EPRR Policy

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

Key words: Emergency Planning, Emergency Preparedness, Business Continuity, Resilience, Major Incident

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Policy On A Page

SUMMARY & AIM

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

KEY REQUIREMENTS

Adherence to the NHS Core Standards for EPRR, which equates to 58 Standards across 10 domains that are applicable to LPT

TARGET AUDIENCE:

All LPT staff

TRAINING

Training identified within this policy is desirable or development for staff and can be accessed locally or through the Trust learning management system (ulearn).

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1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

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: - • HIS IT Services Recovery Plan • Information Risk Policy
3	July 2016	Updated to reflect the following: • New definition for the term Major Incident Inserted the correct minimum frequency for command post exercises
4	February 2018	Policy Review • 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

Version number	Date	Comments (description change and amendments)
		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
8.1	Apr 2024	Strengthened external supplier paragraph para 3.3 p10
8.2	June 2025	Minor Amends - Admin Update New Policy Template Separated Risk Management for a bespoke section Added documentation retention period Replaced EPRR Manager with Head of EPRR Included and strengthened Resource Section
8.3	March 2026	Admin Update – minor changes
8.4	June 2026	Admin update Added Planned Work Coordination Process (minor) Expanded Site BCP section, inc. Rapid Response Box detail (minor) Minor amendments to improve alignment with current EPRR arrangements, operational resilience and organisational governance

For Further Information Contact:

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1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Accountable Emergency Officer (AEO)	Deputy CEO/Managing Director
Author(s)	Head of EPRR
Implementation Lead	Head of EPRR
Core policy reviewer group	EPRR Working Group
Wider consultation	Health and Safety Committee
	Trust Policy Experts
NHSE Regional EPRR Team	Regional EPRR Colleagues
LLR ICB and wider Emergency Planning peer group	LLR EPRR Peer Group

1.3 Governance

Level 2 & 3 approving delivery group	Level 1 Committee to ratify policy
EPRR Steering Group & Health and Safety Committee	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 takes into account the provisions of the Equality Act 2010 (Amendment) Regulations 2023 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 would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

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 (Amendment) Regulations 2023. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.

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- 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 3) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision;
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- 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.

2.0 Purpose and Introduction/Why do we need this policy

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).

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 Objective 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

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of employees are defined.
- An Incident Response 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 is maintained, ensuing 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.

3.0 Policy Requirements

Under the requirements of new NHS EPRR guidance[1] 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 that they are working with other responders to assess risks, develop and maintain plans, share information and co-operate on civil contingency response.

[1]NHS England Emergency Preparedness Resilience and Response Framework 2022

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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.

4.0 Duties within the Organisation

4.1 Chief Executive Officer

The Chief Executive Officer has overall responsibility for: -

- Ensuring that the organisation prepares, maintains, reviews and continually improves business continuity plans to maintain or recover the delivery of critical activities during business continuity disruptions.
- Ensuring that the organisation has an Incident Response Plan in place for responding to a major incident or emergency; and
- Appointing 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 Accountable Emergency Officer

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 Incident Response 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 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 Deputy Director of Safety and EPRR

The Shared Deputy Director of Safety and EPRR:

- Has delegated responsibility to oversee the day-to-day management of EPRR for LPT and will escalate matters as required to the AEO.
- Ensures that the Head of EPRR is adequately supported to allow them to fulfil their role and responsibilities.
- Ensures that 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 Head of EPRR

The Head of EPRR 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.

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- 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 Deputy Director of Safety and EPRR updated on matters related to emergency preparedness,
- Ensuring that the organisation maintains an up-to-date Incident Response 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, ensuring post incident reviews are conducted so that lessons may be learned. The post incident review actions are to be monitored by the EPRR team 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, reportable bi-monthly via EPRR Steering Group
- Providing the LPT Health and Safety Committee with quarterly reports on EPRR preparedness.
- Providing the Health and Safety Committee, and Trust Board 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
- Seeking assurance from external service providers that relevant and robust business continuity plans are in place, tested and fit for purpose.
- Supporting relevant teams (IG/LHIS) in the submission of the annual Data Protection and Security Toolkit annual assessment, where relevant to Business Continuity

4.5 Directors of Services

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.
- Ensuring adequate resources from within their Service are 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.

4.6 On-Call Directors and On-Call Managers

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 Incident Response 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.

4.7 Service Business Continuity Leads

Services Business Continuity Leads are responsible for:

- Supporting and assisting the EPRR Team 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.

4.8 Heads of Services

Heads of Service are responsible for:

- Supporting the Service Business Continuity Leads and Head of EPRR in the development, maintenance and further improvement of the BCMS and preparedness for major incidents.
- Ensuring that a suitable business continuity plan is in place for each of their sites and teams.

4.9 Team Managers:

Team Managers are responsible for:

- Ensuring 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.
- Ensuring staff and especially those who would be expected to take the lead for their site / team / ward, understand their role under the business continuity plan to ensure a prompt and effective response to any disruption to business continuity.

4.10 All Staff:

All Staff must ensure they:

- 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.

4.11 Health & Safety Committee

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 EPRR

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, reviewing and the setting of fresh objectives or targets to drive continual improvements in an organisation's emergency preparedness.

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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 achieves this in the following ways:
Anticipate	Through horizon scanning, gain an awareness of the hazards that could affect LPT service delivery.
Assess / Prevent	Assess the likely impact of hazards on LPT's critical services and identify measures to prevent or mitigate the hazards.
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 Incident Response 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 of 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.

EPRR Obligations under the Civil Contingencies Act 2004		**How the Obligation is met by LPT**
Co-operation and Sharing information	• Co-operate with other responder organisations to enhance co-ordination and efficiency when planning for an emergency.	• Executive Director representation on the LRF Executive Group • Senior Manager Representation on the Local Health Resilience Partnership (LHRP)

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EPRR Obligations under the Civil Contingencies Act 2004		How the Obligation is met by LPT
	• 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.	• Head of EPRR 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 Head of EPRR 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
Risk assessment	• 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.	• 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.

EPRR Obligations under the Civil Contingencies Act 2004		How the Obligation is met by LPT
		• LPT standard business continuity plan requires sites and services to identify the key risks to service delivery.
Emergency planning	• Ensure emergency plans are in place 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.	• Development and maintenance of a Incident Response 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.
Warning & informing	• Maintain arrangements to make information available to the public on emergency preparedness matters. • Maintain arrangements to warn inform and advise the public in the event of an emergency.	• 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

EPRR Obligations under the Civil Contingencies Act 2004		How the Obligation is met by LPT
		to maintain or recover services delivery.
Business continuity	• To maintain plans to ensure that we can continue to deliver functions in the event of an emergency as far as is reasonably practicable. • Assess both internal and external risks whilst developing and reviewing Business Continuity Plans.	• 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.

Table 2: Obligations under Civil Contingencies Act 2004

5.3 Risk Management

Using the LLR Prepared Community Risk Register the Head of EPRR undertakes an annual review of the hazards present within Leicester, Leicestershire and Rutland to determine the implications for LPT. The Head of EPRR will maintain an EPRR Risk Register that considers and scores against relevant risks using the Trust's Risk Scoring Matrix. Where necessary, mitigation measures will be recommended to address any identified risks to service delivery.

Any risk included into the EPRR Risk Register will be recorded on ULYSSES.

LPT Risk Appetite Statement can be found in the **LPT Risk Management Policy, p.15 Section 11**

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 EPRR Resource

It is the responsibility of the Accountable Emergency Officer to ensure LPT is properly prepared and resourced to deal with an incident, from Business Continuity Incident, Critical Incidents and Major Incidents. This includes resources to efficiently enable the planning towards incidents.

5.4.1 EPRR Workforce

The EPRR team consists of the Head of EPRR, EPRR Advisor and EPRR Coordinator. The team report to the Deputy Director of Safety and EPRR.

5.4.2 EPRR Budget

The EPRR team has its own budget allowance/cost code for planned expenditure and is used for on-call arrangements, training, and exercise expenses. This is via the Health and Safety budget and is owned by the Shared Deputy Director of Safety and EPRR.

5.4.3 Incident Response

Strategic Commanders have the authority to commit additional resources required in response to an incident or emergency. They are required to control and capture any financial costs incurred. They will alert the Finance Director during operational hours to any financial commitments made,

It is the Strategic Commanders duty to ascertain if the resources requirement to deal with an incident outweighs the Trust's ability to provide. In those circumstances it will be necessary to escalate the incident from a business continuity incident to a critical incident or major incident through discussion with Leicester, Leicestershire and Rutland Integrated Care Board.

6.0 Incident Response

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

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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 Directors.

Where LPT is alerted to a major incident in LLR or a serious disruption to LPT business continuity, it is the responsibility of the Director On-Call to assess the situation and determine whether to activate the Incident Response Plan and convene an Incident management Team to co-ordinate the LPT response. If deemed appropriate, the Incident Management 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. Guidance on Mutual Aid can be found at section A13 in the LPT Incident Response Plan.

7.0 Business Continuity

There is an expectation from our service users and their families, the public, NHSE, LLR ICB and partner agencies who we work with, 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.

All business continuity documentation must be reviewed annually.

7.1 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 understand 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 (AEO).
- Provide the necessary resources to facilitate the development of a BCMS; and
- Ensure staff have the awareness and competence to develop and maintain business continuity plans and respond to any disruptions to business continuity.

7.2 Planned Work Coordination

LPT recognises that planned works, service changes, estates activity, infrastructure maintenance, digital change, utility interruptions and contractor activity have the potential to disrupt service delivery and impact patient care if not effectively coordinated.

All planned work with the potential to affect clinical or operational services must be subject to proportionate assessment and coordination arrangements to ensure risks are identified, mitigated and communicated appropriately prior to implementation.

The Planned Work Coordination process supports:

- Identification of potential operational and business continuity impacts.
- Appropriate stakeholder engagement and communication.
- Escalation and approval where required.
- Consideration of contingency arrangements and service recovery actions.
- Coordination between operational services, Estates, Digital, contractors and other relevant teams; and,
- Reduction in the likelihood of avoidable service disruption or incidents arising from planned activity.

The EPRR team acts as a coordinating link between corporate support functions undertaking planned work activities (including Estates, LHIS and external contractors where applicable) and operational services impacted by those activities. This supports early identification of operational risks, appropriate business continuity considerations, effective communication and coordinated mitigation planning to minimise disruption to patient care and service delivery.

Where a planned activity presents a significant risk to service continuity, patient safety, infrastructure, utilities, digital systems or site operations, additional business continuity arrangements may be required and should be developed in conjunction with the EPRR team.

The EPRR team will support the Planned Work Coordination process where there is a requirement for business continuity advice, incident preparedness considerations or assessment of wider organisational resilience impacts.

7.3 Implementing and Operating the BCMS

LPT has a service prioritisation list that describes the trusts services in a hierarchy of priority. LPT expect priority services to have Business Continuity Plans (BCP) in place to maintain their service delivery during a disruption. To enable an effective BCP, a Business Impact Analysis (BIA) should be undertaken to identify risk to service provision and document the impact to service delivery.

LPT sites and services are required to meet this element of a BCMS by: -

- The plan owner undertaking a Business Impact Analysis using the BIA Template adapted from the NHSE BC Toolkit (V2 2023). Part 1 – Plan - Resource B. A copy of this will be held centrally by the EPRR team and reviewed annually with the BCP. Both the BIA and BCP are stored together and are subject to audit.
- Identifying those services which are patient critical.
- Determining the time for recovering the patient critical services.
- Considering the key risks to service provision and ensuring suitable mitigation measures are in place.
- Ensure the BCP is tested no less than annually, and any learning is fed back into the plan and recorded in the version control section of the plan. Any updated BCP should be shared and be accessible in hard copy to the staff who are expected to use it.

The LPT standard business continuity plan incorporates Action Cards that 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.

7.4 Site Business Continuity Plans

Site Business Continuity Plans (Site BCPs) support the management of site-based disruption affecting multiple services, infrastructure, utilities or operational functions. They provide site-specific information to support Tactical and Strategic coordination during incidents, emergencies and disruptive events.

Site BCPs are designed to support Managers On-Call, Directors On-Call, Incident Coordination Centres (ICCs) and operational teams by providing information relating to:

- Site-specific risks and hazards
- Utilities and infrastructure dependencies
- Access and egress arrangements
- Lockdown and restricted access arrangements
- Site escalation and coordination arrangements
- Temporary loss of facilities or services
- Evacuation and shelter considerations
- Key contacts and supporting services
- Emergency response resources
- Site command and coordination facilities
- Immediate operational response and business continuity considerations.

Site BCPs support, but do not replace, Service Business Continuity Plans and should be used alongside relevant operational procedures, emergency response arrangements and Trust-wide EPRR plans.

Site BCPs will be developed and maintained by the EPRR Team with support from operational services, Estates, Digital, Health and Safety and other relevant support services as required. Relevant services and departments are responsible for supporting the review, accuracy and ongoing maintenance of site-specific information contained within the plans

7.5 Rapid Response Boxes

Rapid Response Boxes (RRBs) are maintained at identified LPT sites to support the initial management of incidents, emergencies and disruptive events.

RRBs support the activation of Site Business Continuity Plans, incident coordination arrangements and immediate operational response activity. Contents may include site-specific plans, action cards, registers, communication information, site maps and other emergency response materials relevant to the site.

The EPRR Team is responsible for the oversight and assurance of Rapid Response Boxes, with relevant services and departments supporting the maintenance and review of site-specific contents.

7.6 Monitor and Review the Business Continuity Management System

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

It is the responsibility of the LPT Head of EPRR to -

- To annually audit and review the BCMS and Incident Response Plan 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 relate to impacts on service provision identifying lessons learnt and any necessary mitigation measures; and
- Facilitate/develop 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 Incident Response 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 LPT Head of EPRR 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.
- Command Post exercise every 3 years.
- A Live exercise every 3 years.

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

7.7 External Suppliers Business Continuity Arrangements

LPT will seek assurance from external organisations who 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.

- It is a responsibility of the LPT Procurement Team to request that all external contractors and Suppliers have business continuity arrangements in place to support LPT Critical services and to maintain their service delivery.

- It is the responsibility of the LPT Head of EPRR to audit no less than annually suppliers connected to the trust's critical services business continuity arrangements.

- LPT Procurement Team can request support from the EPRR team to review and comment on suppliers' business continuity at the tendering stage, as per the **LPT Procurement Manual, p.15/16, sect 8.3.3**.

- If any concerns relating to a supplier's business continuity arrangements are identified through subsequent audits, these are to be shared with the Head of Procurement for information / action.

The LPT Head of EPRR is to provide evidence of the annual audit of external suppliers as part of the national assurance process for EPRR.

7.8 Continual Improvement of the BCMS

An annual review of the BCMS will be undertaken through assessment of lessons learned from incidents and exercises, and the results of internal and external audit. To reinforce this process NHSE share accumulated regional learning that can be used to support the development of EPRR plans and processes.

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, and review or amendment of existing EPRR strategy

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7.9 Shared Learning Process

The trust has a process for capturing lessons identified from training, incidents and exercise and transforming them into embedded learning: summarised as **CAAPE** **C**apture-**A**sses-**A**ction **P**lan-**E**mbed.

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.

Assess: All lessons and opportunities are reviewed by the LPT Head of EPRR or LPT EPRR team 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 tubulised 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 by the EPRR team 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 Steering Group 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 LPT Head of EPRR 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.

8.0 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 record of Personal Development Portfolio (PDP) for everyone who has a role in incident response will be held by the LPT EPRR team 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 LPT Head of EPRR working with the LPT Services will be responsible for ensuring that staff awareness is increased and developed. This will be achieved through: -

- Using the LPT Health and Safety Committee structure submit an EPRR AAA 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 Staffnet, this will include an annual 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 each plan.

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 LPT Head of EPRR will ensure that the On Call Framework 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 LPT Head of EPRR 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.

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9.0 Monitoring Compliance and Effectiveness

Monitoring tools must be built into all procedural documents in order that compliance and effectiveness can be demonstrated.

Be realistic with the amount of monitoring you need to do and time scales

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
All duties, plans/arrangements, roles and responsibilities and actions covered by this policy	NHS Core Standards for EPRR	External Assurance process NHSE Core Standards for EPRR	AEO Head of EPRR EPRR Steering Group	EPRR Steering Group (annually) Health and Safety Committee (annually) Trust Board (annually)
All duties, plans/arrangements, roles and responsibilities and actions covered by this policy	NHS Core Standards for EPRR	Internal monitoring of adherence to policy	AEO Head of EPRR EPRR Steering Group	EPRR Steering Group Health and Safety Committee Trust Board (annual)

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10.0 References and Bibliography

Legislation:

- The Civil Contingencies Act 2004. (2004). *c.36. London: The Stationery Office.*
- NHS Act 2006. (2006). *c.41. London: The Stationery Office.* (Section 252A)
- Health and Care Act 2022. (2022). *c.31. London: The Stationery Office.*
- Equality Act 2010. (2010). *c.15. London: The Stationery Office.*

Standards and Frameworks:

- Department of Health. (2010). *PAS 2015: 2010 Framework for Health Services Resilience.* London: Department of Health.
- BSI. (2012). *ISO 22301:2012 Business Continuity Management Systems – Requirements.* London: British Standards Institution.
- BSI. (2012). *ISO 22313:2012 Business Continuity Management Systems – Guidance.* London: British Standards Institution.

NHS Documents and Guidance:

- NHS England. (2022). *Emergency Preparedness, Resilience and Response Framework 2022.* Leeds: NHS England.
- NHS England. (2023). *NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR).* Leeds: NHS England.
- NHS England. (2023). *Business Continuity Toolkit and Guidance.* Leeds: NHS England.
- NHS England. (2013). *Everyone Counts: Planning for Patients 2013/14 – 2018/19.* Leeds: NHS England.
- NHS England. (2022/23). *NHS Standard Contract Service Conditions (SC30).* Leeds: NHS England.
- NHS England. (2022). *Minimum Occupational Standards for EPRR (MOS 2022).* Leeds: NHS England.

10.1 LPT Related Protocols and Plans

- Incident Response Plan
- New and Emerging Pandemic Plan
- Site and Service Area Business Continuity Plans
- LHIS IT Disaster Recovery Plan
- Cyber Incident Response Plan
- Lockdown Plans
- Evacuation and Shelter Plans
- Incident Reporting Policy
- Information Governance Policy
- Inspection Policy: Health and Safety Inspections
- Fire Risk Assessments

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- Fire Evacuation Plans
- Security Policy
- Risk Management Strategy

11.0 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.

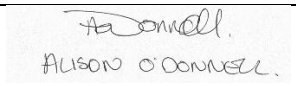
If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendices

Appendix 1 Training Needs Analysis – Principles of Incident Response

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to lpt.tel@nhs.net for review.

Training topic/title:	Principles of Incident Response		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	☐ Not required ☐ Mandatory (must be on mandatory training register) ☐ Role Essential (must be on the role essential training register) X Desirable or Developmental		
Directorate to which the training is applicable:	X Directorate of Mental Health X Community Health Services X Enabling Services X Estates and Facilities X Families, Young People, Children, Learning Disability and Autism X Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	All staff groups		
Governance group who has approved this training:	Health and Safety Committee	Date approved:	June 2025
Named lead or team who is responsible for this training:	EPRR Team		
Delivery mode of training: elearning/virtual/classroom/ informal/adhoc	Virtual/MS Teams		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	X uLearn ☐ Other (please specify)		
How will compliance with this training to be audited?	X Manager ulearn report X Local manager personal records ☐ StatMand (Flash) topic compliance report X Other please specify Bespoke completion report from ulearn monitored by H&S Committee		

Signed by Learning and Development Approval name and date		Date: 24th June 2025

Appendix 2 The NHS Constitution

- 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 Answer ~~yes/~~no to all

Respond to different needs of different sectors of the population ~~yes/~~no

Work continuously to improve quality services and to minimise errors yes~~/no~~

Support and value its staff yes~~/no~~

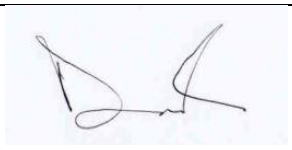
Work together with others to ensure a seamless service for patients yes~~/no~~

Help keep people healthy and work to reduce health inequalities yes~~/no~~

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes~~/no~~

Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	EPRR Policy
Date Screening commenced	01.06.2025
Directorate / Service carrying out the assessment	Safety and EPRR
Name and role of person undertaking this Due Regard (Equality Analysis)	Dan Adamson, Head of EPRR
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Provision of a framework for establishing, maintaining and continually improving a Business Continuity Management System and Incident Response Plan that complies with all applicable Emergency Preparedness, Resilience and Response obligations.	
OBJECTIVES: To set out the EPRR requirements of the Trust, including roles and responsibilities, business continuity, incident response, training, and monitoring.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	N/A
Disability	N/A
Gender reassignment	N/A
Marriage & Civil Partnership	N/A
Pregnancy & Maternity	N/A
Race	N/A
Religion and Belief	N/A
Sex	N/A
Sexual Orientation	N/A
Other equality groups?	N/A
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	Low risk: Go to Section 4. ✓
Section 4	
If this proposal is low risk please give evidence or justification for how you reached this decision:	
This policy describes the Trust's arrangements for complying with all applicable Emergency Preparedness, Resilience and Response obligations within all Trust	

areas and department's where Trust staff are located or co-located.			
Signed by reviewer/assessor		Date 1 June 2025	
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date 1 June 2025	

Appendix 4 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) 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 following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**EPRR Policy**	
Completed by:	**Dan Adamson**	
Job title	**Head of EPRR**	**Date 16 June 2025**

Screening Questions	**Yes / No**	**Explanatory Note**
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 them? 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	No	

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.		
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 5 Definitions

AEO	Accountable Emergency Officer
Business Continuity	The capability of an organisation to continue to deliver 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, implements, 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	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	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

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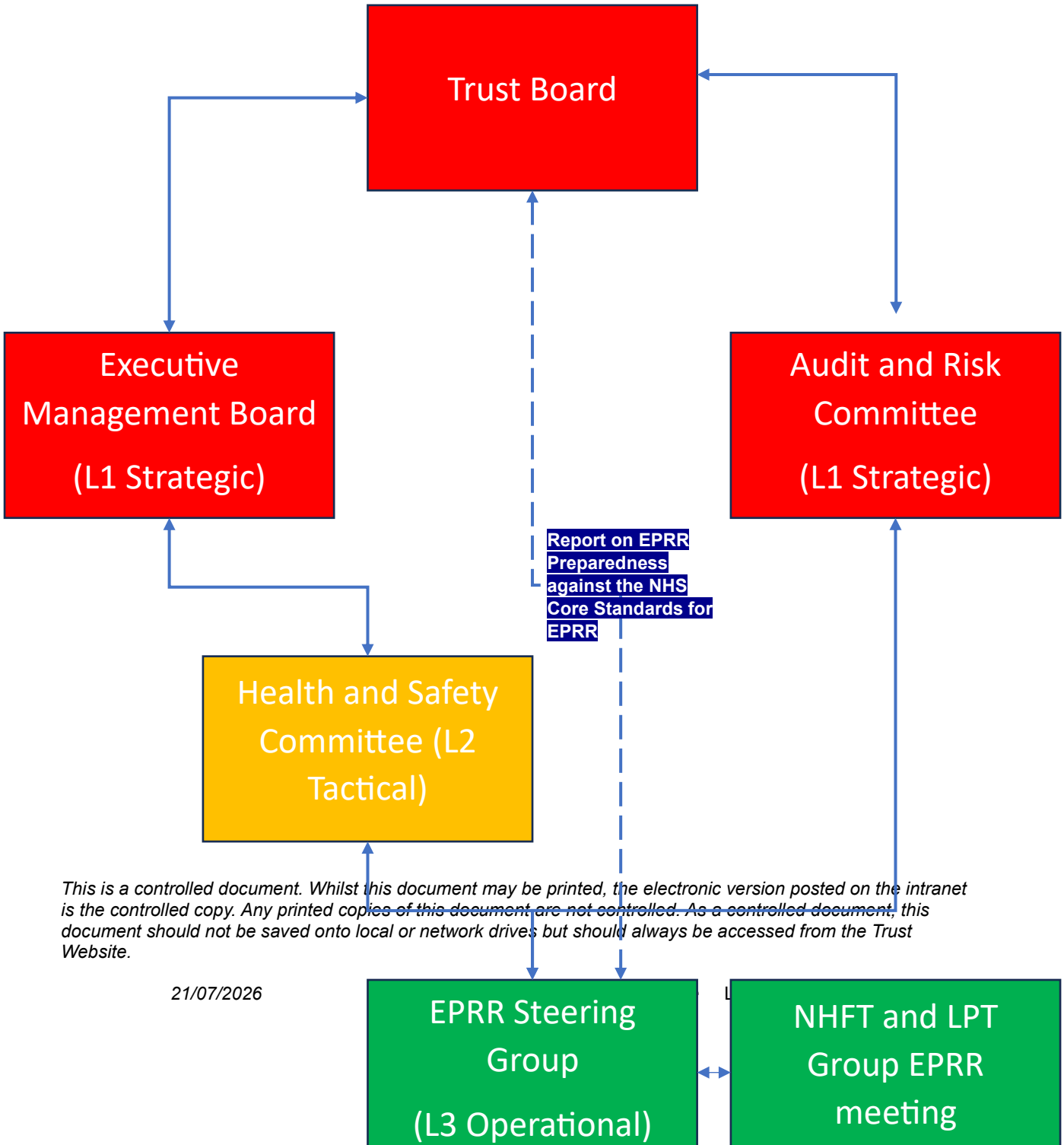
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people 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

Incident Response 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	2025/26 NHS Standard Contract Service Conditions (SC 30)

Appendix 6 - Governance Structure for EPRR in LPT



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Appendix 7 LPT's EPRR System Hierarchy of Documents

Documents	Objective of the Documents
Emergency Preparedness, Resilience and Response (EPRR) Policy	• Sets the framework and strategic direction for LPT's BCMS and emergency preparedness.
LPT Incident Response Plan	• 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	• Assesses the implications to LPT of the hazards present within Leicester, Leicestershire and Rutland.
Business Continuity Plans	• Details how a critical service would be recovered or maintained in the event of a disruption. • Outlines the risks to people, premises, technology, information, supplies and stakeholders and how any disruption to service delivery would be mitigated.

Documents	Objective of the Documents
Training Needs Analysis	• Determines the skills and knowledge required by staff to support the EPRR policy and fulfil LPT's EPRR obligations. • Determines the training necessary to meet the Training Needs. • Aligns to the Minimum Occupational Standards for EPRR (June 2022)
Training Programme and Portfolio of Training	• 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
LPT Annual Work and Exercise Programme	• Agreed Annual Programme of Work that will support LPT in discharging its EPRR Obligations. • Tests 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	• Ensures 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.
Internal Audit - Annual Management Review	• Provides the LPT Audit and Assurance Committee with an annual report of the effectiveness of the BCMS and the preparedness for emergencies.
External Audit – 360 Assurance	• The LPT BCMS and EPRR Policy is subject to external audit by 360 Assurance. The agreed compliancy and exit reports will be communicated to the Audit and Risk Committee
EPRR Plan Consultation Log	• This demonstrates continuous improvement of plans and process allowing peers to input into LPT Emergency Planning

Documents	Objective of the Documents
EPRR Exercise and Incident Action Log	• To capture actions from exercises incidents and training to enhance LPT EPRR Plans and processes

Appendix 8 EPRR Documentation Retention Periods

Record Description	Retention Period
EPRR Decision Log, Pocket Log Book, On Call Log Book, Incident-related documents including Debrief Records/Lessons Identified and documents of potential legal interest i.e. major/critical/business continuity/serious incident logs from predecessor organisations, documents presented in court/to coroners, plans, communications, organisational structures and other documents that could fit into this category. Format of records - mixture of paper and electronic.	20 years
EPRR Decision Log, Pocket Book, On Call Log, Logbook, post-exercise reports/Lessons Identified. Format of records - mixture of paper and electronic.	10 years
EPRR Decision Log, Pocket Book, On Call Log, Log Book, on-call-related documents including handover records, reviews/Lessons Identified and documents of potential legal interest i.e. event logs from predecessor organisations, documents presented in court/to coroners, plans, communications, organisational structures and other documents that could fit into this category. Format of records - mixture of paper and electronic	10 years

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EPRR - Incident Response Plans, Business Continuity Plans, EPRR Guidance, Standard Operating Procedures, Policy, Strategy, EPRR Core Standards Assurance reviews and reports. Format of records - electronic.	20 Years
EPRR Information Sharing Protocols and Memorandum of Understanding, Mutual Aid Agreements, Service Level Agreements. Format of records -mixture of paper and electronic.	10 years
EPRR Local Health Resilience Partnerships and subgroups- minutes, papers, action logs, Risk Registers. Format of records – electronic	20 years
EPRR Ambient voice recording, telephone recording in relation to incident coordination centre. Format of records - electronic.	20 years

Appendix 9 LLR Prepared Constitution

1. INTRODUCTION

This constitution has been developed to clearly define the working principles for LLR Prepared, ensuring a common understanding of arrangements across partner organisations.

2.LEICESTER, LEICESTERSHIRE AND RUTLAND (LLR) PREPARED AIM AND OBJECTIVES

2.1 Aim

LLR Prepared is an ‘umbrella’ partnership which facilitates local multi-agency emergency preparedness arrangements. Its overall purpose is to ensure that there is an appropriate level of preparedness to enable an effective multi-agency response to emergencies which may have a significant impact on the communities of Leicester, Leicestershire and Rutland.

Through working together LLR Prepared aspires to be a national exemplar of best practice in multi-agency resilience preparedness.

2.2 Objectives

In order to meet this aim LLR Prepared must meet specific objectives:

- To share joint strategy and policy approaches to planning and response
- To ensure robust risk processes are in place to enable the production of a Community Risk Register which provides the basis for planning
- To commission, develop, test and review LLR Prepared emergency plans and procedures
- To commit sufficient resources to successfully deliver a collectively agreed work programme
- To engage with communities to help them be more able to cope with, respond to and recover from emergencies
- To communicate effectively; across and throughout partner organisations and with the public
- To work together in an efficient way, ensuring value for money across all projects