Emergency Preparedness, Resilience & Response Policy

NHS Devon

Version	Version 1.4
Policy Sponsor	Chief Medical Officer
Policy Lead	Senior EPRR Manager
Approved by	NHS Devon Board
Approved on	29/05/2025
To be reviewed by	30/06/2027

Document change history		
Date	**Change**	**Comments**
17/06/2019	New Policy	V0.1 - New EPRR Policy for NHS Devon CCG, replacing predecessor policies and frameworks
17/06/2019	New Policy	V1.0 – New Policy
November 2020	Policy Amendment	V1.1 – Revised following pandemic first wave
June 2022	Policy Amendment	V1.2 – Revised for transition to ICB
01/06/2023	Policy Amendment	V1.3 – Revised to replace reference to Governing Body
31/03/2025	Policy Review	V1.4 – Review following ICB restructure

Equality, diversity and inclusion statement

NHS Devon is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this

document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672 Email: d-icb.patientexperience@nhs.net

Contents

1. Introduction

1.1. All NHS organisations have a responsibility to prepare for, and respond to, emergency incidents and other disruptive events that impact upon their community or their service delivery.

1.2. NHS Devon Integrated Care Board (ICB) has a leadership role both in ensuring that the delivery of essential healthcare to the community is maintained and in leading the local health response to emergencies that affect our communities.

1.3. By implementing this policy, the ICB will integrate its response into the wider NHS response to emergencies in the community; it will also enable the ICB to maintain its critical functions, despite disruption affecting its services.

2. Purpose and objectives

2.1 This Policy sets out how NHS Devon will ensure that it meets its Emergency Preparedness, Resilience and Response (EPRR) responsibilities, as required by statute and national policy.

3. Scope

3.1 This policy applies to all staff of NHS Devon.

4. Definitions

Terms	Definition
AEO	Accountable Emergency Officer – an Executive Director with responsibility for discharging the organisation's EPRR duties under the NHS Act 2006, Section 252A.
BCMS	Business Continuity Management System – the system through which business continuity preparedness will be managed.
BCP	Business Continuity Plan – a plan for how the response to a disruptive incident will be managed, ensuring that the organisation's critical functions are maintained or swiftly re-established.
CRR	Community Risk Register – a risk assessment of the hazards and threats faced by the local area, undertaken by LRF participants based upon historical evidence and the advice of national experts.
EPRR	Emergency Preparedness, Resilience and Response – this is the nationally used NHS term for what was previously known as Emergency Planning.
LHRP BMB	Local Health Resilience Partnership Business Management Board (LHRP BMB) – an EPRR practitioner group responsible for implementing the strategic direction set out by the LHRP Executive.
LHRP Exec	Local Health Resilience Partnership Executive – a national policy mandated group of NHS Accountable Emergency Officers from all NHS organisations in Devon, Cornwall and the Isles of Scilly (DCIoS), who provide an

	integrated strategic direction to the EPRR work undertaken by their constituent organisations.
Loggist	An individual trained to record decisions in a manner that promotes the credibility and defensibility of the Incident Log in which the organisation's incident response decisions are written.
LRF	Local Resilience Forum – a statutory process under the Civil Contingencies Act 2004, whereby emergency responding organisations co-operate and co-ordinate their emergency planning to promote an integrated emergency response – chaired by the Police and based upon Police Force boundaries. Divided into an Exec group – Chief Officers Executive Board (COEB) and an EPRR practitioners' group – Monthly on Thursday (MOT).

5. EPRR Policy Content

5.1 Legislation and Policy

5.1.1. As an NHS organisation, the ICB is subject to certain pieces of legislation and national policy that govern the EPRR landscape; these are set out below.

Legislation

- NHS Act 2006, Sections 252A & 253 (as amended by the Health & Social Care Act 2012)
- Civil Contingencies Act 2004
- Health and Social Care Act 2012
- Health and Care Act 2022

Policy

- NHS England EPRR Framework 2022
- NHS England Business Continuity Management Toolkit 2023
- NHS England Core Standards for EPRR

5.1.2. As a consequence of becoming an ICB, NHS Devon became a Category 1 emergency responder organisation under the Civil Contingencies Act 2004. This places six statutory duties upon the organisation, specific to EPRR, which are:

- Risk assessment
- Business continuity management
- Emergency planning
- Maintaining public awareness and arrangements to warn, inform and Advise the public.
- Co-operation
- Information sharing

5.2 Governance

5.2.1 In order that EPRR policy and plans are properly scrutinised and authorised, they will be signed off through the following routes:

Description	Governance Process
EPRR Policy	Scrutinised by Accountable Emergency Officer and authorised by the Board
EPRR Plans	Authorised by Accountable Emergency Officer
Business Continuity Plans	Directorate BCPs are authorised by the individual Directorates' Executive Director The ICB's corporate BCP is authorised by the Accountable Emergency Officer
Annual National NHS England mandated EPRR Assurance	Scrutinised by Accountable Emergency Officer and accepted by Board
Annual Business Continuity Audit	Authorised by Accountable Emergency Officer

5.3 Resources

5.3.1 The Board will ensure that sufficient resource is provided to fulfil the EPRR function, in order that the ICB may effectively fulfil its obligations under statute and national policy.

5.4 On-Call System

5.4.1 The On-call system will comprise a two tier on-call rota with a Director on-call rota staffed by Executive Directors and Band 9 senior managers, and a Manager on-call rota staffed by Band 8D and 8C senior managers.

5.4.2 On-call staff will participate in an On-call rota that allocates them to 2-day shift duty periods.

5.4.3 On-call staff will be activated via a single point of contact telephone number which will enable partners and staff to contact whoever is on-call at the time they dial the number.

5.4.4 On-call staff will be supported by an On-call pack prepared and maintained by EPRR.

5.4.5 On-call staff may swap duty periods by the method of finding another rota participant to cover their duty period and the notifying EPRR of the change; EPRR will then amend the on-call rota.

5.4.6 On-call periods covering Christmas, New Year and Easter, will be covered in duty periods of individual days in order to share these holidays equitably across rota participants.

5.5. Emergency Plans

5.5.1 As required by the NHS England Core Standards for EPRR, the ICB has a responsibility to develop and exercise a suite of emergency plans. The plans that are required will provide for a response to (this list is not exhaustive):

- Emergency incidents
- Severe Weather
- Fuel disruption
- Pandemic Influenza
- Communicable Disease
- Mass Casualty

5.5.2 Risk Assessment

The ICB's suite of emergency plans will be based upon assessed risk. This risk assessment will take into consideration the assessment of risks undertaken by the Local Resilience Forum (LRF) and published in the Community Risk Register (CRR); it will also take into consideration any risk assessment undertaken by the Local Health Resilience Partnership (LHRP).

5.5.3 These EPRR risks will be monitored and maintained by the Senior EPRR Manager and, where a risk is identified as High or Very High, consideration must be given to escalating it onto the ICB Corporate Risk Register.

5.6. Business Continuity Management System

5.6.1. In order to be able to maintain its critical business functions, the ICB will put in place a Business Continuity Management System (BCMS). This BCMS will be maintained by the Senior EPRR Manager, supported by Directorate Business Continuity (BC) Leads.

5.6.2. The BCMS will comprise the following elements:

- ICB Business Continuity Plan – maintained by EPRR
- Directorate Business Continuity Plans – maintained by Directorate Business Continuity Leads

5.6.3. The ICB BCMS will be aligned with ISO 22301 'Societal Security – Business Continuity Management Systems'.

5.6.4. All business continuity plans will be reviewed when substantive change has occurred that affects the content, or annually, whichever is earlier.

5.7. Participation in Health and Multi-Agency EPRR Structures

5.7.1 Local Health Resilience Partnership (Executive)
The Local Health Resilience Partnership (LHRP) for Devon, Cornwall and the Isles of Scilly (DCIoS) provides the strategic direction for Health EPRR work within its area.

5.7.2 It is an Executive level group attended by AEOs from all ICBs and NHS Providers, a Head of EPRR for NHS England, and the Head of Resilience for SWAST. The Partnership is co-chaired by the NHS Devon AEO/ NHS Cornwall AEO and a lead local Director of Public Health. The two ICB AEOs will share one co-chair role.

5.7.3 The ICB will be represented at the LHRP (Executive) by the AEO; in their absence another Executive or Deputy must be nominated to attend in their place.

5.7.4 Local Health Resilience Partnership (Business Management Group)
The Local Health Resilience Partnership (BMG) is the EPRR practitioner level group with the responsibility for implementing the strategic direction of the LHRP.

5.7.5 It is chaired by the NHS Devon Senior EPRR Manager, and its purpose is to implement the strategic direction provided by the LHRP (Exec).

5.7.6 Local Resilience Forum
The Local Resilience Forum (LRF) is a statutory process for the integration of emergency preparedness in the local area, to the benefit of the community. It's functions are required by the Civil Contingencies Act 2004.

5.7.7 The LRF has an Executive meeting element (Chief Officers Executive Board (COEB)) and a number of emergency planning practitioner elements.

5.7.8 The Devon System is formally represented at the LRF COEB by the AEO, and at the LRF practitioner level by the Senior EPRR Manager.

5.7.9 Both the NHS Devon AEO and Senior EPRR Manager are the lead representatives for the NHS in the meetings that they attend, speaking for the Devon system.

5.7.10 NHS Devon is classed as a Category 1 emergency responding organisation under the Civil Contingencies Act 2004.

5.8. Exercising and Training

5.8.1 To ensure that they are prepared for their on-call role, the ICB's key staff must undergo regular training. This training required for different roles is set out below:

Training	Who	Frequency
On-call Induction training	All on-call staff	Once, prior to first on-call duty
On-call Refresher training	All on-call staff	Annually
Principles of Health Command Training	Directors on-call	Every three years
Media training	CEO or selected Execs	Once (recommended)
Surviving Public Inquiries	Directors on-call	Once (recommended)
Decision Loggist training	Loggist volunteers	Every three years
BC Lead training	Directorate BC Leads	Every three years

5.8.2 All NHS organisations are required to exercise their emergency and business continuity plans and the NHS England Core Standards for EPRR sets out the following frequencies:

- A communications exercise every six months
- A table-top exercise every year
- A live exercise every three years*
  *This requirement may also be met by a live incident response which has required a plan to be activated, followed by a post-incident debrief, with lessons identified and a post-incident report having been written.

5.8.3 The responsibility for ensuring that the training and exercising requirements are met lies with the Senior EPRR Manager.

5.9. Annual EPRR Assurance

5.9.1 Each year, NHS England requires that all NHS organisations are assured against the NHS England Core Standards for EPRR.

5.9.2 The responsibility for undertaking the assurance of Devon's NHS providers lies with the ICB and will be carried out by the Senior EPRR Manager. NHS England will undertake an assurance of the ICB's preparedness.

5.9.3 The outcomes of the EPRR assurance process referred to in 5.9 will be submitted to a Public Board by the AEO.

5.9.4 NHS England will hold a confirm and challenge meeting on the emergency preparedness of the system with the ICB AEO and Senior EPRR Manager. The outcome of this meeting will be fed into the National assurance process through Region.

5.9.6 The ICB will then present to the November LHRP Executive meeting the EPRR Assurance outcomes for the ICB and all Devon providers.

6 Accountabilities, Duties and Responsibilities

Chief Executive Officer	The Chief Executive Officer has ultimate accountability for the strategic direction and operational management of NHS Devon, including compliance with all legal, statutory and policy requirements. The Chief Executive Officer (CEO) is accountable for the preparedness of the ICB and for its response to emergency incidents and other disruptive events; this may be delegated to another Executive Director in the role of Accountable Emergency Officer.
Policy Sponsor	The Policy Sponsor is responsible for: • ensuring that policy is appropriate for consideration for approval; • endorsing this policy ahead of submission for approval; • with the Policy Lead, maintaining and updating procedures/protocols and other supporting documents for this policy; • ensuring the implementation of the Policy.
Policy Lead / Author	It is the responsibility of the Policy Lead / author to: • ensure as far as possible that the policy is in line with Department of Health and Social Care guidance, legal requirements and advice from clinical bodies; • to complete a QEIA and Implementation Plan where required • undertake a fair and proportionate consultation period with the relevant stakeholders as part of the document's development • to ensure that the policy is in alignment with NHS Devon's strategy and values • ensure that the policy is developed, approved, disseminated and monitored as set out in the document; with Policy Sponsors, maintaining and updating procedures / protocols and other supporting documents for this policy.
Accountable Emergency Officer	The Accountable Emergency Officer (AEO) is an Executive Director to whom the CEO has delegated the executive responsibility for the ICB's EPRR obligations. The AEO fulfils the role of Policy Sponsor The managerial oversight of the EPRR function is delegated to the Head of System Delivery and Improvement.
Non-Executive Director	A Non-Executive Director on the Board is appointed to support the AEO in their role; this role is that of a 'critical friend' on the Board.
Head of System	Head of System Delivery and Improvement has had the managerial oversight of the EPRR function delegated to them and is responsible for ensuring that

Delivery and Improvement	the ICB's operational requirements in respect of EPRR are delivered to an acceptable standard. The line management of the Senior EPRR Manager sits with the Head of System Delivery and Improvement.
Senior EPRR Manager	The Senior EPRR Manager is the EPRR Policy Lead. They are responsible for the day-to-day delivery of the EPRR function, ensuring that the ICB meets its statutory and other obligations in line with the NHS England Core Standards for EPRR. The delivery of this function will require the post-holder to undertake the annual EPRR Assurance process on behalf of the ICB, liaising with provider EPRR Leads and NHS England South West EPRR Team as necessary to delivering this. The primary functions of EPRR within the ICB are to: • Develop and maintain emergency plans; • Develop and support business continuity preparedness within the ICB; • Maintain and support the 24/7 On-call system; • Develop and arrange/ deliver the training necessary for key staff to enable preparedness; • Develop and arrange/ deliver exercises to validate emergency and business continuity plans; • Liaise with Health and multi-agency partners, as necessary, in the pursuit of the above; • Prepare and provide evidence in support of the ICB submission for the annual EPRR Assurance; • Undertake the annual EPRR Assurance of Devon NHS Providers as part of the national process.
On-Call Staff	On-call staff are responsible for leading the ICB and System's response to any emergency incident or disruptive event, requiring a response from the ICB, that occurs during their period of on-call duty. They have the delegated authority to commit and direct ICB resources in support of the Health response to an incident, as they deem it necessary and appropriate. During an emergency incident in the community which only affects Devon, the Director on-call will be the NHS strategic lead. Should the incident have an impact wider than only Devon, or be terrorism, the NHS strategic lead will be held by NHS England SW, with the ICB On-call staff leading the Devon system in support of the response. On-call staff are to be available and contactable 24/7 for the duration of their period of duty. On-call staff are required to ensure their preparedness and familiarity with the role by committing themselves to:

	• On-call Induction training prior to commencement of on-call duties. • Annual On-call Refresher training. • Principle of Health Command training, with a refresher undertaken at least every three years. • Other training identified as necessary for undertaking the On-call role. • Participation in internal ICB, external Health and Multi-Agency emergency preparedness exercises, to validate their training and the ICB's plans.
Business Continuity Leads	Each Directorate is required to nominate a Business Continuity (BC) Lead who will lead on their business continuity preparedness and, with training and direction from the Senior EPRR Manager, develop their Directorate Business Continuity Plan. Directorate BC Leads will have the necessary seniority and knowledge of their Directorate to be able to complete the Business Continuity Plan (BCP) template sufficiently well for it to provide a robust basis for a response to a disruptive event.
Loggists	The Loggist role is recognised in national policy as being necessary to ensure that decisions made during emergency incident responses are recorded in a sufficiently robust manner, that the Incident Log itself will be defensible in a court or Public Inquiry. Sufficient Loggists will be trained to enable On-call staff to be supported by them in the fulfilment of their duties, and a list of loggists maintained by the Senior EPRR Manager. On-call staff will be briefed on the role of the Loggist in order to understand their importance to them and the ICB, and how best to work with them.
Line Managers	Line managers have a responsibility to ensure their staff comply with NHS Devon policies and standards within their areas of responsibility.
All Staff	Employed or engaged staff have a duty to comply with NHS Devon policies and standards as outlined in their contracts of employment and codes of conduct.

7 Implementation

7.1 All staff will be informed of the approval of the Policy via the Staff Bulletin which will provide a link to the document on the NHS Devon Intranet.

7.2 NHS Devon Senior Managers, or their designated representatives, will implement this policy by:

- Notifying all staff of its existence. New staff will be informed of this policy as part of their induction.
- Destroying all superseded paper-based versions of the policy and electronic versions retained in their area.
- Having adequate knowledge of, and / or access to, all relevant legislation in order to ensure that compliance with such legislation is maintained.
- Discussing with staff as part of their regular one-to-ones how they seek to achieve their individual objectives around policy review and maintenance.

8 Approval and Review

8.1 The Accountable Emergency Officer will present this policy to the NHS Devon Board for authorisation.

8.2 This policy will be reviewed every three years, or sooner if required, in order to ensure that it is current, relevant and reflects the strategic aims, objectives, organisational structures and responsibilities of NHS Devon.

9 Monitoring compliance and effectiveness

9.1. This policy will be reviewed by the Senior EPRR Manager at least every three years, or before, should substantive changes require it. This review will ensure that the policy reflects the:

- NHS England Core Standards of EPRR;
- the NHS England EPRR Framework;
- the NHS Act 2006; and
- the Civil Contingencies Act 2004 and associated statutory and non-statutory guidance.

9.2. The policy will also be reviewed annually by NHS England South West as part of the nationally mandated EPRR Assurance process, measured against compliance with the NHS England Core Standards for EPRR.

10 References

Other related policy documents

10.1 N/A

Legislation and statutory requirements

10.2 Civil Contingencies Act 2004 & associated statutory and non-statutory guidance;

NHS Act 2006 as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022;

Best practice recommendations and other key guidance

10.3 NHS England EPRR Framework

ISO 22301 Societal Security: Business Continuity Management System - Requirements

ISO 22313 Societal Security: Business Continuity Management Systems – Guidance

Appendix A: Quality & Equality Assessment

Project lead name:	Phil Coutie
Project lead title/group:	Senior EPRR Manager
Who holds overall responsibility?	Accountable Emergency Officer (AEO)
Who else has been involved in the decision?	N/A
Summary of proposed change: New Policy	
Policy review undertaken following ICB restructure	
Supporting Documents:	N/A
Date of change & duration:	31/03/2025 – duration 3 years
Version:	1.4
Impact checker:	
[mandatory completion: No substantive changes required, mainly role titles.	
Adversely affect patient safety or clinical effectiveness	☐
Adverse effect as a result of variations or deviations from national guidance e.g. NICE requirements, CQC, Equality Act, Care Act etc.	☐
Adversely affect patient, carers or service user experience	☐
Adversely affect staff experience	☐
Adversely affect access to services	☐
Adversely affect people with protected characteristics	☐
None of the above	☒

Safety, effectiveness and experience: [Please use the Safety, effectiveness and experience considerations below]				
Groups affected	**Impact identified (negative or positive)**	**Action taken (including by whom)**	**Further action/ review required?**	**Measurements to monitor effectiveness of actions**
Staff: ☐ Patients: ☐	N/A			
Staff: ☐ Patients: ☐				
Staff: ☐ Patients: ☐				

Safety, effectiveness and experience considerations:	
Safety:	Avoidable harm to patients, Waiting leading to harm, Impact on safeguarding, Suitably qualified and experienced staff, Safe staffing levels, Infrastructure, Clean and safe environment, Treatment procedures, Communication, Administration
Effectiveness:	HCAI/ NICE/ National evidence base/ Use of evidence, Effect on health outcomes, Promotion of self-care, Leadership, Competence, Reliability, Responsiveness, System working – i.e.: models of care
Experience:	Waiting, Patient autonomy, dignity, respect and compassion, Travel to place of care, Informed choice, control or care, Responsiveness, empathy & caring, Experience measures i.e. friends and family tests, complaints, PALs

Actions identified: Guidance required for completion of new paperwork		
Mitigating action:	**Timescales:**	**Lead colleague/group:**
N/A		

Please include any organisations this change may affect:	NHS Devon only
Please details any system considerations: **[Please use the System considerations below]**	N/A

System considerations: N/A	
System:	N/A

Equality: [Please only mark those groups affected]				
Protected Groups	**Potential people with protected characteristics**	**Does this group currently use the service?**	**What impact will there be on the group [Neutral/positive]**	**Number of people affected**
Sex/Gender	Women			
	Men			
	Gender reassignment			
Race/Ethnic Group	Asian			
	Asian British			
	Black			
	Black British			
	Chinese			
	Gypsy or Roma			
	Irish			
	Mixed Heritage			
	White			
	White British			
	Other ethnic backgrounds			
Disability	Learning disability			
	Mental disability			
	Neurodiversity (autism, Asperger's etc.)			
	Hearing			
	Speech/additional communication need			
	Vision			
	Physical			
	Intellectual (Dementia/brain damage etc.			
Age	<5 years old			
	5 – 18 years old			
	18 – 65 years old			
	65 – 85 years old			
	>85 years old			
Sexual orientation	Lesbian			
	Gay			
	Bisexual			
	Other			
Maternity & pregnancy				

Marriage & Civil partnership				
Faith or Belief				
Service families				
Carer status				
Prisoners				
No fixed abode				
Rurally isolated				