

Emergency Preparedness, Resilience & Response (EPRR) Policy

(Replaces Policy No. TP/CO/092 V3.2)

(This Document is marked Official and can be published)

| | |
|---|---|
| POLICY NUMBER | TP/CO/092 |
| POLICY VERSION | V4 |
| RATIFYING COMMITTEE | Emergency Planning and Resilience Group |
| DATE RATIFIED | 07 th July 2022 |
| NEXT REVIEW DATE | 20 th June 2024 |
| DATE OF EQUALITY & HUMAN RIGHTS IMPACT ASSESSMENT (EHRIA) | 23 rd December 2021 |
| POLICY SPONSOR | Director of Corporate Governance |
| POLICY AUTHOR | Resilience Manager & EPRR lead |

KEY POLICY ISSUES:

The Trust is committed to developing and maintaining a culture which recognises both the importance of sound EPRR including Business Continuity Management (BCM), to allow the Trust to respond to emergencies and business continuity interruptions incidents. Such planning is the responsibility of all staff and this document provides the overarching guidance for the Trust on which corporately and within individual care delivery services planning will be based.

This policy: -

- Offers guidance, direction and information to Trust staff on managing emergency preparedness resilience and response and Business Continuity management
- Identifies roles, responsibilities and resources for preparing and managing EPRR and BCM.
- Assists in forming action plans in order that the trust can respond to emergencies or business interruption and maintain provision of service during an emergency or business interruption as far as is reasonably practicable.
- Provides a source of reference that will assist in the integration of plans with hospitals, other NHS provider organisations, other emergency services and external agencies
- Provides guidance for good cross-boundary inter-service collaboration

If you require this document in another format such as large print, audio or other community language, please contact the Corporate Governance Team on: 01903 843041 or via email: policies@sussexpartnership.nhs.uk

CONTENTS

| | | Page |
|------------|---|-------------|
| 1. | Introduction | 3 |
| 2. | Definitions 2.1 Definitions 2.2 Abbreviations | 4 |
| 3. | Duties 3.1 General Trust Responsibilities 3.2 Mental Health Secure Service Provider – Specific Responsibility 3.3 Chief Executive 3.4 Accountable Emergency Officer (AEO) 3.5 Board Member EPRR Lead 3.6 Resilience Manager/EPRR Lead 3.7 Executive Directors and Directors 3.8 CDS EPRR Leads 3.9 Service/Team Leads 3.10 Trust Employees | 6 |
| 4. | Governance Arrangements 4.1 NHS EPRR Framework 2015 4.2 Health & Social Care Act 2012 4.3 EPRR/BCM Trust Hierarchy 4.4 Trust Emergency Planning & Resilience Group (EPRG) | 10 |
| 5. | Risk Assessment | 12 |
| 6. | Business Continuity Plans & Plain Maintenance 6.1 Business Continuity Plan Development 6.2 Business Continuity Plan Review & Maintenance 6.3 Accessibility of EPRR Policy & Plans 6.4 EPRR Documents & Plans Structure | 13 |
| 7. | Command & Control 7.1 Incident Control Centre | 14 |
| 8. | Communication | 15 |
| 9. | Information Sharing | 15 |
| 10. | Training | 16 |
| 11. | Exercising | 16 |
| 12. | Learning | 16 |
| 13. | Development, Consultation & Ratification | 16 |
| 14. | Equality & Human Rights Impact Assessment | 16 |
| 15. | Monitoring Compliance | 17 |
| 16. | Dissemination & Implementation | 17 |
| 17. | Document Control | 17 |
| 18. | Cross Reference | 17 |

1. INTRODUCTION

1.1 Purpose

There is an expectation that all NHS Funded organisations meet the requirements of the NHS England, Emergency Preparedness Resilience and Response (EPRR) Framework 2015¹, and in doing so the Civil Contingencies Act 2004², this is also set out in the NHS Standard Contract, General Conditions SC30/SC31³.

There is also the statutory duty to maintain safety under regulation 12, of the Health and Social Care Act 2008 (regulations 2014)⁴, which is part of the Care Quality Commission assessment criteria for assessing a service as being safe and includes the requirement to perform emergency and contingency planning.

The Civil Contingencies Act 2004 also places duties upon responders as defined by the act. Under the act we are treated as a Category 1 Responder.

Category 1 responders are those organisations at the core of emergency response (e.g. emergency services, local authorities, NHS bodies). Category 1 responders are subject to the full set of civil protection duties. These include:

- assessing the risk of emergencies occurring and use this to inform contingency planning in the form of a [Community Risk Register](#);
- Put in place emergency plans;
- Create business continuity plans to ensure that they can continue to exercise critical functions in the event of an emergency;
- Make information available to the public about civil protection matters, and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance coordination and efficiency;
- Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).

1.2 Scope

This policy will set out the Trusts systems for meeting the requirements of the statutory and non-statutory, contractual and best practice in EPRR and Business Continuity Management (BCM) and the roles and responsibilities of staff in achieving compliance.

This policy will identify: -

- Those responsible for EPRR and BCM and their roles.
- The Governance arrangements for EPRR and BCM.

¹ [NHS England \(2015\) Emergency Preparedness Resilience and Response Framework.](#)

² [HM Government \(2004\) Civil Contingencies Act 2004](#)

³ [NHS England \(2015\) NHS Standard contract 2015/16](#)

⁴ [Health and Social Care Act 2008 \(Regulatory Activities\) Regulations 2014](#)

- Cooperation and information sharing with other responding partner organisations
- The process for assessment of risk of an emergency, critical or business continuity incident occurring.
- The process for developing, reviewing and maintaining valid response plans.
- The process for capturing and learning from lessons identified from incidents tests and exercises.
- Training for and exercising response arrangements

1.3 Principles

This Policy will be underpinned by the following guiding principles: -

- Emergency preparedness, resilience, response and business continuity planning, ensures that at Directorate and Care Delivery Service level, employees can deliver a response to and maintain critical services during adverse incidents and emergencies.
- Resilience is the ability to deliver critical services to the communities and customers we serve during adverse incidents and emergencies.
- That the issue of emergency preparedness, resilience, response and business continuity is owned by all staff supported with a network of EPRR Leads coordinated by the Resilience Manager.

2. DEFINITIONS AND ABBREVIATIONS

2.1 Definitions

| | |
|--------------------------------|---|
| Business Continuity | The capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident. |
| Business Continuity Incident | 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) |
| Business Continuity Management | A holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, if realized, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities. |

| | |
|--------------------------|--|
| Business Continuity Plan | Documented procedures that guide organisations to respond, recover, resume and restore to a predefined level of operation following disruption. |
| Business Impact Analysis | Process of analysing activities and the effect that a business disruption might have on them. |
| Critical Incident | 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. |
| Emergency | Under Section 1 of the CCA 2004 an “emergency” means “(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom; (b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom; (c) war, or terrorism, which threatens serious damage to the security of the United Kingdom”. |
| Incident | Situation that might be, or could lead to, a disruption, loss, emergency or crisis. |
| Major Incident | Any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency |
| Resilience | Adaptive capacity of an organisation in a complex changing environment. |
| Response | Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders. |
| Risk Assessment | Overall process of risk identification, risk analysis and risk evaluation. |

2.2 Abbreviations

| | |
|------|--|
| AEO | Accountable Emergency Officer |
| BCM | Business Continuity Management |
| BIA | Business Impact Analysis |
| CCA | Civil Contingencies Act 2004 |
| CCG | Clinical Commissioning Group(s) |
| EPRR | Emergency Preparedness Resilience and Response |
| LHRP | Local Health Resilience Partnership |
| LRF | Local Resilience Forum |
| NHS | National Health Service |

3. DUTIES

3.1 General Trust Responsibilities

As a provider of NHS Funded Services, the Trust is responsible for: -

- Supporting Clinical Commissioning Groups (CCGs) and NHS England, with their health economies and duties, locally and regionally under the CCA 2004.
- Have robust and effective structures in place to adequately plan, prepare and exercise the tactical and operational response arrangements both internally and with healthcare partners.
- Ensure business continuity plans mitigate the impact of an emergency, so far as is reasonably predicible.
- Ensure robust 24/7 communication “cascade and escalation” policies and procedures are in place, to inform CCGs and healthcare partners, as appropriate, of any incident impacting on service delivery.
- Ensure that recovery planning is an integral part of the Trusts EPRR function.
- Provide assurance that it is providing its contractual obligations with respect to EPRR.
- Ensure organisational planning and preparedness is based on current risk registers.
- Provide appropriate director level representation at local health economy planning groups in support of EPRR requirements.

3.2 Mental Health Secure Service Provider - Specific Responsibility

- The Trust must have in place evacuation plans which provide for relocation of service users to alternative secure premises in the event of any incident and how that relocation is to be affected in such a way as to maintain public safety and confidence.

Though it is the responsibility of all staff to ensure that the Trust is in the best possible position to prevent, mitigate and respond to emergencies, critical and business continuity incidents there are key roles and responsibilities that are required for the successful preparedness of the Trust.

3.3 Chief Executive

The Chief Executive has the ultimate responsibility for the Trusts EPRR and BCM and ensuring it is a core part of the organisation’s governance and operational delivery programmes. They are responsible for appointing an Accountable Emergency Officer (AEO) to be responsible for discharging their duties under section 252A of the NHS Act 2006 (as amended), to whom they will delegate responsibility for EPRR and BCM.

3.4 Accountable Emergency Officer (AEO)

The AEO will be an Executive Director responsible for EPRR, they will have executive authority and responsibility for ensuring that the organisation complies with the legal and police requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for the Trust in the event of an incident. The Director of Corporate Governance is the Accountable Emergency Officer for the Trust.

AEOs will be aware of their legal duties to ensure preparedness to respond to an incident within their health community to maintain the public's protection and maximize the NHS Response.

The AEO will be supported by a non-executive director or other appropriate Board member to endorse assurance to the Board that the organisation is meeting its obligations under the statutory and non-statutory requirements. This will include assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements.

Specifically, the AEO will be responsible for:

- Ensure that the Trust, and any sub-contractors, are compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS standard Contract, including the NHS England EPRR Framework¹. And the NHS England Core Standards for EPRR³.
- Ensure that the Trust is properly prepared and resourced for dealing with an incident.
- Ensure the Trust, any providers they commission 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.
- Ensure that the Trust 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 the Trust serves.
- Ensuring that the Trust complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance.
- Providing NHS England with such information as it may require for the purpose of discharging its functions.
- Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributed to any governance meetings sub-groups or working groups of the Local Health resilience Partnership (LHRP) and / or local Resilience Forum (LRF).

3.5 Board Member EPRR Lead

The AEO will be supported by a Non-Executive Director who will be responsible for: -

- Endorsing the assurance to the Board that the organisation is meeting its obligations under the statutory and non-statutory requirements, by chairing the Emergency Planning Resilience Group (EPRG). This will include assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements.

3.6 EPRR Lead

Will be responsible for: -

- Coordination of the Trusts day to day EPRR and BCM systems, structures and procedures to ensure integrated planning takes place.
- Develop and maintain a work plan for EPRR and BCM.
- Providing advice and guidance at all levels of the Trust
- Develop, review and maintain the corporate level EPRR and BCM plans ensuring robust consultation as part of that process.
- Maintain professional competency in emergency preparedness and business continuity management.
- Risk assessing the risk of emergencies and business impacts occurring which will affect the Trust and require planning for and mitigation.
- Providing assurance evidence to the AEO, Board members, NHS England and CCGs performance monitoring, of the Trust level of compliance with statutory and non-statutory as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS standard Contract, including the NHS England EPRR Framework¹. And the NHS England Core Standards for EPRR³.
- Represent the Trust in liaison with other NHS and partner organisations, and planning, training and exercising groups with respect of EPRR and BCM.
- Coordinating the Training and Exercising Programme
- Leading on post incident and exercise debriefs and producing reports including lessons identified and action plans for the Board.

3.7 Executive Directors and Directors

Will be responsible for: -

- Ensuring that each Care Delivery Service (CDS) & Support Service has an EPRR Lead operating at a senior level in each CDS, and Support Services and that this role is reflected in the individuals Personal Development Plan (PDP)
- Where required appoint EPRR Leads within services and teams to support the CDS and Support Services EPRR Lead

- Review Risk assessments and Business Impact analysis (BIA) annually except where significant structural or service change has taken place in which a review of EPRR Risk and BIA is to be conducted as part of that change management.
- Ensure Business Continuity Plans (BCP) are in place and maintained.
- Exercise all BCPs at least once every 2 years with support from the Resilience Manager/EPRR Lead

3.8 CDS EPRR Leads

CDS EPRR Leads are appointed by the Service Director for each CDS and will have EPRR and BCM responsibility within their PDP. They will have a wide knowledge of the specific CDS they are working for. They will be provided training to allow them to undertake the role.

They will be responsible for: -

- Acting as the single point of contact and coordinator for a CDS in all matters of EPRR and BCM.
- Ensuring that their responsibilities in respect of EPRR / BCM.
- Support the EPRR Leads.
- Ensure the service they are responsible for complete risk assessments and BIA's.
- Ensuring that BCPs are maintained.
- Supporting the Resilience Manager/EPRR Lead and their teams in undertaking a programme of testing and exercise for their area of responsibility.
- Ensure required staff are released for training in respect of EPRR and BCM.
- Liaise with the Resilience Manager/EPRR Lead
- Represent their service area at the Trust Emergency Planning and Resilience Group.

3.9 Service/Team Leads

EPRR and BCM is everyone's responsibility. Service and team lead will have responsibility within their service/team for ensuring staff are aware of all EPRR, Business continuity and major incident plans for their team and the wider Trust

They will be responsible for: -

- Acting as a single point of contact for their specific service/team
- Ensuring their role is reflected in their PDP
- Completing training for the role.
- Undertake risk assessment and Business Impact Assessments (BIA).
- Ensure the development of service/team business continuity plans
- Support the EPRR leads for their service in conducting risk assessment and BIAs
- Support the leads to by developing business continuity plans

- Support the development of service specific emergency plans in support of corporate emergency response plans where appropriate/required.
- Supporting the EPRR leads and Resilience Manager/EPRR Lead to develop a programme of testing and exercising for their area of responsibility.
- Ensure that new employees read this policy and are made aware of their role in in EPRR and BCM
- Ensure that plans specific to the area they lead are maintained.

3.10 Trust Employees

All Trust employees are to ensure they read this policy and understand their role in any emergency or business continuity incident. Where they have a role within an EPRR or business continuity response plan that requires specific training, it will be their responsibility to maintain their competence to carry out that role.

All Trust employees will on recognition of a potential risk of an emergency or business continuity incident occurring, or a potential gap in business continuity of estate, plant or services will make their EPRR Lead for their service aware

4. GOVERNANCE ARRANGEMENTS

4.1 NHS EPRR Framework 2015

EPRR is a core part of the Trusts governance and its operational delivery programmes.

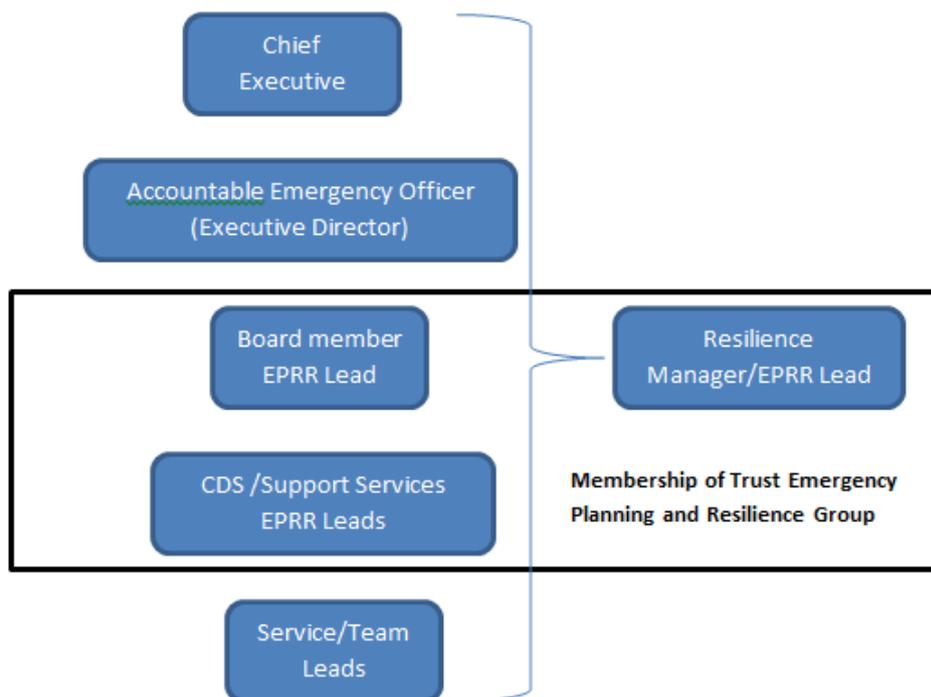
The Board will receive a report on EPRR no less than annually, including assurance of compliance with EPRR core standards together with information relating to any major incident, critical incident, business continuity incident and exercises undertaken. The AEO will be responsible for presenting these papers and thus the assurance for EPRR to the Board.

The Trust will participate in an annual assurance exercise against the EPRR Core Standards, managed by NHS England South (South East) through the Local Health Resilience Partnership. The Trust will provide their compliance with the Core standards and will issue a statement, agreed by the Board, of EPRR Conformity to NHS England. The results of which will be collated regionally then centrally by NHS England and reported to the Department of Health.

4.2 The Health and Social Care Act 2012

The HSCA 2012 places a statutory responsibility on Local Authorities through the Director of Public Health and on the behalf of the secretary of State, to ensure there are plans in place to protect the public's health.

4.3 EPRR/BCM Responsibility Hierarchy



4.4 Trust Emergency Planning and Resilience Group (EPRG)

The EPRG will be attended by the EPRR Leads representing their CDS or support service and will be chaired by the Non-Executive Director EPRR Lead. The EPRG meets quarterly, but will be able to be called as an extra ordinary meeting in the event of a serious potential or actual risk of an emergency or business continuity incident occurring. The EPRG reports to the Executive Management Committee.

This group will develop the EPRR Work plan for agreement by the AEO and the Executive Management Committee.

This group will provide a multi-disciplinary and holistic approach to the EPRR and BCM issues.

The group will support CDS and support services in developing their services business continuity plans and will develop and review the corporate level plans.

It will scope the training and exercising needs and develop a training and exercising programme yearly which will make up part of the annual work plan.

5. RISK ASSESSMENT

To comply with the NHS Framework and EPRR Core Standards, all NHS Trusts are required to assess the risk, no less frequently than annually, of an emergencies or business continuity incidents occurring, which affect or may affect the ability of the Trust to deliver its functions.

The risk assessment processes are in line with the organisations, Local Health Resilience Partnerships (LHRP) and other risk registers such as the National, Local Resilience Forum (LRF), Sussex Community risk registers. Both the Community & National risk registers are reviewed regularly and where appropriate they are reflected in the trusts risk register.

Risk assessments will also be consulted upon and shared with the Trust and relevant partner organisations. These are also reviewed quarterly at the trusts Emergency Preparedness & resilience Group.

All staff will be responsible for identifying risks with the potential of causing emergencies and/or business continuity interruptions, to estate, plant, equipment and clinical and non-clinical services to our service users.

Identification of emergency and business continuity risks will also be a fundamental part of the Trusts business planning and development process, ensuring that developments in and restructuring of services are assessed fully and where there is the likelihood of impacts resulting in emergency or business continuity interruption these are identified and managed to eliminate where possible and if not, reduce and mitigate the impacts.

The Resilience Manager/EPRR Lead will also review the National, LHRP, LRF and Sussex Community risk registers, to ensure that risks identified are assessed for their impact on the Trust.

The Resilience Manager/EPRR Lead, will be responsible for liaising with the Head of Health and Safety to review all risks on the Trust Risk Management System to ensure that any risk that has the potential of resulting in an emergency or business continuity interruption is adequately mitigated, and where there is a requirement for a response plan will include this in the EPRR work plan.

Where risks assessments require consultation and sharing with partner organisations this will be carried out through the LHRP, LRF and District and Borough Emergency Planning Liaison Groups

6. BUSINESS CONTINUITY PLANS AND PLAN MAINTENANCE

6.1 Business Continuity Plan development

Trust business continuity plans will be developed by the EPRG, and led by the Resilience Manager/EPRR Lead to meet the NHS EPRR Core Standards. These plans will be reported to the Executive Management Committee which will provide assurance to the Board.

Local Care Delivery Service and Team Business Continuity Plans will be developed by the EPRR Leads with advice and guidance from the Resilience Manager/EPRR Lead and where appropriate, support from the EPRG. These will be ratified by the responsible Service Director.

All plans will be cognisant of relevant NHS, multi-agency and partner response plans to ensure they are in line with those plans.

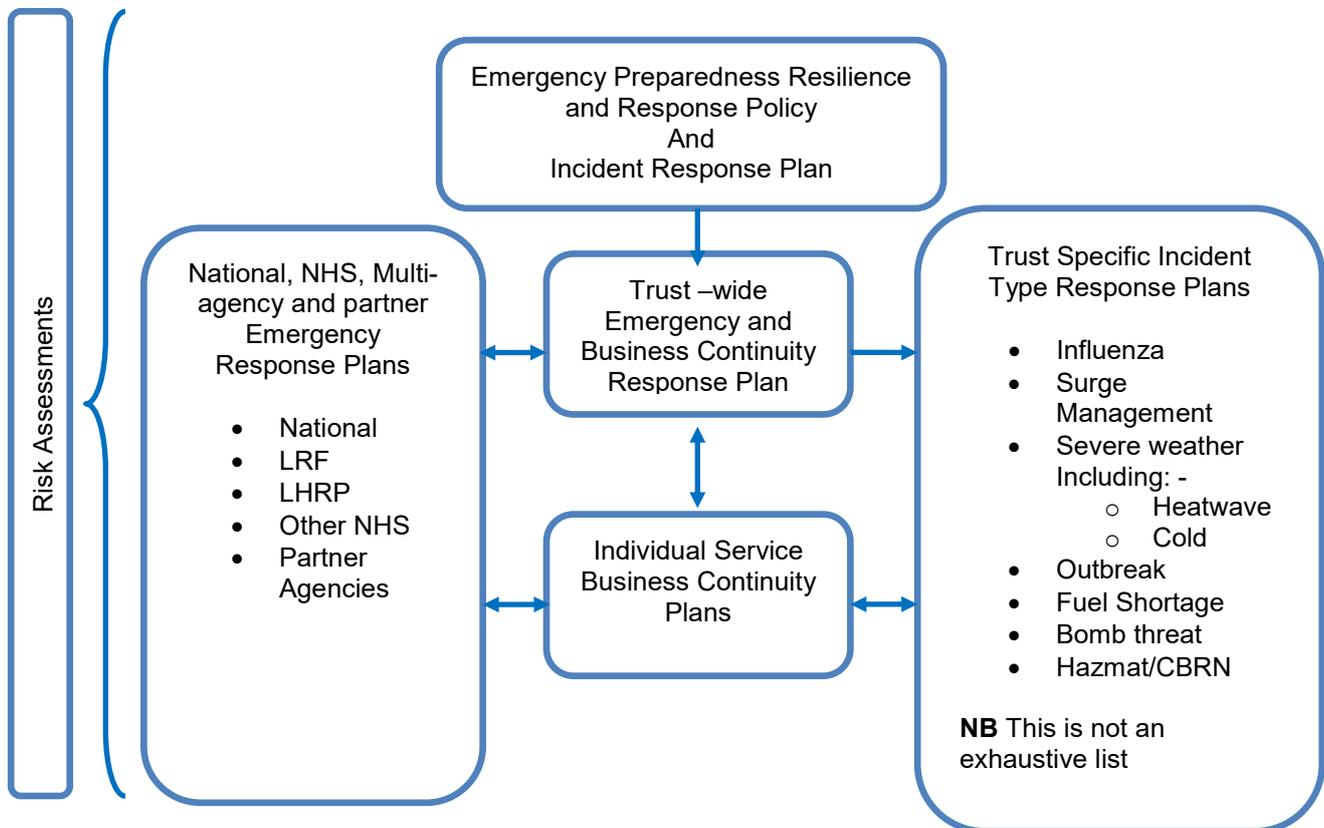
6.2 Business Continuity Plan Review and Maintenance

Review and maintenance of EPRR and BCPs sit with the level responsible for their development. A review of all plans will be carried out annually or following any significant changes to legislation, guidance, structures, business objectives, processes, suppliers, estate or services that require a change in the plan / response arrangements.

6.3 Accessibility of EPRR Policy and Plans

Copies of this Policy and Corporate EPRR/ BCM Plans and Specific Incident Type Plans will be accessible to all staff via the Trust intranet. Staff will be informed of the release of new and updated plans and where there is a specific need for staff to receive briefings or training in relation to the updates this will be provided by the Resilience Manager/EPRR Lead.

6.4 EPRR Documents and Plans Structure



7. COMMAND AND CONTROL

Please refer to the Trust Incident Response Plan and Business Continuity Policy.

The command and control of any incident should be managed at the most appropriate level. Response plans all include an escalation process to the next level of command and control should the incident warrant it.

Any member of staff dealing with an emergency or business continuity incident should dynamically risk assess the situation to identify any wider issues for the Trust or other agencies.

This allows a single service interruption to be managed within the confines of that service's own response plans but with the option of escalating to gain support or alert others to the need for a wider Trust or multi-agency response.

Command and control will align with the National Joint Emergency Services Interoperability principles for the management of incidents.

7.1 Incident Control Centre

The Trust will maintain an incident Control Centre ICC. This will be convened initially in the Board Room at Swandean. Alternative Incident Control Centres are described in the Incident Response Plan.

The Trust has the capability to mobilise any building as an ICC at any time on immediate notice, supported by resilient mobile ICT deployment. Please see the Trust's Incident Response Plan for more information. The trust is also able to stand up a virtual ICC if required and appropriate.

8. COMMUNICATION

Communication is a key element to the level of success in responding to incidents of all magnitude there are three main points at which communication needs to happen and as such the Trust will need to have plans in place to meet these requirements.

Before an incident – communicating what can be done to; - prevent, lesson, mitigate or respond to incidents.

This involves staff knowing this policy, their own service plans and their role in the Trust plans and any wider NHS, LRF, LRHP and multi-agency plans.

But also supporting the informing dissemination to the wider community and in particular the vulnerable community that are the users of the Trust services so they are aware of what to do and what to expect during an incident.

During an Incident - this includes internal and external escalation of alerts to staff other NHS organisations and Partner Agencies as well as information delivery to the public and in particular the trusts service users informing them of actions they are required to take for their response to the incident.

After an Incident – this is to keep staff, Partners and service users informed of restoration of services, time frames, any changes to services during the recovery phase from an incident, and what they can do to help.

Good Communication is critical to ensuring that staff are kept informed throughout a crisis and that Trust wide information can be quickly disseminated. A staffing strategy makes all staff aware of their responsibility to assist the service in maintaining continuity of care throughout the incident and that the viability of the service depends on them making themselves available for duty.

9. INFORMATION SHARING

The Trust has existing information sharing protocols with some partner agencies, in the event of an incident where there is no existing sharing protocol the Trust will follow the Governments Data protection and Sharing – Guidance for Emergency Planners and

Responders⁵ and the Sussex Resilience Forum Information Sharing Guidance (accessible via Resilience Direct⁶).

10. TRAINING

Training will be the responsibility of the Resilience Manager/EPRR Lead, who will deliver the training internally and where specialist training is required advise the Trust on the most appropriate training courses for staff to attend.

Training will be provided for the EPRR Leads to support them in development of their services' business continuity plans.

Emergency and business continuity awareness, will be included in the staff induction process for all staff to a level that is appropriate for their post.

11. EXERCISING

The Trust will through a programme of exercises meet the requirements of the EPRR Core Standards in that it will exercise the emergency and business continuity plans no less than:

-

- Communication exercise every six months (1 in 2 should stand up an ICC)
- Table top exercise every twelve months
- Live play exercise every three years (Unless the trust has responded to a live incident and learning has occurred)
- Command post exercise every three years (Unless the trust has responded to a live incident and learning has occurred)
-

In addition, the Trust also takes part in LHRP and LRF exercises to ensure the Trusts response plans are integrated with those of the partner agencies they will need to respond with.

Following each exercise, the Trust will produce a report for the Board, including the lessons identified and actions required by the Trust to correct or improve the response arrangements.

12. LEARNING

The trust is committed to learning from both incidents and exercises. Following either of these events a formal debrief process is conducted and all staff involved are invited and encouraged to share their views and comments. In conjunction with after action reports and any incident reports these are sent to the EPRG for oversight and recommendations which if required are reflected in amended policy or processes.

⁵ [HM Government \(2007\) Data Protection and Sharing – guidance for Emergency Planners and Responders](#)

⁶ Resilience Direct is the National secure website for all Emergency Responder Organisations which SPFT have access.

13. DEVELOPMENT, CONSULTATION AND RATIFICATION

Policy and Procedure to be reviewed and ratified by the Emergency Planning and Resilience Group.

14. EQUALITY AND HUMAN RIGHTS IMPACT ASSESSMENT (EHRIA)

The policy has been equality impact assessed in accordance with the Procedural Documents Policy.

15. MONITORING COMPLIANCE

The Trust Accountable Emergency Officer and EPRR lead report to the Emergency Planning and Resilience Group any areas of concern regarding compliance of this policy. The EPRG will agree any audits applicable to this policy.

16. DISSEMINATION AND IMPLEMENTATION OF POLICY

16.1 Dissemination

This policy will be uploaded onto the Trust website by the Head of Corporate Governance. Publication will be announced via the Communications e-bulletin to all staff.

16.2 Training

All staff will be made aware of the requirements of this policy.

17. DOCUMENT CONTROL INCLUDING ARCHIVE ARRANGEMENTS

This policy will be stored and archived in accordance with the Trust Procedural Documents Policy.

18. CROSS REFERENCE

- Incident Response Plan and Business Continuity Management Policy
- Business Continuity Plans.
- Specific Emergency plans (e.g. Heatwave Plan, Pandemic Flu Plan etc)
- Disaster Recovery Plans