

Emergency Preparedness, Resilience and Response (EPRR) Policy

Approved By:	Policy and Guideline Committee
Date of Original Approval:	30 October 2018
Trust Reference:	B25/2018
Version:	V3.0
Supersedes:	V2.0 – April 2019
Trust Lead:	Ben Collins, EPRR Manager
Board Director Lead:	Jon Melbourne, Chief Operating Officer
Date of Latest Approval	18 March 2022 – Policy and Guideline Committee
Next Review Date:	June 2025

CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope	3
3	Definitions and Abbreviations	3
4	Roles and Responsibilities	3
5	Policy Implementation and Associated Documents	7
6	Education and Training	14
7	Process for Monitoring Compliance	14
8	Equality Impact Assessment	15
9	Supporting References, Evidence Base and Related Policies	15
10	Process for Version Control, Document Archiving and Review	15
Appendices		Page
A	Definitions and Abbreviations	18
B	UHL's EPRR Line of Accountability	23
C	Key Components of UHL's Emergency Plans	24

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

KEY WORDS

Emergency, Emergency Planning, Business Continuity Incident, Critical Incident, Major Incident, Disaster

1. INTRODUCTION AND OVERVIEW

1.1.1 The patients and communities we serve expect us to be there for them when they need it, irrespective of the circumstances we face. As a Trust, we must do all that we can to ensure we are well prepared to respond to any disruptive challenges or emergencies and this is achieved in the NHS through a programme of work referred to as emergency preparedness, resilience and response (EPRR).

2. POLICY SCOPE

2.1.1 This policy sets out how University Hospitals of Leicester (UHL) NHS Trust (hereafter referred to as 'the Trust') will meet its EPRR obligations as set out in:

- Civil Contingencies Act (2004);
- Health & Social Care Act (2012);
- NHS Contract;
- Statutory and non-statutory guidance relating to EPRR; and
- NHS England's Core Standards for EPRR.

2.1.2 This policy applies to all UHL staff, including temporary and agency staff, those with honorary contracts and students. This policy also applies to staff of contractors or other service providers which are contracted to work by UHL.

2.1.3 The scope of this policy does not describe in detail the Trust's approach for the management of its business continuity. This is described under a separate Business Continuity Management Policy (B1/2013).

3. DEFINITIONS AND ABBREVIATIONS

3.1.1 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-interoperability-lexicon>.

3.1.2 A copy of relevant definitions and abbreviations specific to this policy can be found listed under Appendix A.

4. ROLES AND RESPONSIBILITIES

4.1 Non-Executive Director with lead responsibility for EPRR

4.1.1 The Non-Executive Director with lead responsibility for EPRR will support the Accountable Emergency Officer to endorse assurance to the Board that the Trust is meeting its obligations with respect to EPRR and relevant statutory duties under the Civil Contingencies Act 2004 and the NHS Act 2006 (as amended). This will include assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements

4.2 Chief Executive

4.2.1 The Chief Executive will appoint an Executive Board Director as the Accountable Emergency Officer (AEO) who will be assigned the responsibilities set out in section 4.3.

4.3 Accountable Emergency Officer

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

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

4.3.3 The AEO will provide 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.

4.3.4 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) and the NHS Standard Contract, including the NHS England EPRR Framework and the NHS England 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 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 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 Emergency Preparedness, Resilience and Response (EPRR) Board

4.4.1 The role of the EPRR Board is to ensure the Trust is meeting its EPRR obligations, as set out in section 2.1.1 of this policy. The EPRR Board will achieve 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;
- d) To ensure the Trust regularly tests and exercises its emergency and business continuity plans;
- e) To ensure that the Trust's emergency and business continuity plans are aligned externally with partner organisations through appropriate representation and involvement with multi agency groups including the Local Resilience Forum (LRF) and Local Health Resilience Partnership (LHRP);
- f) To ensure that lessons learned 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 its delivery.

4.4.2 The EPRR Board is chaired by the Deputy Chief Operating Officer and membership includes representatives from:

- Emergency Planning
- Risk and Assurance
- Health and Safety
- Infection Prevention
- IM&T
- Corporate Nursing
- Facilities
- Procurement & Supplies
- Communications
- Each Clinical Management Group (CMG)

4.4.3 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.

4.4.4 The EPRR Board reports on a quarterly basis to Executive Quality Board (EQB), via the Trust's Operational Management Group, and on an annual basis in September to the Trust Board.

4.5 Deputy Chief Operating Officer

4.5.1 The Deputy Chief Operating Officer provides senior management support to the EPRR Team and chairs the EPRR Board.

4.6 EPRR Manager

4.6.1 The EPRR Manager, with support from the wider 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 its 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 its critical and essential activities and including these 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 its stakeholders in responding to disruptive incidents and emergencies;
- Coordinating the development of the Trust's emergency and business continuity plans, so to ensure the Trust is prepared to respond to a range of disruptive incidents and emergencies;
- Coordinating and supporting the delivery of EPRR training;
- Coordinating and supporting the delivery of EPRR tests and exercises;
- Providing regular updates to the AEO on the Trust's EPRR arrangements;
- Writing regular reports to the Trust Board and its committees, providing assurance on the Trust's level of compliance against NHS England's core standards for EPRR;
- Representing the Trust, at a tactical level, at relevant local and regional committees.

4.7 CMG Heads of Operations

4.7.1 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 Incident Coordination Centre and that the maintenance and testing requirements set out in their Incident Coordination Centre Standard Operating Procedure (as described in the Trust's Incident Response Plan) are carried out;
- Updating the EPRR Team if there are any material changes within the CMG that may affect the Trust's emergency or business continuity plans.

4.8 Service & Departmental Managers

4.8.1 Service Managers are responsible for:

- Ensuring that they, and their staff, are aware of the role that their service would fulfil during a business continuity, critical or major incident;
- Ensuring that they, and their staff, are adequately trained to deliver their identified role during a business continuity, critical or major incident.

4.9 All Staff

4.9.1 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 a business continuity, critical or major 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 the any relevant emergency or business continuity plans, if they are activated;
- Actively participating in relevant training, testing and exercising of the Trust's emergency and business continuity plans.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Governance: Accountability and Reporting

The AEO will ensure 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 Manager will maintain an EPRR Work Programme to:

- Ensure any planned work is considered and based on risk (see section 5.2.2 below);
- Provide staff with a clear focus of work;
- Provide an audit trail;
- Support accountability.

5.2.2 Work included on 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 learned and recommendations generated from:
 - A test or exercise of the Trust's emergency or business continuity plans;
 - The Trust going on standby for, or declaring a business continuity, critical or major incident;
 - Learning or experience from other organisations, including Category 1 and 2 responders, and other NHS Trusts.

5.2.3 The EPRR Work Programme is overseen by the Trust's EPRR Board.

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 will undertake an annual self-assessment against NHS England's core standards for EPRR, in line with NHS England's assurance process. The outcomes of the annual self-assessment will be reported to the Trust Board as part of the EPRR Annual Report in the month of September.

5.3.2 The EPRR Manager will include its arrangements for EPRR on the schedule for Internal Audit no less frequently than 3-yearly.

5.4 Governance: Reporting

5.4.1 The AEO will ensure that its executive and non-executive functions are regularly updated on its arrangements for EPRR. At a minimum, this will include:

- A quarterly EPRR Board report to Executive Quality Board (EQB), via the Trust's Operational Management Group (OMG);
- An annual report to the Trust Board in September.

5.5 Risk Assessment

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

5.5.2 The EPRR Team will assess the risk of it not having effective systems and processes in place to respond to given threats/hazards on the National and Local Community Risk Register. The assessment will be carried out in line with the Trust's wider Risk Management Policy and assess the potential impact to patient and staff safety (harm), public confidence (reputation), business continuity (service disruption) and the Trust's financial position (financial loss).

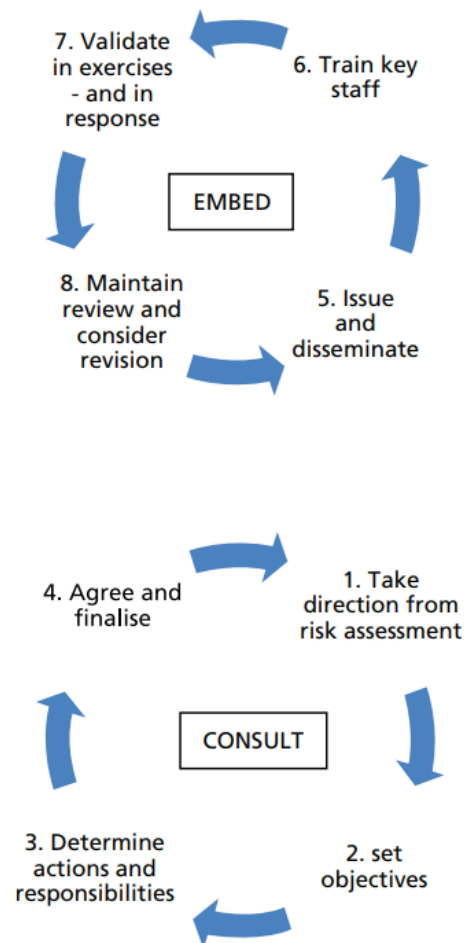


Figure 1: Emergency Planning Cycle

- 5.5.3 EPRR risks will be regularly reviewed 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.
- 5.5.4 An overview of the Trust’s EPRR risks will be communicated externally with multi-agency partners through LLR Prepared via the UHL EPRR Risk Matrix, as illustrated below:

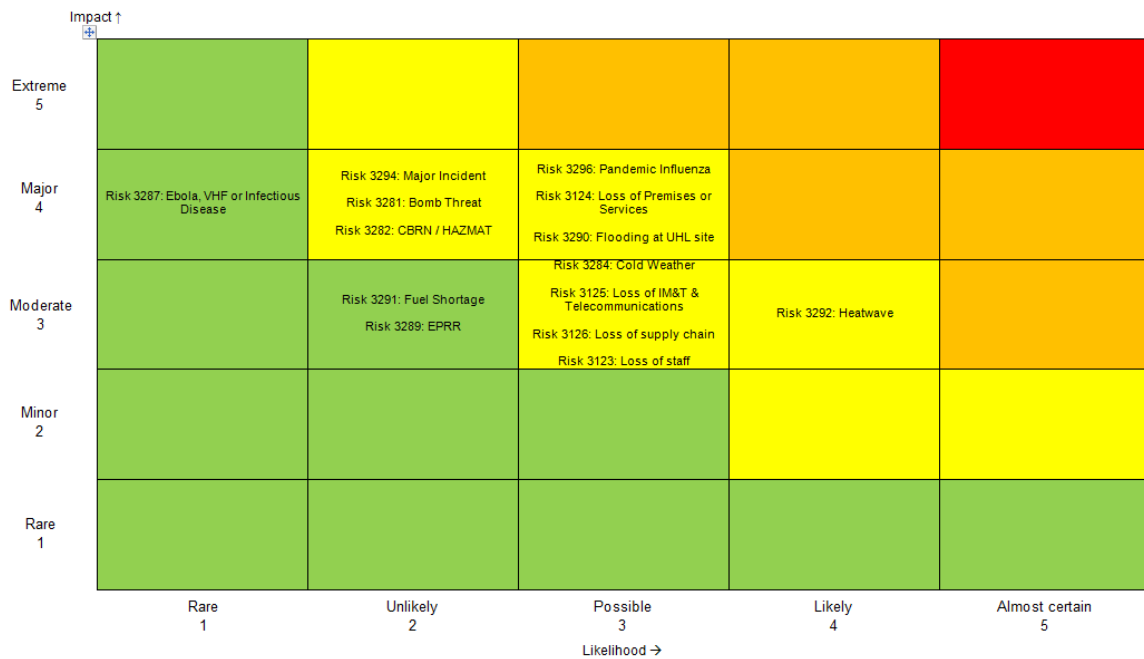


Figure 2: UHL Risk Matrix Illustration

5.6 Stakeholder Engagement

- 5.6.1 The Trust will be an active member of the Leicester, Leicestershire and Rutland (LLR) Local Resilience Forum (LRF) and Local Health Resilience Partnership (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 / Deputy Chief Operating Officer
LHRP Executive Committee	AEO / Deputy Chief Operating Officer
LHRP Sub-Group	EPRR Manager or Deputy
LLR Practice Group	EPRR Manager or Deputy
LLR Planning & Capabilities	EPRR Manager or Deputy
LLR Media & Communications Group	Head of Communications or Deputy
LLR Governance & Delivery Group	Represented by Leicester Partnership Trust or LLR CCGs
LLR People & Communities Group	

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, will plan 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 scope of the Trust's emergency plans will include incidents which may trigger business continuity, critical or major incidents.
- 5.7.3 The Trust will have a single "Incident Response Plan" which will set out a common response framework for how the Trust will respond to all business continuity, critical and major incidents.
- 5.7.4 The Trust's Incident Response Plan will be supplemented by a series of specific emergency plans to set out the detailed response arrangements for specific risks.
- 5.7.5 The EPRR Team will ensure all emergency plans are written using a common format and include all of the key components listed in Appendix C.
- 5.7.6 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.
- 5.7.7 The EPRR Team will make all the emergency plans as freely available to staff as practicably possible. This will be both electronically via INsite and on relevant shared drives, and physically in each of the Trust's Incident Coordination Centres.
- 5.7.8 The EPRR Team will ensure all the emergency plans are appropriately classified under the UK Government's Security Classifications, which include:
- OFFICIAL: For emergency plans which would not cause damaging consequences if lost, stolen or published in the media;
 - OFFICIAL-SENSITIVE: For emergency plans which could have damaging consequences if lost, stolen or published in the media. In these circumstances, emergency plans will be made available to staff on a 'need to know' basis.

5.8 UHL ALERTS

- 5.8.1 The EPRR Team will maintain a central communication system to alert and communicate with staff during a potential or actual business continuity, critical or major incident. The Trust will refer to this system as UHL ALERTS.
- 5.8.2 UHL ALERTS will be 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 business continuity, critical or major incident, or as part of a planned test of exercise of the system.
- 5.8.4 The only staff who have the capability of sending UHL ALERTS will be members of the EPRR Team and Communications Team. However, authorisation to send a UHL ALERT must be given by either the Chief Operating Officer, Deputy Chief Operating Officer, or Director On-Call prior to an alert being sent.

5.8.5 The EPRR Team will ensure 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.

5.8.6 The following Trust staff must register to receive UHL ALERTS:

- All staff on an on-call rota;
- All staff with line management responsibilities;
- All managers, band 7 upwards;
- Any member of staff who might fulfil a role-specific action card in response to a business continuity, critical or major 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.

5.8.7 For all other staff not included in section 5.8.6, registering to receive UHL ALERTS is optional. In such cases, the emphasis is placed on line managers to consider whether it is appropriate for these staff to be registered, with consideration given to:

- The role of these staff in a business continuity, critical or major incident;
- Communication systems the line manager already has in place to communicate with their staff. If this is deemed quick and effective, then there is no need for them to register.

5.8.8 Trust staff are responsible for ensuring the data stored on UHL ALERTS is kept up-to-date.

5.8.9 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 INsite.

5.8.10 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.

5.8.11 The EPRR Team will action 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 of its emergency plans, all staff must take appropriate action and follow the plan(s).

5.9.2 All other Trust policies remain in place during a business continuity, critical or major incident, unless explicit direction is received from the UHL Strategic Commander.

5.9.3 If a member of staff with a role-specific action card decides not to follow a prescribed action within one of the Trust’s emergency plans, they must clearly record this decision, alongside any justification in a logbook (which can be found in any of the Trust’s Incident Coordination Centres) and submit this to the EPRR Team at the end of the incident.

5.10 Learning from Incidents, Tests & Exercises

5.10.1 The Trust will seek to learn as much information as possible following either a test, exercise, or real-life activation of its emergency or business continuity plans. This information will be used to:

- Identify what happened, alongside
- Identify strengths and weaknesses in the response;
- Identify issues, lessons learned and recommendations;
- Create a debrief report.

5.10.2 To support the Trust learn from a test, exercise, or real-life activation of its emergency or business continuity plans, the UHL Tactical Commander will hold a “hot” debrief immediately after a test, exercise, or real-life activation of its emergency or business continuity plans. This will be followed by a “cold” debrief within 14 calendar days which will be led by the EPRR Team.

5.11 Retention Periods

5.11.1 EPRR-related documentation needs to be preserved in accordance with the minimum retention periods, as set out in the table 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 – non-major incident)	Decision log, on call log, handover records. Paper and electronic records.	10 years	Review, archive or destroy under 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.

Category	Examples	Minimum Retention Period	Final Action
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: Minimum Retention Periods

5.12 Testing and Exercising

5.12.1 The EPRR Team will validate its emergency and business continuity plans through a programme of testing and exercising. At a minimum, this will include:

- 1 communication test every six months;
- 1 tabletop exercise every year;
- 1 live exercise every three years.

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 business continuity plans and this is the responsibility of the plan owner.

5.12.3 The EPRR Team will create an annual EPRR Exercise Programme which will be informed by the outcomes of any available exercising needs analyses. The EPRR Testing and Exercising Programme will be overseen by the EPRR Board.

5.12.4 Emergency and business continuity plans belonging to individual services and departments should be tested on a regular basis to ensure they remain fit for purpose. Local testing and exercising should be undertaken in line with best practice and include a debrief report to capture what took place, the lessons learned and recommendations. All debrief reports should be shared with the Trust's EPRR Team within 28 calendar days of being signed off by the Exercise Lead.

5.12.5 All tests and exercises will be assigned an Exercise Lead who will be responsible for coordinating the planning and delivery of the test or exercise.

5.12.6 The Exercise Lead 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, tabletop 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 will ensure all communications during a test or exercise are prefixed to ensure staff and stakeholders are aware of the test's/exercise's artificiality:

- EXERCISE START: 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.
- EXERCISE END: To indicate the end of the exercise

5.13 Training

5.13.1 The EPRR Team will ensure staff are trained on what to do during a business continuity, critical or major incident.

5.13.2 A training needs analysis must be completed as part of any work to create, review or update any of the Trust's emergency or business continuity plans and this is the responsibility of the plan owner.

5.13.3 The EPRR Team will create an annual EPRR Training Programme which will be informed by the outcomes of any available training needs analyses. The EPRR Training Programme will be overseen by the EPRR Board.

5.14 Reviewing

5.14.1 The EPRR Team will regularly review and update its emergency and business continuity plans. At a minimum, this will be undertaken bi-annually, or sooner:

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

6. EDUCATION AND TRAINING REQUIREMENTS

6.1.1 The education and training needs for the full implementation of this policy change on a regular basis depending on the progress of the EPRR Work Programme and the outcomes of any test, exercise or real-life activation of its emergency or business continuity plans. Consequently, specific education and training requirements are not listed within this policy and instead can be found within the Trust's EPRR Training & Education Plan which is overseen by the Trust's EPRR Board.

7. PROCESS FOR MONITORING COMPLIANCE

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

8. EQUALITY IMPACT ASSESSMENT

8.1.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.1.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9. SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1.1 This policy was developed in line with the following:

- Civil Contingencies Act (2004);
- Health & Social Care Act (2012);
- NHS Contract;
- NHS England's Core Standards for EPRR; and
- Statutory and non-statutory guidance relating to EPRR.

10. PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

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

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
EPRR Work Programme	EPRR Team	Does the Trust have in place an agreed EPRR Work Programme?	Annually	To be approved by the EPRR Board
Reporting	EPRR Team	Has the Trust Board received a report on EPRR in the last 12 months?	Annually	To be 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	To be 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	To be reported to the EPRR Board and recorded on the EPRR Work Programme
CMG Incident Coordination Centres	EPRR Team	Has each CMG identified its own Incident Coordination Centre?	Annually	To be 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	To be reported to the EPRR Board and recorded on the EPRR Work Programme
Testing and Exercising	EPRR Team	Has the Trust carried out a tabletop exercise in the past 12 months?	Annually	To be 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	To be 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	To be 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 its emergency or business continuity plans?	Annually	To be 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	To be reported to the EPRR Board and recorded on the EPRR Work Programme

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Testing & Exercising	EPRR Team	Does the Trust have an EPRR Exercising Programme?	Annually	To be 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	To be reported to the EPRR Board and recorded on the EPRR Work Programme

11. APPENDIX A: DEFINITIONS & ABBREVIATIONS

Primary Term	Acronym	Definition
Accountable Emergency Officer	AEO	A Board level director responsible for EPRR.
Business Continuity Plan	BCP	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 its critical functions at an acceptable predefined level.
Business Continuity Incident		A business continuity incident is an event or occurrence that disrupts, or might disrupt, 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. (This could be a surge in demand requiring resources to be temporarily redeployed).
Category 1 Responder	Cat 1	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	CBRNE	A term used to describe Chemical, Biological, Radiological, Nuclear and Explosive materials. CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.
Civil Contingencies Act (2004)	CCA	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.
Clinical Management Group	CMG	
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	C2	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 Register	CRR	A register communicating the assessment of risks within a Local 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.

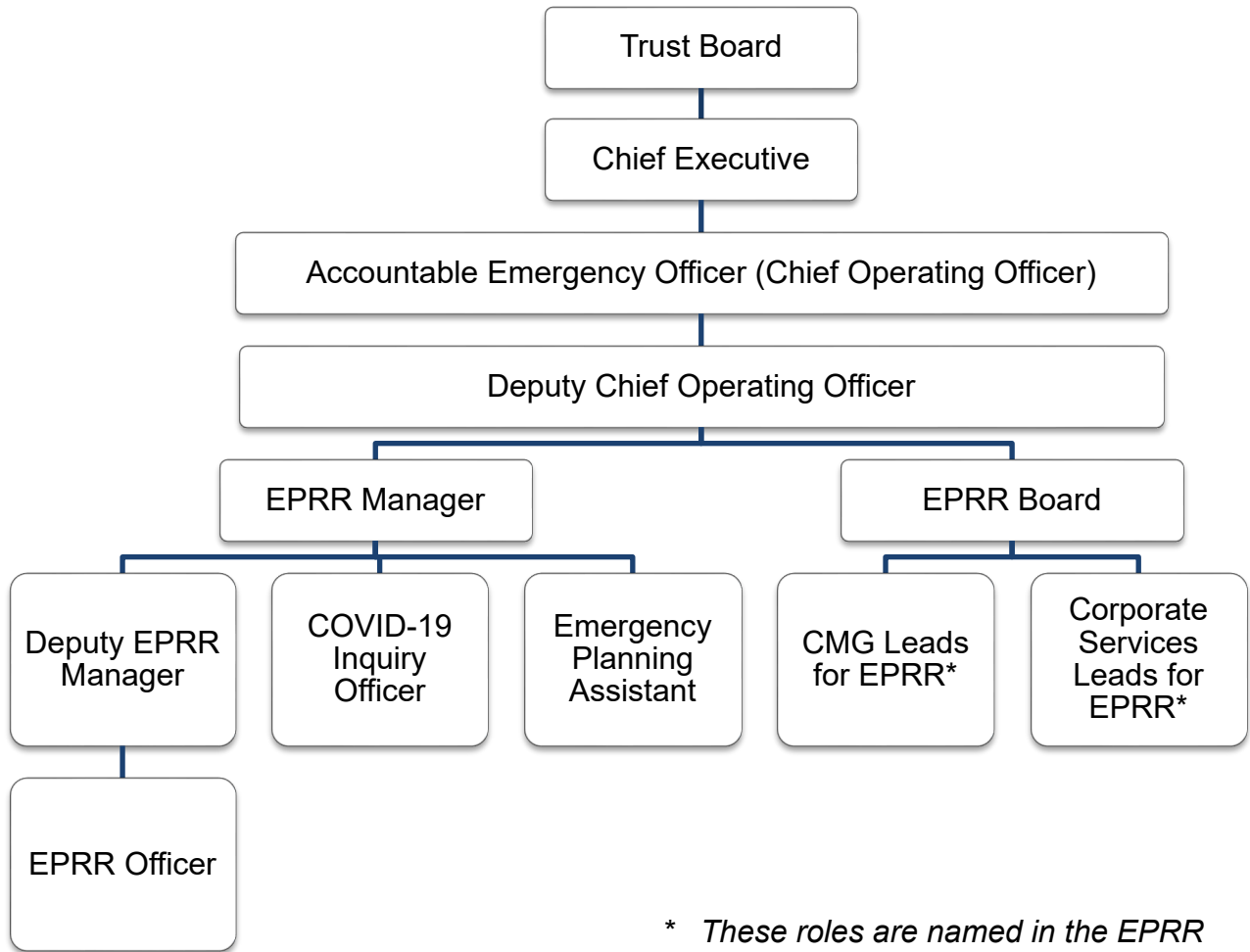
Primary Term	Acronym	Definition
Chief Operating Officer	COO	An executive Board level director reporting to the Chief Executive Officer.
Coordination		The integration of multi-agency efforts and available capabilities, which may be interdependent, in order to achieve defined objectives.
Community Risk Register	CRR	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 its business objectives and/or deliver essential services.
Critical Incident		A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.
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 emergencies.
Emergency Preparedness, Resilience and Response	EPRR	
ENDEX		End of Exercise.
Executive Quality Board	EQB	
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 business continuity plans.
Exercise Control	ExCon	

Primary Term	Acronym	Definition
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.
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	HAZMAT	Abbreviation for hazardous materials although it is commonly used in relation to procedures, equipment and incidents involving hazardous materials.
Incident		Event or situation that requires a response from the emergency services or other responders.
Incident Coordination Centre	ICC	Operations centre from which the management and co-ordination of the response by each emergency service to an emergency are carried out.
Leicester Leicestershire and Rutland	LLR	
Local Health Resilience Partnership	LHRP	
Likelihood		Chance of something happening, whether defined, measured or estimated objectively or subjectively, or in terms of general descriptors (such as rare, unlikely, and almost certain), frequencies or mathematical probabilities.
Local Resilience Forum	LRF	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 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.
Mobile Telecommunications Privileged Access Scheme	MTPAS	Scheme that provides call preference for key emergency management organisations if public network access is restricted.
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

Primary Term	Acronym	Definition
		the same sector or across sectors and across boundaries, to provide assistance with additional resource during an emergency.
National Risk Assessment	NRA	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	NRR	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.
National Health Service	NHS	
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.
Personal Protective Equipment	PPE	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 to withstand, handle and recover from disruptive challenges.
Response		Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders. At a high level these will be to protect life, contain and mitigate the impacts of the emergency and create the conditions for a return to normality.
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 its 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		The state of individual and/or collective knowledge

Primary Term	Acronym	Definition
awareness		relating to past and current events, their implications and potential future developments.
Situation Report	SitRep	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	SCG	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	TCG	A multi-agency group of tactical commanders that meets to determine, co-ordinate and deliver the tactical response to an emergency.
Training Needs Analysis	TNA	
University Hospitals of Leicester NHS Trust	UHL	

12. APPENDIX B: UHL'S EPRR LINE OF ACCOUNTABILITY



* These roles are named in the EPRR Board Terms of Reference

Figure 3: EPRR Accountability Chart

13. APPENDIX C: KEY COMPONENTS OF UHL'S EMERGENCY PLANS

Plan Component	Description
Introduction	
Aim & Objectives	
Scope	
Risk/Hazard	Information about the specific hazard for which the plan has been prepared. This must include reference to the Trust's risk register and the Community Risk Register
Planning Assumptions	
Roles & Responsibilities	Generic roles of all parts of the organisation in relation to responding to emergencies
Notification	How the Trust will become aware of an incident which may require it to activate the plan
Escalation	Procedure for escalating an incident to the identified role who has authority to determine if the Trust will activate the plan
Activation	Procedure for how the plan is activated
Command & Control	Including details of the tactical and strategic incident coordination teams
Decision Making	A framework for decision making
Record Keeping	How the Trust will record decisions and actions
Incident Coordination Centres	Details of the location and resources available within each Incident Coordination Centre
Resourcing	Including human resources, equipment and finance
Response Procedures	Including mutual aid
Communications	Internal and external communication requirements
Reporting	Internal and external reporting requirements
Recovery Planning	Factors the Trust should consider when planning for recovery during the response phase
Stand-Down	Arrangements for standing-down an incident
Recovery Phase	Arrangements for how the Trust will return to normal following an activation of the plan
Post-Incident Learning	Arrangements for post-incident debriefing, identifying issues, lessons learned and recommendations
Training Requirements	Training needs analysis
Testing & Exercising Requirements	Testing & exercising needs analysis
Updating & Reviewing	Process for updating and reviewing the plan
Contact Details	For key personnel named in the plan
Action Cards	Role-specific action cards with specific, deliverable actions which are not ordinarily carried out by the named role