

## OP02

# Emergency Preparedness, Resilience and Response Policy

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### Attachments

- [Attachment 1](#) Levels of Command & Control
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## 1.0 Policy Statement

The purpose of this policy is to set out the Trust's Emergency Preparedness, Resilience and Response (EPRR) arrangements for a major/mass casualty incident, business continuity incident or critical incident. It provides a framework for managing these types of incidents and emergencies in order to meet the requirements of the Civil Contingencies Act (CCA) 2004.

The aim of this policy is to ensure that effective arrangements are in place to deliver appropriate care to patients affected by emergencies and service disruption.

The objectives of this policy are to:

- Develop flexible emergency plans which are scalable and adaptable to work in a wide range of scenarios.
- Ensure emergency plans reflect the most concerning risks on the Community Risk Register (CRR) and the National Risk Register (NRR);
- Ensure continuity of critical services when faced with a major/mass casualty incident, business continuity or critical incident.
- Ensure that plans are in place to recover from incidents and to provide appropriate support to those affected. Define the roles and responsibilities of staff, committees, and other groups with regard to the management of emergencies.
- Ensure Training & Exercises are undertaken in preparedness to responding to incidents.
- Ensure plans align with those of local category 1 and 2 responders who are involved in planning and responding to emergencies.
- To recognise and identify lessons learnt from incidents/exercises and put actions in place to improve response.

## 2.0 Definitions

Business Continuity Incident	A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery to below acceptable predefined levels such that special arrangements are required to be implemented until services can return to an acceptable level.
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Category 1 Responder	Category 1 responders are organisations at the core of emergency response (e.g. emergency services, local authorities, NHS bodies etc.) that are subject to the full set of civil protection duties which include risk assessment, business continuity management, warning and informing the public, co-operation and information sharing.
Civil Contingencies Act 2004	The Civil Contingencies Act 2004 (CCA) establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. It requires organisations in the health system (emergency services, local authorities, and NHS bodies) to prepare for adverse events and incidents.
Community Risk Register	The Community Risk Register (CRR) explains the risks of major emergencies that could affect a given community or area.
Emergency Preparedness, resilience, response (EPRR)	To plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, infectious diseases outbreak, a major transport accident, a cyber security incident or a terrorist act.
Evacuation	The movement off patients, public and staff from a building to a place of greater safety.
HEPOG	Health Emergency Preparedness Officers Group, subgroup of the Local Health Resilience Partnership, HEPOG will ensure the delivery of the LHRP strategic aims and work to align emergency preparedness across a defined geographical area.
Integrated Care Board (ICB)	Each Integrated Care System will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.
'Local Health Resilience Partnership' (LHRP)	The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector (including private and voluntary sector where appropriate). The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level.
Local Resilience Forum (LRF)	A LRF is a multi-agency forum formed in a police area by key emergency responders and specific supporting agencies, who allows responders access to a forum to consult, collaborate and disclose information with each other to facilitate planning and response to emergencies, and produce a community risk register.
Loggist	The role of a loggist is to capture a clear factual account of the decisions made by the incident commander, during an incident or emergency. The loggist will record decisions using a standardised log book.

Mass casualty	An incident (or a series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency and healthcare services ability to manage. The incident will be sudden, traumatic, unexpected and require a response beyond Major Incident procedures. Typically, events with casualties in the 100's where the normal major incident response must be augmented with extraordinary measures.
Major Incident	For the NHS, it is defined by the Civil Contingencies Secretariat as: <i>'An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.'</i>
Mutual Aid	An agreement between responders – within the same sector, or across sectors and across boundaries – to provide assistance through additional resources, during incident response which may go beyond the resources of an individual responder.
National Risk Register (NRR)	The NRR Risk Register explains the risks of major emergencies that could affect the UK and provides resilience advice and guidance.
Risk	The combination of the likelihood and the consequence of a specified hazard being realised; refers to the vulnerability, proximity, or exposure to hazards, which affects the likelihood of adverse impact.
Shelter	Shelter is defined as taking refuge or cover in the current location.

### 3.0 Accountabilities & Responsibilities

#### 3.1 The Board of Directors

- Receives regular reports, at least annually, regarding emergency preparedness activities, including reports on exercises, training, live incidents, and testing undertaken by the Trust.
- Ensures that adequate resources and funding are available to enable the Trust to deal with a major incident or civil emergency event. This budget and resource should be proportionate to the size and scope of the Trust.
- Receives an annual report from the Accountable Emergency Officer (AEO) which details how compliance is being achieved along with assurances around the effectiveness of Trust's EPRR arrangements.
- The Chair of the Audit Committee is the lead non-executive to hold the EPRR portfolio for the Trust.

### 3.2 Chief Executive

- Has overall responsibility for ensuring the Trust develops and implements robust emergency preparedness and response arrangements to meet the legal duties imposed by the CCA (2004).
- Will appoint a board level director to fulfil the role of the Accountable Emergency Officer. (AEO)
- Ensures that designated officers are nominated to perform the role of Emergency Planning to support the Trust in preparing for potential emergencies.

### 3.3 Accountable Emergency Officer (AEO)

- Has executive authority and responsibility for ensuring that the Trust complies with legal and policy requirements.
- Provides assurance to the Board that strategies, systems, training, policies, and procedures are in place to ensure an appropriate response in the event of an incident.
- Ensures that the Trust, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA (2004), including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR.
- Ensures that the Trust is properly prepared and effectively deploys its resources effectively in dealing with an incident.
- To aid assistance for mutual aid requests.
- To contribute to any governance meetings or working groups of the Local Health Resilience Partnership (LHRP) meeting and to be the chair of the Trust Emergency Planning Group meeting.

### 3.4 Head of Emergency Preparedness, Resilience, Response (EPRR)

The Head of EPRR supports the executive lead for emergency preparedness and is responsible for the following.

- Supporting the Accountable Emergency Officer on EPRR matters across the Trust and attending the LHRP meetings.
- Reviewing the Trusts emergency preparedness arrangements in light of new and emerging risks as identified on the CRR and national guidance.
- Developing, disseminating, and maintaining the Trust EPRR policies, procedures, plans and arrangements.
- Arranging and delivering EPRR training to staff at all levels across the Trust in order to assist with their understanding of EPRR requirements.
- Co-ordinating exercises and tests to practice the Trust EPRR arrangements.

- Representing the Trust at Health Emergency Preparedness Officers Group (HEPOG) for Birmingham, Solihull and the Black Country and Wolverhampton Resilience Group (WRG) – and other relevant groups.
- Participating in multi-agency working across the West Midlands and conurbation.
- Producing an annual report for the Trust Board which summarises the Trust readiness in responding to an incident.

### **3.5 Divisional, Directorate and Corporate management**

- Divisional, directorate and corporate management promote and oversee the implementation of EPRR activities.
- Train to be active members of the major incident response team by undertaking strategic or tactical commander training in order to respond effectively to a major incident, critical incident or business continuity incident.
- Support the development and implementation of the emergency preparedness and response capabilities in preparation for an emergency situation.
- Undertake periodic risk assessment exercises and review the impact of disruption on their abilities to maintain critical activities and respond and recover from incidents/emergencies.
- Ensure divisional and corporate resilience plans contain responses to major incidents and that business continuity procedures are in place for their directorate/departments.
- Maintain records for exercises and making relevant changes to their local emergency/business continuity plans and arrangements.
- Supporting mutual aid requests.

### **3.6 Lead for Communications**

The Head of Communications is responsible for ensuring plans are in place to provide accurate, timely and consistent information and advice to staff, service users and patients, the public, partner organisations and the media in a major incident, critical, or business continuity incident. They are also responsible for providing specialist advice to the designated Trust media-facing representative.

### **3.7 Associate Chief Technology Officer**

The Associate Chief Technology Officer is responsible for ensuring the Trust has resilient telecoms and information technology services, including a cyber response.

### **3.8 Divisional Manager, Estates and Facilities**

The Divisional Estates and Facilities lead will be responsible for ensuring that the Trust has plans in place for disruptive events.

### **3.9 Deputy Director of Procurement – RWT & Systems**

The Deputy Director of Procurement is responsible for ensuring that procurement contracts are in place that include emergency preparedness and business continuity procedures to maintain the integrity of supplies and services to the organisation. This includes maintaining supply chain during disruptive events.

### **3.10 Providers and contractors**

The Trust expects all third parties upon whom it relies (including contractors, partners, associated and commissioned independents) to provide and evidence all emergency preparedness and business continuity procedures that relate to services provided. The Trust must ensure that this is part of relevant contracting, renewal, monitoring and other commissioning processes and thus has the ability to audit such arrangements.

### **3.11 All staff**

- Must be aware of the EPRR plans that exist for their area of work including the expectation of all Trust staff to be able and willing to perform roles outside their usual duties in response to a major incident, critical or business continuity incident.
- Attend training or exercises available to support their role in emergency response.

## **4.0 Committee structure for EPRR**

### **4.1 Emergency Planning Group**

- Provides a forum for setting the strategic direction and work plan to support the Trust to deliver its EPRR function in accordance with national legislation and guidance.
- Ensures that appropriate plans, systems, policies and processes are implemented across the Trust.
- Agrees a programme of exercises that test the Trust emergency arrangements and resilience.
- Ensures that key staff are trained to manage any emergency or a severe disruption event.

### **4.2 Major Incident sub-group**

- Ensures a coordinated plan is in place to manage and control the

response to a major/mass casualty incident.

- Regularly review and update emergency plans to incorporate measures required for specific risks and threats and changes to the organisation.
- Ensures that training takes place and that emergency plans are tested and rehearsed.

#### **4.3 Business Continuity sub-group**

- Ensures business continuity management is implemented and that it forms an integral part of the Trust's Day to day working.
- Sets business continuity processes in line with the Trusts objectives and responsibilities.
- Identifies and addresses risks to the continuity of key services.

#### **5.0 Policy Detail**

The CCA (2004) imposes a statutory duty on all providers of NHS funded care to have in place arrangements to enable a response to incidents and emergencies. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident. Under the CCA (2004) the Trust is classed as a Category 1 responder and is subject to the following duties.

- Assess the risk of emergencies occurring and use this knowledge to inform contingency planning.
- Ensure emergency plans and business continuity management arrangements are in place.
- Communicate with the public to ensure they are warned, informed, and advised in the event of an emergency.
- Share information and cooperate with other local responders to enhance coordination and efficiency.

This policy provides a framework for meeting the requirements of the CCA (2004). This policy is to be read in conjunction with the Business Continuity Management policy, Major/Mass Casualty plan and other emergency plans located on the Trust intranet.

#### **5.1 EPRR risk management**

The National Risk Register (NRR) and Community Risk Register (CRR) for EPRR are intended to capture a range of civil emergencies which may affect the Trust ability to deliver its duty under the CCA (2004). Identified risks include:

- Response to major/mass casualty incident
- Pandemics; influenza, emerging diseases

- Cyber attack
- IT outages
- Severe weather
- Fuel shortage

In developing emergency plans the Trust risk assessment process will apply. This will ensure that EPRR risks are identified and managed in accordance with the Trust overall risk management policy (OP10) allowing for consistent risk identification, assessment, and mitigation. Where necessary multi agency plans will be developed through the LHRP.

## 5.2 Internal command and control arrangements

Command and control are important concepts in the management and coordination of incidents and emergencies. As a Category 1 responder the Trust will follow the recognised Operational, Tactical and Strategic model which provides a framework for giving direction and managing resources within the organisation. [Attachment 1](#) which illustrates how the model is adapted in maintaining effective command and control. Where an incident requires defined management response the Trust will implement its incident Command Centre (ICC).

## 5.3 On call staff

The Trust operates a 24/7 on call system for managing the response and recovery to incidents. This comprises of Trust director and senior manager/matron. The director will undertake the role of Strategic (Gold) Command and the on-call manager will undertake the role of Tactical (Silver) command for the Trust. The on-call team will ensure when on call they lead the Trust response and maintain a single point of contact capable of receiving notification at all times during an incident. Senior managers and Trust Directors all have copies of the relevant part of the emergency response plan for their role and action cards.

## 5.4 Training

The Trust has a process in place to ensure that training is provided to all staff that have a key role in emergency response. This includes mandatory training for all Trust on-call directors, managers, and matrons, loggist refresher training and induction training for all new starter staff. Training records will be used as documented evidence for completion of relevant training requirements.

Training and exercising to rehearse key roles within emergency plans will be undertaken in line with the annual EPRR training and exercising work programme. In accordance with the CCA (2004) the Trust is required to undertake as a minimum the following:

- live exercise to take place every three years
- tabletop exercise every year
- test of the communications cascades every six months

- command post exercise (set up of ICC) every three years.

Staff will be required to take part in training and exercises to test the Trust's resilience in the event of an incident occurring. In addition, the Trust via HEPOG linked to the LHRP, will identify external opportunities to take part in multi-agency training and exercising. Throughout the exercising process staff will have the opportunity to practice their skills and increase their knowledge in responding to a live incident. This will be based on an annual training needs analysis, in line with minimum occupational standards for EPRR (v1.0. June 2022)

### 5.5 Sharing good practice and lessons learnt

The Trust has a process in place for capturing learning following EPRR incidents and exercises. It aims to develop a way of sharing useful learning and good practice within the Trust and between local agencies. The process is shown in [Attachment 2](#).

A post debriefs following any EPRR incident or exercise will review performance of emergency plans and identify what went well, what did not go so well and areas for improvement. Any lessons learned from incidents or exercises will be supported by action plans, and recommendations in order to update Trust plans and future EPRR arrangements. Lessons learned will also be shared with key external organisations through the LHRF and NHS England Midlands – [Attachment 3](#).

### 6.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

## 7.0 Equality Impact Assessment

This Policy and Procedure will ensure that no one is disadvantaged from working in a safe environment or receiving safe and effective care because of their protected characteristics. It will instead ensure appropriate and effective EPRR arrangements are in place for all staff and service users. This policy will ensure that staff, carers, and people who use our services are treated with the same sensitivity regardless of protected characteristics.

## 8.0 Maintenance

To ensure effectiveness, the Trust Accountable Emergency Officer with the Head of EPRR will carry out a 3-year review or sooner of this policy along with the following documents:

- Major Incident & Mass Casualty Plan
- CBRN Plan
- [Business Continuity Management Policy OP104](#)
- Various EPRR plans i.e., Business Continuity Plans, Severe Weather, pandemic response, evacuation & shelter plans, and mutual aid.

The Emergency Planning Group will monitor and determine if the documents conform to requirements as set out in the relevant standards and legislation. If required, the review will highlight areas improvement and updating before providing assurance to the Trust Management Committee and Trust Board.

In addition, an overarching EPRR work programme will be used to address where improvements or lessons identified should be made. The review of the work programme will be overseen by the Emergency Planning Group and progress reported to the respective subgroups.

## 9.0 Communication and training arrangements

The Trust Emergency Preparedness, Resilience and Response Policy will be made widely available to staff, with specific training to key individuals being offered. Divisional and directorate managers are responsible for ensuring that all staff uptake the required training and that they are familiar with emergency plans and actions cards for their area. This policy is available on the Trust's intranet site under organisational policies and the emergency planning intranet site. An e-learning package is available via the Trust My Academy site for staff with specific roles in responding to an EPRR incident.

## 10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
NHS England EPRR Core Standards	Head of EPRR in conjunction with Trust AEO.	Self-assessment against core standards submitted to Trust Board and NHS England.	Annually	Emergency Planning Group meeting
EPRR updates	AEO	Written report of Trust EPRR activities	6 monthly	Trust Management Committee (TMC)
live exercise to take place	Head of EPRR in conjunction with Trust AEO	Post Exercise Debrief Report	Every 3 years	EPG, TMC, Midlands EPRR
tabletop exercise, this could be for a MI, Critical or BC Incident.	Head of EPRR, with Senior Operations Lead	Post Exercise Debrief Report	Yearly	EPG, BC Subgroup, MI Subgroup
test of the communication cascades	EPSO	Post Exercise Debrief Report	Every 6 months	EPG
command post exercise – setting up & use of the ICC	Head of EPRR/AEO	Post Exercise Debrief Report	Every 3 years	EPG

## 11.0 References

### 11.1 Internal Guidance

OP85 - Information Sharing Policy  
 OP13 Information Governance Policy  
 OP26 Security Policy  
 OP104 Business Continuity Management Policy

## 10.2 External Guidance

- Civil Contingency Act 2004
- Health & Social Care Act 2022
- NHS Emergency Resilience and Response framework v3 July 2022
- Incident Response Plan July 2017- The NHS England Incident response plan sets out the arrangements that are in place to enable an effective and appropriate response in the event off a health-related incident.
- BS ISO 2230 June 2012 - *ISO 22301 international standard for business continuity management, and builds on the success of British Standard BS 25999 and other regional standards*
- Evacuation and Sheltering Guidance for the NHS in England v3 October 2021
- Psychological and mental health care of people affected by major incidents/disasters 2017
- Midlands EPRR: Mass countermeasure distribution guidance V1 2022
- Minimum Occupational Standards for Emergency Preparedness, Resilience and Response v1.0. 2022

## Document Control

<b>Policy number and Policy version:</b> OP02 V2.0	<b>Policy Title</b> Emergency Preparedness, Resilience and Response Policy	<b>Status:</b> Final		<b>Author:</b> Head of EPRR  <b>Chief Officer Sponsor:</b> Chief Operating Officer/AEO
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	V1.0	August 2019	Emergency Planning Support Officer Creation	Creation
	V2.0	Sept 2022	Head of EPRR	Review & update of existing policy due to expiry and new NHS structure changes.
<b>Intended Recipients:</b> All staff				
<b>Consultation Group / Role Titles and Date:</b> Emergency Planning Group, Chief Operating Officer/Accountable Emergency Officer, Executive Directors and Operational Leads				
<b>Name and date of Trust level group where reviewed</b>		Emergency Planning Group Sept 2022 Trust Policy Group – October 2022		
<b>Name and date of final approval committee</b>		Trust Management Committee – October 2022		
<b>Date of Policy issue</b>		November 2022		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		October 2025, every 3 years		
<b>Training and Dissemination:</b> Trust’s EPRR intranet, circulation to Divisions and Management Leads/Senior Managers for dissemination to local teams and key staff. Distribution will also be shared with external resilience partners, in line with CCA (2004) – ‘Share information with other local responders to enhance co-ordination’.				
<b>Publishing Requirements: Can this document be published on the Trust’s public page:</b>  Yes				
<b>To be read in conjunction with:</b> <ul style="list-style-type: none"> <li>• Major &amp; Mass Casualty Incident Plan</li> <li>• OP104 Business Continuity Management Policy</li> <li>• OP26 Security Policy</li> <li>• OP85 - Information Sharing Policy</li> <li>• OP13 Information Governance Policy</li> <li>• Evacuation &amp; Shelter Plan</li> </ul>				

<ul style="list-style-type: none"> <li>Mutual Aid SOP</li> </ul>	
<b>Initial Equality Impact Assessment (all policies): Completed</b> <b>Impact assessment (as required): NA</b>	
<b>Monitoring arrangements and Committee</b>	Emergency Planning Group – receives an update on emergency preparedness activities; training; exercises; live incidents throughout the year.
<b>Document summary/key issues covered.</b> This describes how the Trust will meet its legal duty to be prepared, respond, and adapt to incremental change and sudden disruptions dealing with incidents and emergencies. It sets out the framework for the Trust to follow, in line with its statutory regulations, under the Civil Contingencies Act (2004) and Emergency Preparedness, Resilience and Response (EPRR) Framework July 2022. Training & exercising requirements to fulfil its duty as a 'Category 1' responder in the event of an emergency.	
<b>Key words for intranet searching purposes</b>	EPRR
<b>High Risk Policy?</b> <b>Definition:</b> <ul style="list-style-type: none"> <li>Contains information in the public domain that may present additional risk to the public e.g., contains detailed images of means of strangulation.</li> <li>References to individually identifiable cases.</li> <li>References to commercially sensitive or confidential systems.</li> </ul> If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	<b>No</b>

### Ratification Assurance Statement

Name of document: Emergency Preparedness Resilience and Response Policy

Name of author: Diane Preston Job Title: Head of EPRR

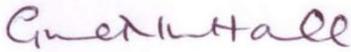
I, Diane Preston the above-named author confirms that:

- The Policy presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document, and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date: 

Name of Person Ratifying this document (Chief Officer or Nominee): Gwen Nuttall  
Job Title: Chief Operating Officer

Signature: 

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

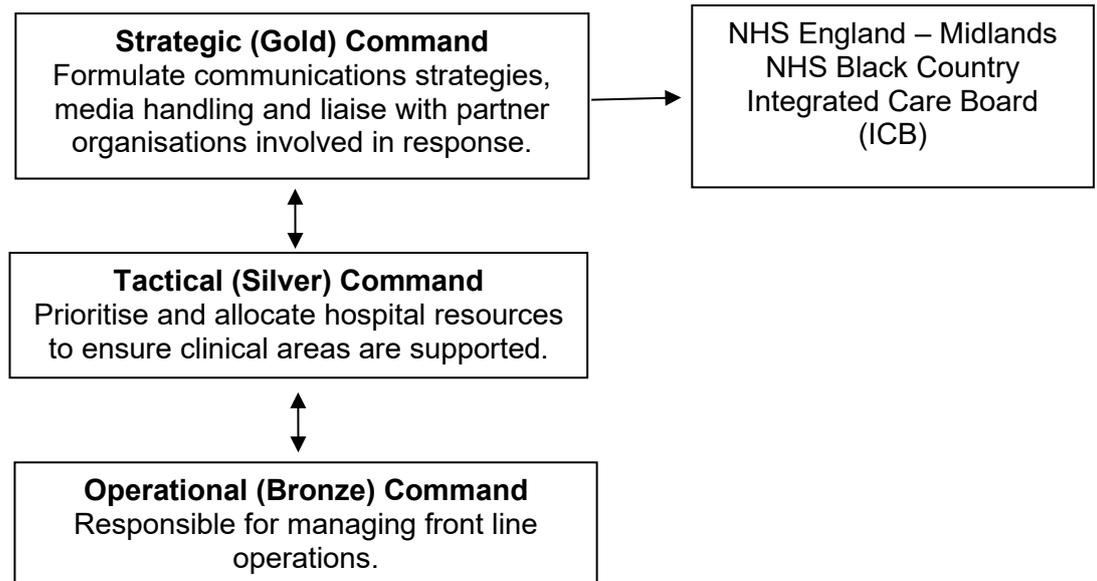
Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

## IMPLEMENTATION PLAN

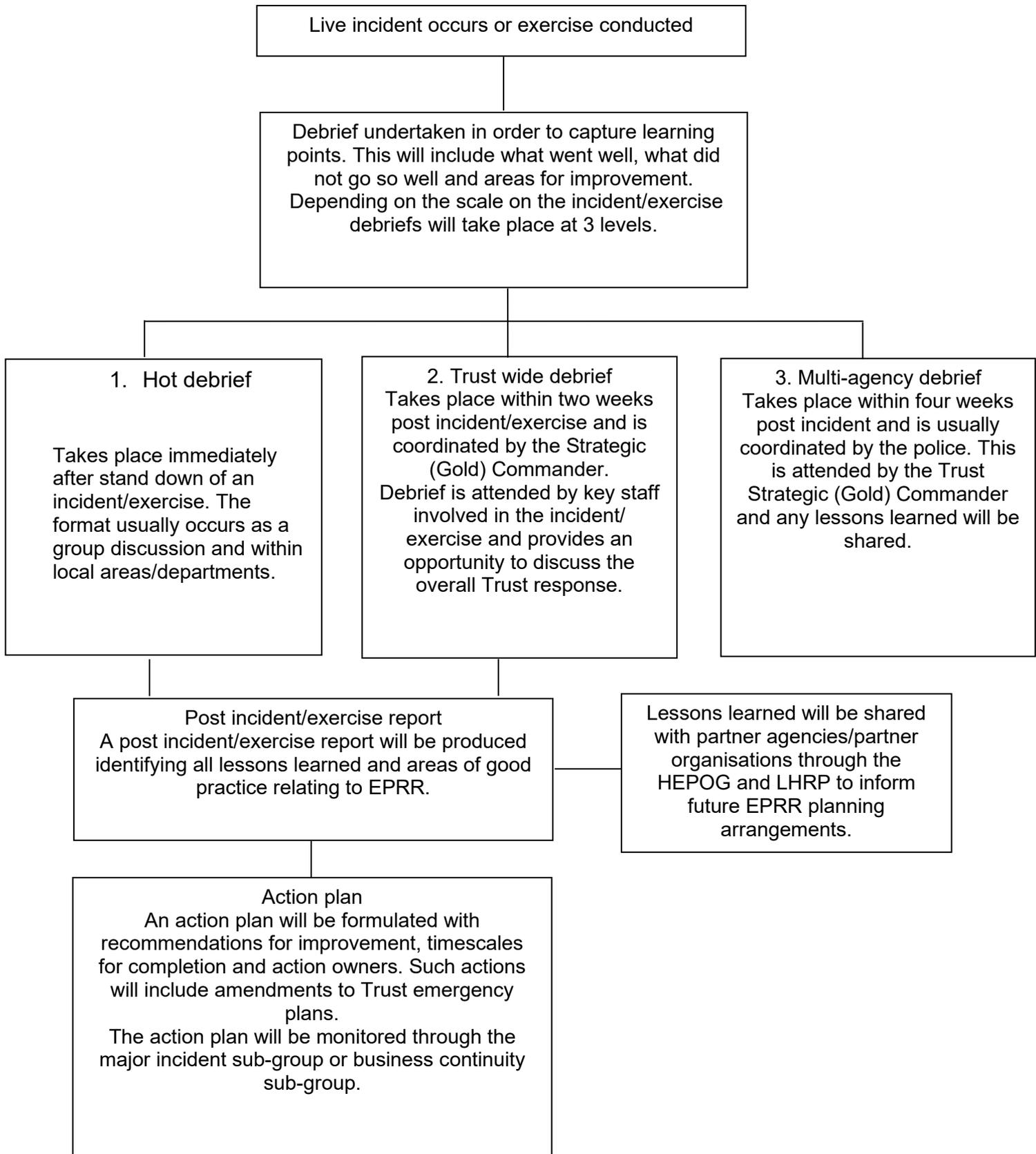
To be completed when submitted to the appropriate committee for consideration/approval

<b>Policy number and policy version</b>	<b>Policy Title</b> Emergency Preparedness, Resilience and Response Policy, OP02 v2.0	
<b>Reviewing Group</b>	Policy Group	<b>Date reviewed:</b>
<b>Implementation lead:</b> DIANE PRESTON - 01902 694310 / 0774334858		
<b>Implementation Issue to be considered (add additional issues where necessary)</b>	<b>Action Summary</b>	<b>Action lead / s (Timescale for completion)</b>
Strategy; <b>Consider</b> (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	NA	
Training; <b>Consider</b> 1. Mandatory training approval process 2. Completion of mandatory training form	NA	
Development of Forms, leaflets etc; <b>Consider</b> 1. Any forms developed for use and retention within the clinical record <b>MUST</b> be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	NA	
Strategy / Policy / Procedure communication; <b>Consider</b> 1. Key communication messages from the policy / procedure, who to and how?	To be made available on Trust's EPRR intranet page, available for all staff and via email.	Head of EPRR
Financial cost implementation <b>Consider</b> Business case development		
<b>Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation</b>		

Figure 1. Levels of command and control



Learning from incidents and exercises



## Learning and sharing process

Location service area Affected	
Person completing	
Date	

INCIDENT/TEST/EXERCISE	DATE	OUTCOME

## Learning reporting table to be completed

Assessed	Number of learning points	Number addressed	Number to be addressed	Number with no plan to address
Applicable to organisation	(number)	(number)	(number)	(number)
Not applicable to organisation	(number)			
Still to be assessed	(number)			

There is requirement that all new learning events need to be submitted to NHS England Midlands EPRR team. Please complete the below table and return to Trust Emergency Planning department for onward submission to NHS England.

Report status	Reported upon	Still to be reported upon
Event	(number)	(number)
Exercise	(number)	(number)
Incident	(number)	(number)