

Policy Group: Corporate

Version no.: 1.2

Date of issue: July 2022

Approved by: Charity Executive Committee, EPRR Committee, Head of Health and Safety

Emergency Preparedness, Resilience and Response (EPRR) Policy

1. Strategic Overview

St Andrew's Healthcare has a clear responsibility to ensure that service users and staff are protected at all times, and that service user care continues to be delivered to the highest standards regardless of circumstances. To this effect it is the policy of St Andrew's Healthcare that:

- 1) Organisational arrangements, facilities and resources will be implemented to facilitate the effective response to any unplanned disruptive event which has the potential to harm our service users, staff and visitors, or disrupt or damage the delivery of service user care.
- 2) Our employees are trained, prepared and confident to be able to respond effectively in managing disruptive events and situations, to minimise the risk to service users and their care.

2. Policy Purpose

To implement the policy for Emergency Preparedness, Resilience and Response (EPRR), the Charity shall:

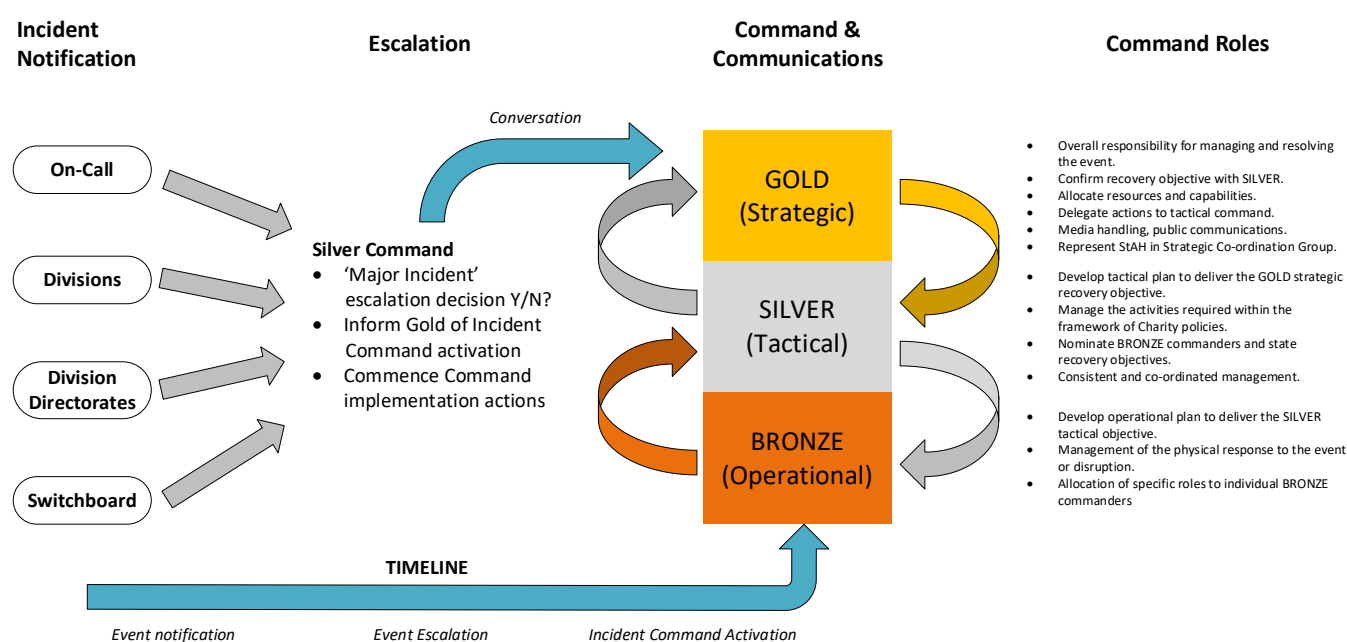
- 1) Meet the Strategic Objectives for the current year as set out in Appendix 1 of this Policy.
- 2) Develop Annual Plans for EPRR that will be owned by an Executive Director, and approved by the CEC.
- 3) Allocate clear responsibilities and accountabilities for EPRR through the management line.
- 4) Prepare documented plans and procedures for incident management, business continuity, disaster recovery and emergency response that shall be regularly reviewed to ensure they remain relevant and up to date.
- 5) Ensure that management teams and their allocated plans are subject to periodic tests and exercises.
- 6) Provide training and information to management and staff in the EPRR planning procedures, plans and arrangements.
- 7) Ensure that the following individuals / groups are aware of their responsibilities within EPRR:

- a. Executive Owner
- b. Executive Director
- c. Charity Executive Committee
- d. EPRR Lead
- e. Heads of Divisions
- f. Heads of Departments / Enabling Functions
- g. Managers who have responsibility within EPRR arrangements
- h. All staff – understanding of the EPRR procedures relevant to their roles and responsibilities.

8) It is the Charity’s policy to have documented procedures to manage the effects of unplanned disruptive events and situations. The documented procedures should be consistent with ISO22301. These procedures should detail:

- a. **Incident Management** – The Charity shall maintain effective incident management processes and procedures to manage the effects of unplanned disruptive events and situations.
- b. **Business Continuity Plans** - Business Continuity Plans (BCPs) shall be prepared to address the management of unplanned disruptive events and situations.
- c. **Disaster Recovery Plans** - Disaster recovery (DR) plans include strategies and arrangements for recovering or restoring technical infrastructure following a serious disruption.
- d. **Risk Assessment and Business Impact Analysis** - Risk assessment and Business Impact Analysis (BIA) shall be applied to the preparation and development of BCPs.

Incident Management Structure



3. Monitoring and Oversight

The Policy will be formally reviewed by the EPRR Lead and the Executive Owner for EPRR planning. Following this review, the policy will be submitted to the Charity Executive Committee for review as part of the wider approval process for the Annual Plan identifying priority actions for the forthcoming year.

4. Diversity and Inclusion

St Andrew's Healthcare is committed to Inclusive Healthcare. This means providing patient outcomes and employment opportunities that embrace diversity and promote equality of opportunity, and not tolerating discrimination for any reason

Our goal is to ensure that Inclusive Healthcare is reinforced by our values, and is embedded in our day-to-day working practices. All of our policies and procedures are analysed in line with these principles to ensure fairness and consistency for all those who use them. If you have any questions on inclusion and diversity please email the inclusion team at DiversityAndInclusion@standrew.co.uk.

5. References

ISO (2019) – ISO22301:2019. Security and Resilience – Business Continuity Management Systems
<https://www.iso.org/standard/75106.html>

NHS England (updated annually) – Core Standards for Emergency Preparedness Resilience and Response
[NHS England » NHS Core Standards for Emergency Preparedness, Resilience and Response](#)

6. How to request a Change or exception to this policy

Please refer to either the [Policy and Procedure Update Application Link](#)
 Or the exception process [Policy and Procedure Exception Application Link](#)

7. Key changes - please state key changes from the previous version of the policy

Version Number	Date	Revisions from previous issue
1.1	Jan 2021	<ul style="list-style-type: none"> Change to the name of the policy and terminology in line with NHS terminology – EPRR replaces Emergency Planning. Removal of Business Continuity Management as a separate term as this is within EPRR. Business Continuity Plans remain within the Policy as these refer to a specific type of process and documentation. Responsibility change from Legal to Operations. Change of role responsibilities within policy from Head of Risk to EPRR Lead. Change of responsibility from Head of Corporate Risk to Internal Audit and Risk Manager for the methodology and presentation format of BIA's and Risk Assessments Terminology change to reflect changing in the organisation. E.g "Pathways" changed to "Divisions" Changes to referencing as ISO and NHS Standards have been updated. Summarisation and removal of information that is duplicated in the

		EPRR Procedure.
1.2	March 2022	<ul style="list-style-type: none">Removed old policy template appendix, updated format, and updated author