

Emergency Preparedness, Resilience and Response (EPRR) Policy

This Policy describes how Leicestershire Partnership
NHS Trust will comply with all applicable EPRR
obligations.

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1.0 Summary

This Policy provides the framework which Leicestershire Partnership NHS Trust (LPT) follows in establishing, maintaining and continual improving a Business Continuity Management System and Major Incident Plan that complies with all applicable Emergency Preparedness, Resilience and Response obligations.

1.1 Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	September 2013	New Policy
2	July 2015	Updated to reflect the new policy template, new EPRR guidance and changes in EPRR reporting structures within LPT. Addition of reference to: - <ul style="list-style-type: none"> • HIS IT Services Recovery Plan • Information Risk Policy
3	July 2016	Updated to reflect the following: <ul style="list-style-type: none"> • New definition for the term Major Incident • Inserted the correct minimum frequency for command post exercises
4	February 2018	Policy Review <ul style="list-style-type: none"> • Updated definitions that apply to this policy table. • References updated
5	March 2021	3.1 Reference to 2015 EPRR framework updated to 2018 4.2 Amendment to state surge capacity plan is validated by LHRP Sub Operational 4.10 Updated to state EPRR Manager will provide quarterly report to the Health and Safety Committee not Finance and Performance Committee.
6	February 2023	Updated aligned to feedback from the EPRR Core Standards Assurance process Oct 2022. Inserted reference to Minimal Occupational Standards Updated continuous improvement section to include the regional shared learning that is coordinated through the LHRP Addition of Key Performance Indicators (KPI)
7	April 2023	Updated post Consultation with NHSE
7.1	July 2023	Addition of EPRR Governance Structure – Appendix 6
8	February 2024	Policy shared for consultation. Updated reference to reviewed NHS Standard

		Contract 2022/23 (SC 30) Addition of the link to the LPT Risk Appetite Statement p19 para 5.4.2 Strengthened the narrative how the trust capture and embed learning from incident and exercise. P20/21 para 5.4.4 Policy Monitoring Section (Appendix 1) p26 – KPIs updated and RAG rated
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Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

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1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Accountable Director	Deputy CEO/Managing Director
Author(s)	EPRR Manager
Implementation Lead	EPRR Manager
Core policy reviewer group	EPRR Working Group
Wider consultation	Health and Safety Committee
	Directorate Health, Safety and Security Action Group
	Trust Policy Experts

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
EPRR Working Group	Quality and Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It considers the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable

treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. If you require this policy in another format please contact the Corporate Assurance Team.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this Policy

AEO	Accountable Emergency Officer
Business Continuity	The capability of an organisation to continue to delivery services at acceptable predefined levels following a disruptive incident.
Business Continuity Management	A holistic management process that identifies potential hazards to an organisation and the impacts on service delivery of those hazards, if they occur, and which provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities.
Business Continuity Management System (BCMS)	Part of the overall management system that establishes, implemented, operates, monitors, reviews, maintains and improves business continuity.
Business Continuity Plan	Documented procedures that guide organisations to respond, recover, resume and restore service delivery to a pre-defined level of operation following a disruption.
BIA	Business Impact Analysis
Category 1 Responders	1 Category 1 responders are those organisations at the core of an emergency response and are subject to the full set of civil protection duties:
Category 2 Responders	2 Category 2 responders such as utility providers and transport providers, are critical partners in EPRR that are required to co-operate with and support other Category 1 and Category 2 responders. They are less likely to be involved in the heart of planning work but will be heavily involved in incidents which affect their sector. Category 2 responders have a lesser set of duties, which are to co-operate and

	share relevant information with other Category 1 and 2 responders.
CCA 2004	Civil Contingencies Act 2004
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Emergency / Major Incident	An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.
Emergency Preparedness, Resilience and Response (EPRR)	The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to incidents and emergencies. Ability of the community, services, area or infrastructure to detect, prevent and, if necessary, withstand, handle and recover from incidents and emergencies. Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders, including those associated with recovery.
International Standard for Business Continuity (ISO 22301 & ISO 22313)	International standard for the development of Business Continuity Management Systems. All NHS funded organisations are encouraged to align their Business Continuity Management Systems to the standard.
Publicly Available Specification 2015:2010 (PAS 2015)	NHS guidance outlining the principles which should be followed by NHS funded organisations in developing business continuity plans.
Incident Co-ordination Centre (ICC)	A focal point for coordination of a response and the gathering, processing, archiving and dissemination of information across the NHS and externally, as required.
IEM	Integrated Emergency Management
ICB	Integrated Care Board
ICS	Integrated Care System
ARC	Audit and Risk Committee
Local Health Resilience Partnership (LHRP)	The strategic forum in Leicestershire for facilitating joint health community emergency planning.
LLR Prepared	Leicester, Leicestershire and Rutland (LLR) Prepared is the principal forum in Leicestershire for multi-agency cooperation

	between Category 1 and Category 2 Responders (the common term within UK emergency planning for this forum is the Local Resilience Forum (LRF)).
LRF	Local Resilience Forum
Major Incident Plan	Clearly identified plan to be used to implement an effective and co-ordinated response to an emergency or major incident.
Resilience	Ability of an organisation to adapt and respond to disruptions, whether internal or external, to deliver agreed critical activities.
SC 30	2022/23 NHS Standard Contract Service Conditions (SC 30)

1.7 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance

2.0 Introduction

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe winter weather to an infectious disease outbreak or a major transport accident. This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR).

Under the requirements of new NHS EPRR guidance¹ LPT is required to: -

- Have suitable and up to date incident response plans which set out how LPT would respond to and recover from a major incident / emergency which is affecting the wider community or the delivery of services; and
- Adopt business continuity plans to enable LPT to maintain or recover the delivery of critical services in the event of a disruption.

Planning for emergencies has developed significantly since the introduction of statutory duties under the Civil Contingencies Act 2004. 'Category One' responders, must show that they are working with other responders to assess risks, develop and maintain plans, share information and co-operate on civil contingency response.

¹NHS England Emergency Preparedness Resilience and Response Framework 2022

LPT does not meet the legal definition of a Category One, however under EPRR guidance the Department of Health and NHS England expects all NHS funded organisations to plan for and respond to incidents in the same way as a Category One responder, though in a manner which is proportionate to the scale and services provided.

With the aim of developing effective business continuity plans, LPT as an NHS funded organisation is encouraged to develop, maintain and continually improve business continuity management system (BCMS) that follow the principles of ISO 22301 (International Standard for Business Continuity) and the Department of Health PAS 2015 (Framework for health services resilience).

The BCMS establishes a strategic and operational framework, enabling LPT to proactively implement resilience to any disruption to critical activities. Business continuity requires planning across many facets of LPT; therefore, its resilience depends equally on its management and operational staff, as well as technology.

This Policy outlines the organisational arrangements for implementation of the policy and how our emergency preparedness and business continuity plans will respond to incidents which might affect delivery of critical services or affect the wider healthcare community.

This Policy applies to all employees of the organisation, but especially to those with specific responsibility, or accountability for ensuring that LPT complies with its EPRR obligations.

3.0 Purpose

The Purpose of the Policy is: -

- To ensure that LPT can provide an effective, robust and co-ordinated response to a disruption to business continuity or to a major incident / emergency that is affecting the wider community, or another NHS funded organisation.

The Objectives of this Policy is to provide an EPRR structure through which: -

- LPT can meet its obligations to all appropriate EPRR guidance and the NHS core standards for EPRR; and the Civil Contingencies Act 2004.
- The emergency preparedness, resilience and response roles and responsibilities of employees are defined.
- A Major Incident Plan is maintained to implement an effective response to a major incident / emergency.
- The reputation of LPT is not compromised, by failure to adequately plan
- That LPT shares information with partner agencies to enhance co-ordination and co-operation.
- A comprehensive BCMS is established and maintained, following the principles of PAS 2015 & ISO 22301.
- LPT has identified those activities which are critical to the delivery of patient care.
- The level of risk to the provision of health care is assessed and risk mitigation strategies are applied to reduce the impact of a disruption to business continuity.
- Business continuity plans are developed, tested and regularly reviewed to ensure that LPT can deliver an effective response to a disruption to service delivery.

- An annual cycle of EPRR exercises is held to test the effectiveness of LPT's response to a business continuity disruption and major incident.
- LPT annually reviews the BCMS and emergency preparedness with the aim of agreeing EPRR objectives and strategies to drive continual improvement.
- That in responding to a major incident or business continuity disruption, LPT considers the needs of all communities it serves and ensures that no group is discriminated against.
- The LPT Audit and Assurance Committee and Board can be assured that the BCMS and emergency preparedness remains up to date, ensuring that LPT can deliver an effective and robust response to a major incident or business continuity disruption in line with our EPRR obligations. **Appendix 6** illustrates the Governance Structure for EPRR within LPT.

3.1 Standards

The development and maintenance of a Major Incident Plan and a BCMS will assure the Board that LPT complies with: -

- Care Quality Commission Essential standards of quality and safety (6d)
- NHS Standard Contract Service Conditions 2022/23 (SC30)
- NHS England EPRR Guidance
- NHS Core Standards for EPRR

3.2 Scope

LPT's BCMS applies to all areas of patient care, enabling services and other departments within the trust. It does not cover the activities of external organisations which are contracted to provide support to or supply LPT. However, where appropriate in developing business continuity and emergency plans, LPT will consult and closely liaise with stakeholders; partner agencies; other service providers and support services to ensure that LPT plans and the plans of other organisation LPT would be effective and mutually supportive in responding to an incident.

LPT will seek assurance from external organisations which are contracted to provide services in support of LPT critical activities, that they have effective business continuity plans in place to maintain or recover their service provision.

4.0 Responsibilities

4.1 The Chief Executive Officer has overall responsibility for: -

- Ensuring that the organisation will prepare, maintain, review and continual improve business continuity plans to maintain or recover the delivery of critical activities during business continuity disruptions.
- Ensuring that the organisation has a Major Incident Plan in place for responding to a major incident or emergency; and
- To appoint a board level member of staff to fulfil the role of the Accountable Emergency Officer (AEO), and ensures that the AEO reports the EPRR preparedness statement at least annually to the board

4.2 The Accountable Emergency Officer role is fulfilled by the Deputy Chief Executive Officer (DCEO) and is responsible for ensuring that the organisation: -

- Is compliant with the EPRR requirements as set out in the CCA 2004; the Health and Care Act (2022); NHS EPRR core standards; NHS England Emergency Preparedness, Resilience and Response framework (2022), and the NHS standard contract as applicable.
- Is properly prepared and resourced for dealing with major incident, or emergency.
- Has robust business continuity planning arrangements in place which follow the principles of the Framework for Health Services Resilience (PAS 2015) and ISO 22301.
- Has a robust Major Incident plan that provides an integrated organisational response and that it has been annually signed off by the governing committee for EPRR and shared with the Integrated Care Board (ICB)
- Complies with any requirements of the Integrated Care Board (ICB) and NHSE, in respect of the monitoring of compliance against EPRR Standards and Guidance
- Provides NHSE, with such information as it may require for the purpose of discharging its functions.
- Is appropriately represented at, and effectively contributes to, any governance meetings, subgroups or working groups of the LHRP or LRF.
- Can assure the Board that LPT is compliant with all its EPRR obligations and presents a formal report stating the trusts level of preparedness no less than annually.
- In the absence of the AEO a nominated executive will represent the trust at the LHRP and LRF Executive meetings

4.3 The Head of Trust Health & Safety Compliance: -

- Has delegated responsibility to oversee the day-to-day management of EPRR for LPT and will escalate matters as required to the AEO.
- That the Emergency Planning Manager is adequately supported to allow them to fulfil their role and responsibilities.
- Adequate resources and funds are made available to allow LPT to effectively respond to a disruption to business continuity and to a major incident or emergency.
-

4.4 All Directors of Services are responsible for: -

- Being familiar with this Policy and to ensure that business continuity is part of the everyday culture of the organisation.
- Ensuring the Policy is followed and implemented within their areas of responsibility.
- That adequate resources from within their Service must be made available to ensure that business continuity plans are developed and maintained.
- Monitoring and auditing of their service's Business Continuity Plans; and
- Testing their plans in line with this policy.

- 4.5 On-Call Directors and On- Call Managers are responsible for: -**
- Ensuring they attend EPRR training when requested and no less than annually
 - Maintaining an awareness of LPT Major Incident Plan and the Business Continuity Management System; and
 - Leading the Service or LPT response to a significant disruption to business continuity or a major incident.
- 4.6 Services Business Continuity Leads are responsible for: -**
- Supporting and assisting the Emergency Planning Manager in the development and maintenance of a Business Continuity Management System and plans and arrangements for responding to a major incident.
 - Ensuring that service area business continuity plans are developed and maintained; and
 - Ensuring that business continuity arrangements are regularly reviewed tested and maintained.
- 4.7 Head of Service are responsible for: -**
- Support the Service Business Continuity Leads and Emergency Planning Manager in the development, maintenance and further improvement of the BCMS and preparedness for major incidents.
 - Ensure that a suitable business continuity plan is in place for each of their sites and teams.
- 4.8 Team Managers: -**
- Ensure their business continuity plan is up to date and relevant for their site / team / service area, reflecting critical patient functions and the risk to service delivery.
 - Ensure staff and especially those who would be expected to take the lead for their site / team / war, understand their role under the business continuity plan to ensure a prompt and effective response to any disruption to business continuity.
- 4.9 All Staff: -**
- Are familiar with their site / team Business Continuity Plan.
 - Undertake basic awareness training in emergency response.
 - Understand where to locate emergency resources in an incident and understand what action to take.
 - Staff at all levels are responsible for building, promoting and embedding a business continuity culture that reflects our organisational core values and vision to achieve our strategic objectives.
- 4.10 The Emergency Planning Manager is responsible for: -**
- Ensuring that LPT meets its statutory obligations under the Civil Contingency Act 2004; EPRR core standards and complies with all relevant EPRR guidance.
 - Developing and delivering the LPT's emergency preparedness and business continuity planning, improving standards of emergency preparedness across LPT.

- Providing leadership on specialist emergency preparedness and resilience issues.
- Reviewing emergency preparedness considering new and emerging risks, recommendations, guidance and statutory requirements and organisational changes.
- Keeping the AEO and Trust Head of Health and Safety Compliance updated on matters related to emergency preparedness,
- Ensuring that the organisation maintains an up-to-date Major Incident Plan and has Incident Coordination Centres (ICC) available this includes the ability to activate a virtual incident response.
- Co-ordinating the development and maintenance of LPT's BCMS.
- Reviewing and updating the LPT Training Needs Analysis (TNA) for EPRR no less than annually
- Providing advice and training to appropriate staff in relation to emergency preparedness, resilience and response.
- Liaising with emergency partners and within the organisation to ensure we can support the response to a major incident or emergency affecting the wider community.
- As appropriate ensure post incident reviews are conducted so that lessons may be learned. The post incident review actions are to be monitored by the Operations Hub to ensure pan trust actions are closed and lessons shared.
- Ensuring auditing is undertaken of LPT business continuity plans with the aim of continual improvement in performance.
- Producing an annual EPRR Work Plan that includes training and exercises with the aim of testing the effectiveness of LPT's BCMS and Incident Response, whilst updating EPRR process and procedure aligned to new national guidance.
- Providing the LPT Audit and Assurance Committee and the LPT Health and Safety Committee with quarterly reports on EPRR preparedness.
- Providing the LPT Audit and Assurance Committee with an annual report on the performance of LPT's business continuity management system.
- Provision of information to NHSE and the LLR ICB in support of assessment of LPT EPRR preparedness; and
- Seeking assurance from external service providers that relevant and robust business continuity plans are in place, tested and fit for purpose.

4.11 The LPT Health & Safety Committee and Directorate Health, Safety and Security Action Groups are responsible for: -

- Providing opportunities within existing meetings for the consideration of EPRR issues, approving actions as necessary to ensure LPT maintains effective emergency plans and Business Continuity Management System.
- Have sign off authority of EPRR plans and Policy post a period of consultation.

5.0 Building and Maintaining Emergency Preparedness, Resilience and Response

PAS 2015 promotes the use of the Integrated Emergency Management (IEM) approach to building resilience within NHS funded organisations. IEM is based on following a life cycle of planning, testing, review and the setting of fresh objectives or targets to drive continual improvements in an organisation’s emergency preparedness.

Through IEM, LPT assures itself that it has developed flexible and adaptable plans, enabling the implementation of an effective response to a disruption to LPT business continuity or to a major incident affecting the wider community.

5.1 The Principles of Integrated Emergency Management

Table 1: Principles of Integrated Emergency Management

	LPT achieve this in the following ways
Anticipate	Through horizon scanning, gain an awareness of the hazards that could affect LPT service delivery.
Assess	Assess the likely impact of hazards on LPT’s critical services and identify measures to prevent or mitigate the hazards.
Prevent	
Prepare	Develop business continuity plans, hazard specific incident response plans and supporting planning arrangement to ensure LPT is prepared to respond to disruptions to business continuity.
Respond	Adoption of tried and tested Major Incident Plan to ensure LPT can implement an effective response to a major incident or disruption to business continuity.
Recover	To be able to manage the longer-term consequences of a disruption to business continuity or major incident and to be able to recover normal levels of service delivery as quickly as possible.

5.2 The Civil Contingencies Act 2004

The principles of Integrated Emergency Management; dovetails with LPT’s EPRR obligations as an NHS funded organisation, under the Civil Contingencies Act 2004, and with the principles of ISO 22301 and obligations under PAS 2015 and National EPRR guidance. Several LPT’s obligations to the Civil Contingencies Act 2004 will be achieved through co-operation and joint working with healthcare and emergency planning partners under the activities of the Leicestershire Leicester & Rutland (LLR) Local Resilience Forum (known as LLR Prepared). Table 2 outlines how LPT will meet the obligations to the Civil Contingencies Act 2004.

Table 2: Obligations under Civil Contingencies Act 2004

EPRR Obligations under the Civil Contingencies Act 2004		How the Obligation is met by LPT
Co-operation and Sharing information	<ul style="list-style-type: none"> • Co-operate with other responder organisations to enhance co-ordination and efficiency when planning for an emergency. • Co-operate with other responder organisations to enhance coordination and efficiency when responding to and recovering from an emergency. • Share information with other local responder organisations to enhance co-ordination both ahead of and during an emergency. 	<ul style="list-style-type: none"> • Executive Director representation on the LRF Executive Group • Senior Manager Representation on the Local Health Resilience Partnership (LHRP) • Emergency Planning Manager membership of the Health Emergency Planning Operational Group (HEPOG). • Membership of the LLR Prepared (Local Resilience Forum) sub-groups. • Day to day co-operation between LPT Emergency Planning Manager and equivalents in partner agencies. • Day to day co-operation between LPT senior staff and equivalents with partner agencies. • Sharing appropriate information with partner agencies in planning for and responding to a major incident. • Under the LHRP Memorandum of Understanding NHS England are empowered to call upon the resources of LPT to assist in the response to a major incident. • Annual membership to the LRF

EPRR Obligations under the Civil Contingencies Act 2004		How the Obligation is met by LPT
Risk assessment	<ul style="list-style-type: none"> • Assess the risk of emergencies occurring within their area and use this to inform contingency planning. • Collaborate with other organisations to compile community, local or national risk registers. • Ensure internal corporate risk management processes include risk to continuation of services. 	<ul style="list-style-type: none"> • LLR Prepared undertakes risk assessment of the hazards within Leicestershire. LPT reviews this work in considering the risk to this organisation. • LPT will support the LLR Prepared objective to deliver an annual review of the hazards in Leicester, Leicestershire and Rutland. • LPT Risk Management Strategy requires LPT to assess the risks to the Trust's Strategic objectives, including those risks with potential to affect service delivery. • LPT carries out an annual business continuity risk assessment of the implications on LPT of the hazards present within Leicestershire. • LPT standard business continuity plan requires sites and services to identify the key risks to service delivery.
Emergency planning	<ul style="list-style-type: none"> • Ensure emergency plans are in place in order to respond to emergencies. • Ensure validation and exercising of emergency plans. • Ensure appropriate senior level command and decision making is available 24/7. • Ensure appropriate Incident Coordination Centre (ICC) facilities are available to control and coordinate the response to an emergency. • Ensure relevant response staff are trained to an appropriate level for their roles. • Ensure robust communication mechanisms. 	<ul style="list-style-type: none"> • Development and maintenance of a Major Incident Plan, hazard specific incident response plans and business continuity plans to enable LPT to implement an effective response 24/7 to a major incident or significant disruption to business continuity. • Availability of an Incident Coordination Centre, 24/7. • Trained, LPT Directors responsible for managing the LPT response to a major incident or serious disruption to business continuity • Trained LPT Managers responsible for managing a site or service response to a serious disruption to business continuity • Agreed mutual aid to and from health providers and partner agencies in support of the response to an emergency or major incident.

EPRR Obligations under the Civil Contingencies Act 2004		How the Obligation is met by LPT
Warning & informing	<ul style="list-style-type: none"> • Maintain arrangements to make available information available to the public on emergency preparedness matters. • Maintain arrangements to warn inform and advise the public in the event of an emergency. 	<ul style="list-style-type: none"> • LPT co-ordinates activities with LLR Prepared partners on sharing information with the public on preparing for emergencies and during the response to emergencies. • LPT releases appropriate information to the public on its EPRR preparedness. • In the event of a disruption to service provision, LPT would use all available and appropriate routes to inform service users and the wider public of the nature of the disruption and LPT's efforts to maintain or recover services delivery.
Business continuity	<ul style="list-style-type: none"> • To maintain plans to ensure that we can continue to deliver functions in the event of an emergency so far as is reasonably practicable. • Assess both internal and external risks whilst developing and reviewing Business Continuity Plans. 	<ul style="list-style-type: none"> • Development and maintenance of a Business Continuity Management System following the principles of ISO 22301 and PAS 2015. • Annually review the Business Continuity Management System to demonstrate continuous improvement. • Sites and Services required to have a Business Continuity Plan, utilising the LPT standard template. • Agreed mutual aid to and from health providers and partner agencies in support of the response to a disruption to business continuity.

5.3 Response to Business Continuity / Major Incident

It is the nature of business continuity disruptions and major incidents or emergencies that they are unpredictable, and each will present a unique set of challenges. Therefore, a key outcome from the EPRR work is the adoption and maintenance of plans which would enable LPT to implement a planned, co-ordinated, tested, effective and flexible response.

The intention is that any disruption to business continuity would be tackled by the local service area or site, responding to the cause or incident in line with their local business continuity plans. Where the disruption escalates or is very disruptive from its outset, the response may have to be escalated to senior managers including as appropriate the Trust On-Call Managers and Director.

Where LPT is alerted to a major incident in the community or serious disruption to business continuity, it is the responsibility of the Director On-call call to assess the situation and determine whether to activate the Major Incident Plan and convene a Major Incident Team to co-ordinate the whole LPT response to the incident. If deemed appropriate, the Major Incident Team would utilise an LPT ICC (or alternative), which provides the team with a 24/7 resourced centre of operation.

As appropriate, in responding to an incident, LPT may request the support of mutual aid from partner agencies or may itself be asked to provide support to other agencies within Leicestershire, or potentially cross the border in the event of larger and wider scale incidents.

5.4 Business Continuity Management System

There is an expectation from our service users and their families; the public; NHSE; LLR ICB and partner agencies who we work with, that LPT can ensure that in the event of a disruption to service provision, LPT can implement a swift recovery of critical activities.

A BCMS following the principles of PAS 2015 and ISO 22301 enables LPT to maintain and continually improve its preparedness for disruptions to business continuity and meet the expectations of our stakeholders.

LPT will follow the principles of Integrated Emergency Management, operating a Business Continuity Management System that follows a life cycle of planning, operating, reviewing and improving business continuity planning.

5.4.1 Plan and Establish the Business Continuity Management System

The aim of this element of business continuity planning is to: -

- Ensure business continuity planning reflects LPT's Mission, Vision, Values and Strategic Objectives.
- Consider and understands LPT's EPRR statutory duties and obligations, commercial obligations and the views and needs of interested parties.
- Outline the commitment of senior management to the EPRR initiative, especially through the leadership provided by the Board level Accountable Emergency Officer.
- Provision of the necessary resources to facilitate the development of a BCMS; and
- Ensuring staff have the awareness and competence to develop and maintain business continuity plans and respond to any disruptions to business continuity.

Table 3: LPT’s Business Continuity Management System Document Portfolio

Documents	Objective of the Documents
Emergency Preparedness, Resilience and Response (EPRR) Policy	<ul style="list-style-type: none"> • Sets the framework and strategic direction for LPT’s BCMS and emergency preparedness.
LPT Major Incident Plan	<ul style="list-style-type: none"> • Outlines how LPT co-ordinates its response to a serious disruption to the trust’s business continuity and to a major incident in the wider community.
LPT EPRR Risk Register	<ul style="list-style-type: none"> • Assesses the implications to LPT of the hazards present within Leicester, Leicestershire and Rutland.
Service Area Business Continuity Plans	<ul style="list-style-type: none"> • Details how a critical service would be recovered or maintained in the event of a disruption.
Site Business Continuity Plans	<ul style="list-style-type: none"> • Outlines the risks to a building (e.g. hospital / health centre / office base) and how any disruption to Service Delivery would be mitigated.
Training Needs Analysis	<ul style="list-style-type: none"> • Determine the skills and knowledge required by staff to support the EPRR policy and fulfil LPT’s EPRR obligations. • Determine the training necessary to meet the Training Needs. • Aligned to the Minimum Occupational Standards for EPRR (June 2022)
Training Programme and Portfolio of Training	<ul style="list-style-type: none"> • Agreed annual programme of training. • Provision of bespoke training to On-Call Directors and other appropriate members of staff on their role in managing response to a major incident or disruption to business continuity. • Personal Development Portfolios (PDP) to evidence training
Exercise Programme	<ul style="list-style-type: none"> • Test the effectiveness of plans in responding to disruptions to business continuity and to major incidents.
Incident, exercise and audit report and EPRR Quarterly reports to the trust	<ul style="list-style-type: none"> • Ensure the occurrence of and response to incidents of business continuity disruptions and major incident are reported and investigated. • Undertaking of an annual audit of business continuity plans to assess their effectiveness and compliance with the BCMS.
Annual Management Review	<ul style="list-style-type: none"> • Provide the LPT Audit and Assurance Committee with an annual report of the effectiveness of the BCMS and the preparedness for emergencies.

5.4.2 Implementing and Operating the Business Continuity Management System

Undertaking a Business Impact Analysis (BIA) identifies service provision priorities, determines and documents the impact of a disruption to the activities that support patient care.

Within the LPT Standard Business Continuity Plan sites and services are required to meet this element of a BCMS by: -

- The Business Continuity Plan owner will undertake a Business Impact Analysis that is built into the LPT BCP Template
- Identifying those services which are patient critical.
- Determining the time for recovering the patient critical services.
- Consider the key risks to service provisions and ensuring suitable mitigation measures are in place.

The LPT standard business continuity plan incorporates Action Cards which outline the actions to respond to and mitigate the main risks to business continuity (loss of utilities, loss IT). Where necessary a site or service must amend the Action Cards or prepare specific ones to ensure measures are in place to respond to risks that are specific to them.

LPT therefore focuses its planning on critical activities, but also recognises that other less critical activities would need to be recovered to a pre-determined level of service within a pre-determined time as defined in the business continuity plans.

The level of risk is understood to be specifically in respect of LPT's critical activities and the risk of a disruption to the delivery of patient care. Critical activities are underpinned by resources such as people, premises, technology, information, supplies and stakeholders. LPT services and sites in developing their business continuity plans must understand the risk to these resources, the vulnerabilities of each resource, and the impact that would arise if incident occurred and caused a business disruption. This includes understanding the interdependences between services, as the loss of an activity could have implications for another critical activity with LPT or partner agencies.

Sites and services are required to review their business continuity plans on an annual basis, or if there are significant changes in service delivery.

Using the LLR Prepared Community Risk Register the Emergency Planning Manager undertakes an annual review of the hazards present within Leicester, Leicestershire and Rutland to determine the implications for LPT. Where necessary, mitigation measures will be recommended to address any identified risks to service delivery.

LPT Risk Appetite Statement can be found in the LPT Risk Management Policy, p.23 Appendix 3 [Risk-Management-Policy.pdf \(leicspart.nhs.uk\)](https://leicspart.nhs.uk/Risk-Management-Policy.pdf)

LPT's risk treatment for identified risks to business continuity is to: -

- Eliminate the risk by removal of the hazard(s).
- Tolerate the level of risk faced, usually due to the low likelihood of the hazard occurring or the presence of existing mitigation measures; or

- Implement appropriate measures to reduce the potential effects of those incidents, such as through adoption of Business Continuity Plans.

5.4.3 Monitor, Review the Business Continuity Management System

LPT needs to ensure that the BCMS capability and Major Incident Plan remains effective, fit for purpose and up to date.

It is the responsibility of the Emergency Planning Manager: -

- To annually audit and review the BCMS and Major Incident Plan in order to identify good practice, potential non-conformities and any necessary corrective actions.
- Identify any changes to LPT's services which may require additional business continuity plans or measures or risk to the BCMS.
- Review incident reports from Safeguarding that related to impacts on service provision identifying lessons learnt and any necessary mitigation measures; and
- Facilitate several exercises to test LPT's preparedness to respond to disruptions to business continuity and major incidents.

Regular testing and exercising of LPT's business continuity plans and Major Incident Plan provides assurance that the plans would prove effective if utilised.

Exercising is also essential to developing teamwork, competence, confidence and knowledge which are vital at the time of an incident.

In line with the requirements of NHS EPRR guidance, the Emergency Planning Manager will be responsible for ensuring that LPT as a minimum will undertake: -

- A communication exercise every 6 months (both in and out of hours);
- A tabletop exercise every 12 months, and a.
- Command Post exercise every 3 years.
- A Live Play exercise every 3 years
- An ICC Equipment Test every 3 Months

In addition, LPT will aim to participate in exercises and training organised by partner agencies and involve partner agencies in its own exercises to facilitate an effective multi-agency response to a disruption to business continuity and a major incident.

The Emergency Planning Manager will provide quarterly EPRR reports to the LPT Audit and Assurance Committee and the Health and Safety Committee outlining the status of LPT's emergency preparedness and business continuity planning and forwarding recommendations for improvements to EPRR arrangements.

5.4.4 Continually Improve the Business Continuity Management System

An annual review will be undertaken of incident response and the BCMS though assessment of changing circumstances, the results of audits and the lessons learnt from incidents and exercises, also from the Regional shared learning that the trust receives twice yearly. The aim of the review is to enable LPT to assure itself of the

effectiveness of the BCMS and emergency preparedness or where deemed necessary to identify the need for changes to this Policy, the setting of new or amendment of, existing EPRR strategy.

The trust has a process for capturing lessons identified from training, incidents and exercise and transforming them into embedded learning is summarised as CAAPE **Capture-Asses-Action Plan- Embed**.

Capture: Opportunities for learning are captured through Post Exercise or Post Incident Reports and through other organisational learning that is coordinated external to LPT and shared nationally and regionally for information.

Asses: All lessons and opportunities are reviewed by the LPT Emergency Planning Manager and cohorted into a table that identifies if they are a Business Continuity, Emergency response or Other (Such as Estates and Facilities) piece of learning.

Action Plan: The tabulised learning points are distilled into an Exercise or Incident Action Log that sets out each individual action, the detail required, an action owner and a delivery date.

The Action Logs are held centrally in the Operations Hub who oversee and manage the delivery of actions and are responsible for the action log management to its closure. Any shared learning from an external organisation will be picked up as EPRR business as usual work and reported back through the EPRR Quarterly Report. Exercise and Incident Action Logs are presented to the EPRR Working Group each month for review and sign off to close and archive.

Embed: Any learning opportunities that requires Business Continuity Plans or Incident Response Plans to be updated or new processes to be introduced are implemented at source but shared through the EPRR Governance structure to ensure opportunity for widest distribution across the trust. Biannually or as required learning points from internal exercises or incidents are shared with NHSE to support their regional shared learning document.

The Emergency Planning Manager will provide the LPT Audit and Risk Committee (ARC) with an annual report of the BCMS outlining any opportunities for improving the effectiveness of the BCMS.

6.0 Training and Awareness

There is a need for training to be identified within this policy and set out in the LPT Training Needs Analysis (TNA) for EPRR which is reviewed annually. In accordance with the classification of training outlined in the National Minimum Occupational Standards for EPRR combined with the Trust Learning and Development Strategy supported by the LPT TNA for EPRR a training and exercise schedule is written into the EPRR Work plan and targets reflected as Key Performance Indicators (KPIs) in this policy.

The course directory will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the event will be recorded on the Trusts electronic training system (ULEARN). A Personal Development Portfolio (PDP) for everyone who has a role in incident response will be held in the LPT Operations Hub and be subject to audit. The governance group responsible for monitoring the training is the LPT Health and Safety Committee.

To be successful, business continuity management must become part of the way the organisation is managed. All staff must understand that business continuity is an important issue for the organisation and that they have a duty of care in maintaining the delivery of patient care. Staff at all levels are responsible for building, promoting and embedding a business continuity culture that reflects our organisational core values and vision to achieve our strategic objectives.

The Emergency Planning Manager working with the LPT Services will be responsible for ensure that staff awareness is increased and developed. This will be achieved through: -

- Using the LPT Health and Safety Committee structure to present an EPRR Report no less than quarterly, which will be presented at directorate Health and Safety Action Groups to give EPRR the widest reach across the trust.
- Discussion of business continuity plans and emergency preparedness in e-newsletters and team briefings.
- Inclusion of business continuity planning and emergency preparedness on LPT's e-source, this will include an annual week event for Business Continuity Awareness Week (BCAW)
- Learning from internal and external incidents, utilising the regional shared learning from exercises and incidents; and
- Exercising and Testing business continuity plans no less than annually. The learning from this is to be captured in the version control box in the plan. The annual plan review requests that the Business Continuity Plan has been tested or exercised with assurance provided to the LPT Operations Hub through completion of the **LPT Business Continuity Test and Review Checklist**. The reviewed plan is re-issued to all stakeholders as required.

The organisation will ensure that all personnel who are assigned responsibilities under business continuity planning, and incident response are competent to fulfil their role aligned to the standards set in the Minimum Occupational Standards for EPRR. To this end the Emergency Planning Manager will ensure that On Call Framework will receive regular emergency preparedness training to ensure they feel confident in managing the response to a disruption to business continuity and to a major incident.

The Emergency Planning Manager will be responsible for providing Executive level staff and all other staff as appropriate, briefings and updates on new and emerging risks or incidents that could impact on the trust delivering its critical services.

7.0 Links to Standards/Performance Indicators

Table 5: Standards which LPT must adhere to

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission Essential standards of quality and safety: 6d	<ul style="list-style-type: none"> • Business Continuity Plans • Major Incident Plan • Evacuation Plan
2022/23 NHS Standard Contract Service Conditions (SC30)	<p>Have in place: -</p> <ul style="list-style-type: none"> • Accountable Emergency Officer <p>A Communication structure to notify the ICB as soon as reasonably practicable and in any event no later than 5 Operational Days following the activation of;</p> <ul style="list-style-type: none"> • Major Incident Plan • Business Continuity Plans • Evacuation Plan • Inform the ICB of any risk or any actual disruption to essential services. • LPT must be prepared to provide whatever support and assistance may reasonably be required by the Commissioners and/or NHS England and/or the UK Health Security Agency in response to any national, regional or local public health emergency or incident
EPRR core standards	<ul style="list-style-type: none"> • 58 standards across 10 domains applicable to LPT

8.0 References and Associated Documentation

This policy was drafted with reference to the following:

The Civil Contingencies Act 2004.

NHS Act 2006 Section 252A

Health and Care Act 2022

Equality Act 2010

Department of Health, 2010: PAS 2015: 2010 Framework for Health Services Resilience

BSI, 2012: ISO 22301:2012 Business Continuity Management Systems – Requirements

BSI, 2012: ISO 22313:2012 Business Continuity Management Systems – Guidance

NHS England, 2022: Emergency Preparedness, Resilience and Response Framework 2022

NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

NHS England Business Continuity Toolkit and Guidance (2023)

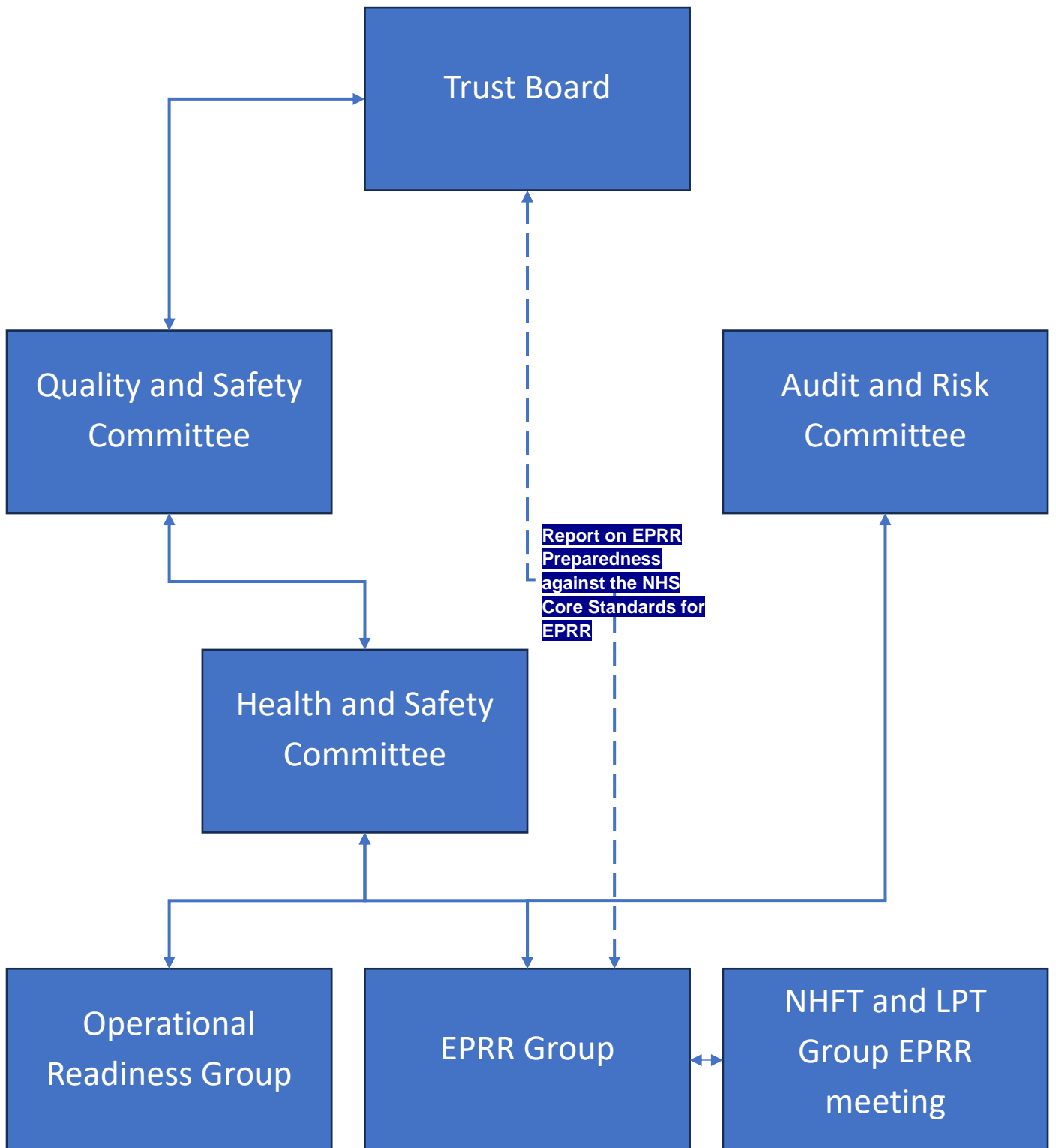
NHS England, 2013: Everyone counts: Planning for Patients 2013/14 – 2018/19
NHS England, 2022/23, NHS Standard Contract Service Conditions (SC30)
Minimum Occupational Standards for EPRR (MOS 2022)

9.0 Related Protocols

Several protocols and plans relate to the management of disruptions to business continuity and the response to major incidents which should be followed as appropriate.

- Major Incident Plan
- New and Emerging Pandemic Plan
- Site and Service Area Business Continuity Plans
- LHM IT Disaster Recovery Plan
- Lockdown Plans
- Evacuation and Shelter Plans
- Incident Reporting Policy
- Information Governance Policy
- Inspection Policy: Health and Safety Inspections
- Fire Risk Assessments
- Fire Evacuation Plans
- Security Policy
- Risk Management Strategy

Governance Structure for EPRR in LPT



Policy Monitoring Section

Duties outlined in this Policy will be evidenced through monitoring of the Key Performance Indicators (KPIs) set out below.

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

EPRR Domain	KPI	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring	Reported in the annual BCMS Audit	RAG Rate for audit
Governance	EPRR Position Statement reported to Board.	Annual Audit	AEO	Annually	Yes	100% Green
	AEO appointed and in post (Or interim nominated)	Annual Audit	Executive Board	Annually	Yes	100% Green
	EPRR Policy in date for review	Annual Audit	Emergency Planning Manager	Annually	Yes	In Date Overdue Out of Date by 1 year
Assessment of Risk	All EPRR Risks uploaded to Ulysses	EPRR Report	Emergency Planning Manager	Quarterly	Yes	100% Green
	All EPRR Risks in date for review	EPRR Report	Emergency Planning Manager	Quarterly	Yes	100% Green
Plans	Major Incident Plan reviewed no less than annually.	Annual Review	Health and Safety Committee	Annually	Yes	In Date Overdue Out of Date by 1 year Red
	Major Incident Plan updated and aligned to the EPRR Framework 2022	Annual Review	Health and Safety Committee	Annually	Yes	In Date Overdue Out of Date by 1 year Red OOD Red

EPRR Domain	KPI	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring	Reported in the annual BCMS Audit	RAG Rate for audit
Command & Control	LPT have a 24/7 On Call Rota in place.	TNA	Operations Hub	Monthly / Annually	Yes	100% Green
	Training is planned for the On Call Framework – Strategic / Tactical	EPRR Workplan / EPRR TNA	EPRR Working Group Health and Safety Committee	Quarterly	Yes	100% Green
	Strategic - Directors on Call attend 1 session of EPRR On Call Training	EPRR Workplan / EPRR TNA	EPRR Working Group Health and Safety Committee	Quarterly / Annually	Yes	95-100% 90-95% ≤90%
	Tactical – On Call Managers attend 1 session of EPRR On Call Training	EPRR Workplan / EPRR TNA	EPRR Working Group Health and Safety Committee	Quarterly / Annually	Yes	95-100% 90-95% ≤90%
	LPT Have an identified Incident Co-ordination Centre (ICC) that has been checked for serviceability every 3 months	EPRR Report	EPRR Manager Health and Safety Committee	Quarterly / Annually	Yes	4 Audits 3 Audits 1-2 Audits
Training	There is a Training Needs Analysis (TNA) in place that is reviewed no less than annually.	EPRR Report	EPRR Manager Health and Safety Committee	Quarterly	Yes	100% Green

EPRR Domain	KPI	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring	Reported in the annual BCMS Audit	RAG Rate for audit
	Training has been planned to meet the requirements of the TNA and is reflected in the EPRR workplan.	EPRR Work Plan	EPRR Working Group Health and Safety Committee	Quarterly / Annually	Yes	All Training in the workplan Training entered but not aligned to the TNA No training reflected in the workplan
Exercising	Communications Systems Test – Every 6 Months	Post Exercise Reports	EPRR Working Group	Quarterly Report / Annually through audit	Yes	2 Undertaken 1 Undertaken 0 Undertaken
	A Business Continuity Exercise – Every 12 Months		EPRR Working Group		Yes	1 Delivered 0 Delivered
	A Command Post Exercise – Every 3 Years A live Exercise Every 3 Years	EPRR Work Plan	EPRR Working Group	Annually	Yes	Reportable across a frequency greater than annually
Business Continuity	LPT will audit its BCMS no less than annually against the NHS England BCMS Audit Checklist part-3-e-resource-e-audit-checklist.pdf (england.nhs.uk)	Audit Checklist	EPRR Working Group EPRR Manager	Annually	Yes	Audit Complete No evidence of Audit
	Critical Services will have BC Plans in place.		EPRR Working Group	Annually	Yes	95-100% 90-95% ≤90%

EPRR Domain	KPI	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring	Reported in the annual BCMS Audit	RAG Rate for audit
	LPT BC Plans will be reviewed no less than annually.		EPRR Working Group	Quarterly / Annually	Yes	95-100% 90-95% ≤90%
	An audit of Critical Suppliers BC will be undertaken.		EPRR Working Group	Annually	Yes	95-100% 90-95% ≤90%
CBRNE	An annual audit will be undertaken of IOR Training Package	EPRR reports TNA	EPRR Manager EPRR Working Group	Annually	Yes	Audit Complete No evidence of Audit

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training	Yes	No
Training topic:	Management of LPT response to Major Incidents and serious disruptions to business continuity.	
Type of training:	EPRR training (including management of major incidents) to Directors EPRR training (including management of business continuity incidents) to Services On-call managers	
Service(s) to which the training is applicable:	All Services	
Staff groups who require the training:	LPT On Call Framework – Directors and Managers All personal who have a leadership role in an emergency response	
Update requirement:	Periodic update if significant changes to major incident or business continuity response.	
Who is responsible for delivery of this training?	Emergency Planning Manager	
Have resources been identified?	Yes	
Has a training plan been agreed?	Yes, for the LPT On Call Framework	
Where will completion of this training be recorded?	√ uLearn LPT Operations Hub and Managers may hold local records	
How is this training going to be monitored?	Quarterly report to Health and Safety Committee	

*A full Due Regard (Equality Analysis) makes sure that any negative impacts have been considered and ways to minimize the impact are specified.

Due Regard Screening Template

Section 1		
Name of activity/proposal	EPRR	
Date Screening commenced	24/02/24	
Directorate / Service carrying out the Assessment	Health and Safety Compliance	
Name and role of person undertaking this Due Regard (Equality Analysis)	Michael Ryan	
Give an overview of the aims, objectives and purpose of the proposal:		
AIMS:		
OBJECTIVES:		
PURPOSE:		
Section 2		
Protected Characteristic	Could the proposal have a positive impact Yes or No (give details)	Could the proposal have a negative impact Yes or No (give details)
Age	No	No
Disability	No	No
Gender reassignment	No	No
Marriage and Civil Partnership	No	No
Pregnancy and Maternity	No	No
Race	No	No
Religion and Belief	No	No
Sex	No	No
Sexual Orientation	No	No
Other equality groups?		
Section 3		
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.		
Yes		No
High risk: Complete a full EIA starting click here to proceed to Part B	<input type="checkbox"/>	Low risk: Go to Section 4.
Section 4		
It this proposal is low risk please give evidence or justification for how you reached this decision:		

Sign off that this proposal is low risk and does not require a full Equality Analysis:

Head of Service Signed:

Date:

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.
The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	x <input type="checkbox"/>
Support and value its staff	x <input type="checkbox"/>
Work together with others to ensure a seamless service for patients	x <input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	x <input type="checkbox"/>

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual’s expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering ‘yes’ to any of these questions is an indication that a PIA would be useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:	Emergency Preparedness Resilience and Response (EPRR) Policy		
Completed by:	Michael Ryan		
Job title	Emergency Planning Manager	Date	02/02/24
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
<p>If the answer to any of these questions is ‘Yes’ please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@nhs.net In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trus