3-Monthly	Reported to the EPRR Board and recorded on the EPRR Work Programme
UHL ALERTS	EPRR Team	How many staff are registered to receive UHL ALERTS?	6-Monthly	Reported to the EPRR Board and recorded on the EPRR Work Programme
Learning from Incidents, Tests & Exercises	EPRR Team	Has the Trust undertaken a debrief and produced a debrief report following any test/exercise/real-life activation of emergency or BCPs?	Annually	Reported to the EPRR Board and recorded on the EPRR Work Programme
Training	EPRR Team	Does the Trust have an EPRR Training Programme? What level of compliance has been achieved?	Annually	Reported to the EPRR Board and recorded on the EPRR Work Programme
Testing & Exercising	EPRR Team	Does the Trust have an EPRR Exercising Programme?	Annually	Reported to the EPRR Board and recorded on the EPRR Work Programme
Reviewing	EPRR Team	Are the Trust's emergency plans, policies and procedures up-to-date?	Annually	Reported to the EPRR Board and recorded on the EPRR Work Programme

APPENDIX A: DEFINITIONS & ABBREVIATIONS

Acronym	Description
AEO	Accountable Emergency Officer
BCP	Business Continuity Plan
Cat 1	Category 1 Responder
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosives
COO	Chief Operating Officer
CCA	Civil Contingencies Act (2004)
CMG	Clinical Management Group
C3	Command and Control
CRR	Community Risk Register
CRR	Community Risk Register
DCOO	Deputy Chief Operating Officer
EPRR	Emergency Preparedness, Resilience and Response
ENDEX	End of Exercise
EQB	Executive Quality Board
ExCon	Exercise Control
HAZMAT	Hazardous Materials
ICC	Incident Coordination Centre
ICB	Integrated Care Board
LLR	Leicester Leicestershire and Rutland
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
NHS	National Health Service
NRA	National Risk Assessment
NRR	National Risk Register
NHSE	NHS England
PPE	Personal Protective Equipment
SitRep	Situation Report
STARTEX	Start of Exercise
SCG	Strategic Coordinating Group
TCG	Tactical Coordinating Group
TNA	Training Needs Analysis
UHL	University Hospitals of Leicester NHS Trust
AEO	Accountable Emergency Officer
BCP	Business Continuity Plan
Cat 1	Category 1 Responder
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COO	Chief Operating Officer
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ENDEX	End of Exercise
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HAZMAT	Hazardous Materials
ICC	Incident Coordination Centre

Acronym	Description
ICB	Integrated Care Board
LLR	Leicester Leicestershire and Rutland
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
NHS	National Health Service
NRA	National Risk Assessment
NRR	National Risk Register
NHSE	NHS England
PPE	Personal Protective Equipment
SitRep	Situation Report
STARTEX	Start of Exercise
SCG	Strategic Coordinating Group
TCG	Tactical Coordinating Group
TNA	Training Needs Analysis
UHL	University Hospitals of Leicester NHS Trust

Primary Term	Definition
Accountable Emergency Officer	A Board level director responsible for EPRR.
Business Continuity Plan	Documented collection of procedures and information developed, compiled and maintained in readiness for use in an incident to enable an organisation to continue to deliver critical functions at an acceptable predefined level.
Business Continuity Incident	An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable predefined levels. This would require special arrangements to be put in place until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed).
Category 1 Responder	A person or body listed in Part 1 of Schedule 1 to the Civil Contingencies Act. These bodies are likely to be at the core of the response to most emergencies. As such, they are subject to the full range of civil protection duties in the Act.
Chemical, Biological, Radiological, Nuclear and Explosives	A term used to describe Chemical, Biological, Radiological, Nuclear and Explosive materials. CBRNE terrorism is the actual or threatened dispersal of CBRNE materials (one or several, or in combination with explosives), with deliberate criminal, malicious or murderous intent.
Civil Contingencies Act (2004)	Act of 2004 which established a single framework for Civil Protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for Local Responders; Part 2 of the Act establishes emergency powers.
Command	The exercise of vested authority that is associated with a role or rank within an organisation, to give direction in order to achieve defined objectives.
Command and Control	The exercise of vested authority through means of communications and the management of available assets and capabilities, in order to achieve defined objectives.
Community Risk	A register communicating the assessment of risks within a Local

Primary Term	Definition
Register	Resilience Area which is developed and published as a basis for informing local communities and directing civil protection work streams.
Control	The application of authority, combined with the capability to manage resources, in order to achieve defined objectives.
Chief Operating Officer	An executive Board level director reporting to the Chief Executive Officer.
Coordination	The integration of multi-agency efforts and available capabilities, which may be interdependent, in order to achieve defined objectives.
Community Risk Register	Highlights risks that have the highest likelihood and potential to have significant impact to local communities resulting in wide scale disruption.
Critical Function	A service or operation the continuity of which a Category 1 responder needs to ensure, in order to meet business objectives and/or deliver essential services.
Critical Incident	Any localised incident where the level of disruption results in an organisation temporarily or permanently losing the ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services.
Disaster	Emergency (usually but not exclusively of natural causes) causing, or threatening to cause, widespread and serious disruption to community life through death, injury, and/or damage to property and/or the environment.
Emergency	An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or the security of the UK or of a place in the UK.
Emergency Plan	A document or collection of documents that sets out the overall framework for the initiation, management, co-ordination and control of personnel and assets to reduce, control or mitigate the effects of an emergency.
Emergency Planning	Aspect of Integrated Emergency Management concerned with developing and maintaining procedures to prevent emergencies and to mitigate the impact when they occur.
Emergency Preparedness	The extent to which emergency planning enables the effective and efficient prevention, reduction, control and mitigation of, and response to incidents and emergencies.
ENDEX	End of Exercise.
Exercise	A simulation designed to validate organisations' capability to manage incidents and emergencies. Specifically exercises will seek to validate training undertaken and the procedures and systems within emergency or BCPs.
Exercise Control	Those whom control the delivery and facilitation of an exercise.
Exercise Director/Lead	The individual who is charged with designing and directing an exercise.
Exercise Planning and Delivery Team	The team that assists in designing an exercise and then directing the exercise play.

Primary Term	Definition
Exercise Programme	Planned series of exercises developed by an organisation or group of organisations to validate training and plans.
Functional Area	A defined area of operational responsibility (i.e. a ward, area, service or department).
Harm	Nature and extent of physical injury (including loss of life) or psychological or economic damage to an individual, community, or organisation.
Hazard	Accidental or naturally occurring (i.e., non-malicious) event or situation with the potential to cause death or physical or psychological harm, damage or losses to property, and/or disruption to the environment and/or to economic, social and political structures.
Hazardous Materials	Accidental incident or event involving hazardous materials.
Incident	Event or situation that requires a response from the emergency services or other responders.
Incident Coordination Centre	Operations centre from which the management and co-ordination of the response by each emergency service to an emergency are carried out.
Integrated Care Board	Each Integrated Care System (ICS) has an ICB bringing together the NHS locally to improve population health and establish shared strategic priorities within the NHS.
Local Resilience Forum	Process for bringing together all the category 1 and 2 responders within a police force area for the purpose of facilitating co-operation in fulfilment of their duties under the Civil Contingencies Act.
Major Incident	A Major Incident as an event or situation with a range of serious consequences that require special arrangements to be implemented by one or more emergency responder agency. In the NHS this covers 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.
Multi-agency	Involving the participation of several agencies.
Mutual Aid	An agreement between Category 1 and 2 responders and other organisations not covered by the Act, within the same sector or across sectors and across boundaries, to provide assistance with additional resource during an emergency.
National Risk Assessment	The full and classified assessment of the likelihood and potential impact of a range of different risks that might directly affect the UK.
National Risk Register	A publically available statement of the assessment of the likelihood and potential impact of a range of different risks that might directly affect the UK.
NHS England	All parts of the organisation, but specifically NHS England regional teams, and specialist central teams e.g., Estates, Specialised Commissioning etc.
No Duff Gen	Term used to indicate termination of an exercise due to a real incident occurring during the exercise.
Operational	The level (below tactical level) at which the management of 'hands-on' work is undertaken at the incident site(s) or associated areas, equating for single agencies to operational level.

Primary Term	Definition
Personal Protective Equipment	Protective clothing, helmets, goggles or other garment designed to protect the wearer's body from injury.
Preparedness	Process of preparing to deal with known risks and unforeseen events or situations that have the potential to result in an emergency.
Recovery	The process of rebuilding, restoring and rehabilitating the community following an emergency.
Recovery phase	Phase focussed on recovery, commencing at the earliest opportunity following the onset of an emergency, and running in tandem with the response phase.
Resilience	Ability of the community, services, area or infrastructure to detect, prevent, and, if necessary withstand, handle and recover from incidents and emergencies.
Response	Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders, including those associated with recovery.
Response phase	Phase in which decision making and actions are focused on response to an actual emergency or disaster.
Risk	Measure of the significance of a potential emergency in terms of assessed likelihood and impact.
Risk management	All activities and structures directed towards the effective assessment and management of risks and their potential adverse impacts.
Risk treatment	Process of determining those risks that should be controlled (by reducing their likelihood and/or putting impact mitigation measures in place) and those that will be tolerated at their currently assessed level.
Situational awareness	The state of individual and/or collective knowledge relating to past and current events, their implications and potential future developments.
Situation Report	Report produced by an officer or body, outlining the current state and potential development of an incident and the response to it.
STARTEX	Start of Exercise.
Statutory	Prescribed in legislation.
Statutory guidance	Advice provided by or to an authority under statutory powers concerning the implementation of or compliance with a specific law.
Strategic	The level (above tactical level and operational level) at which policy, strategy and the overall response framework are established and managed.
Strategic Coordinating Group	Multi-agency body responsible for co-ordinating the joint response to an emergency at the local strategic level.
Tactical	Level (below strategic level and above operational level) at which the response to an emergency is managed.
Tactical Coordinating Group	A multi-agency group of tactical commanders that meets to determine, co-ordinate and deliver the tactical response to an emergency.

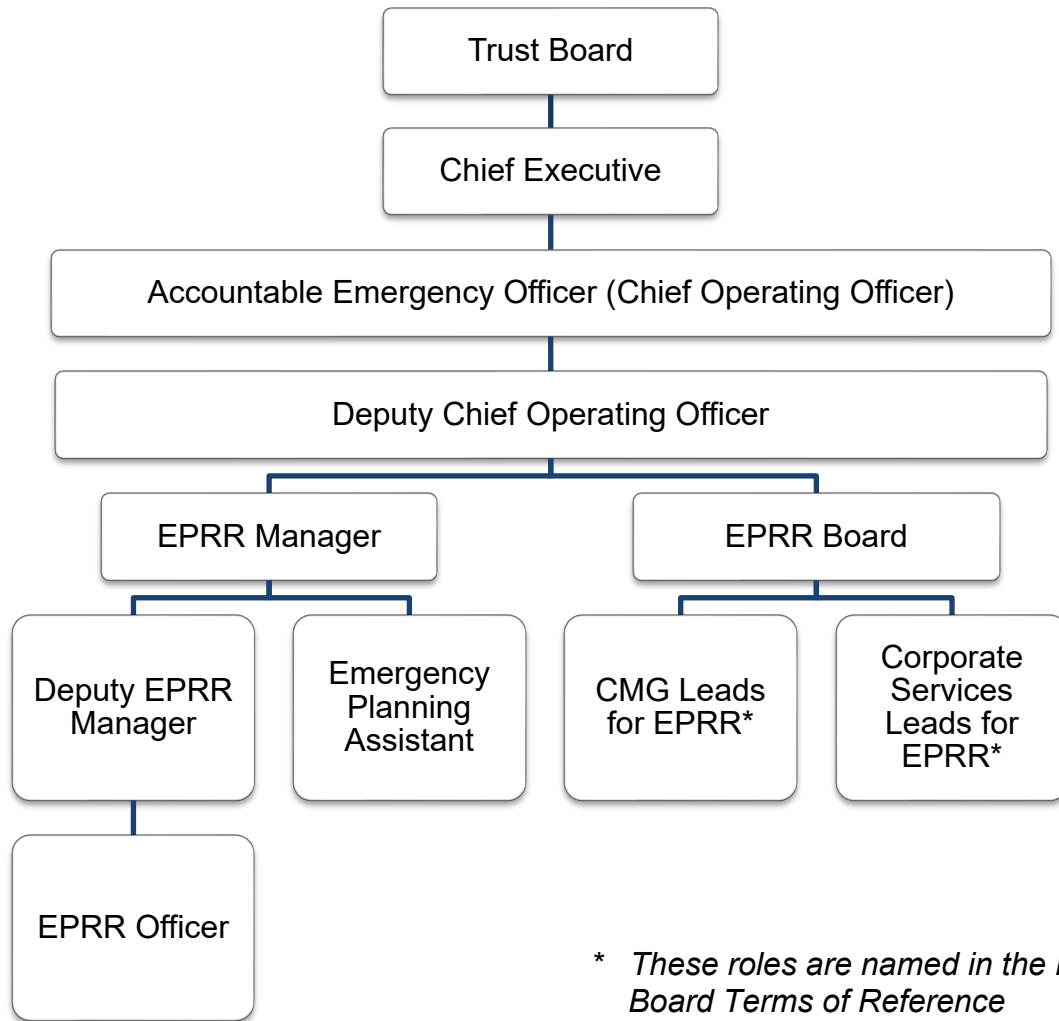


Figure 3: EPRR Accountability Chart