

# Emergency Preparedness, Resilience, and Response (EPRR) Policy

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**Staffordshire and Stoke-on-Trent Integrated Care Board**  
**Emergency Preparedness, Resilience and Response (EPRR) Policy**

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# 1. Introduction

- 1.1 The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could range from severe weather to an infectious disease outbreak or a major transport accident.
- 1.2 The Civil Contingencies Act (2004) (CCA) and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework requires NHS organisations and providers of NHS-funded care to have plans and arrangements in place to respond to such incidents while maintaining services to patients. This work is referred to in the NHS as Emergency Preparedness, Resilience and Response (EPRR).
- 1.3 Staffordshire and Stoke-on-Trent Integrated Care Board ICB is defined as a Category 1 Responder and therefore have a statutory obligation to deliver the following civil protection duties as defined under the CCA 2004:
  - Assess the risk of emergencies occurring to inform contingency planning
  - Put in place emergency plans
  - Put in place business continuity management arrangements
  - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
  - Share information with other local responders to enhance co-ordination
  - Cooperate with other local responders to enhance coordination and efficiency
- 1.4 In addition to meeting legislative duties, the ICB is required to comply with guidance and framework documents, including but not limited to:
  - NHS England Emergency Preparedness, Response and Resilience Framework
  - NHS England Core Standards for Emergency Preparedness, Response and Resilience
  - ISO 22301 – Societal Security – Business Continuity Management Systems - Requirements
  - NHS England Business Continuity Framework
- 1.5 Assurance against the effectiveness of arrangements will be achieved through the testing and exercising of plans for critical services in accordance with the above guidance.
- 1.6 This document outlines how the ICB complies with its statutory responsibilities and Emergency Preparedness, Resilience and Response (EPRR) obligations, detailing the minimum requirements for planning and responding to a major incident and or a business continuity incident.

## 2. Policy Statement

- 2.1 The Staffordshire and Stoke-on-Trent Integrated Care Board are committed to the delivery of effective Emergency Planning, Resilience and Response arrangements for business continuity, critical, or major incidents which may occur, to enable the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies. Each type of incident as listed has the potential to impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented.
- 2.2 The Staffordshire and Stoke-on-Trent Integrated Care Board will therefore ensure the necessary resources are in place to plan for and respond effectively to such incidents, including representing the Integrated Care System and wider health economy within a tactical coordination role in incidents requiring multi-agency response; establish an effective incident control centre as required; and lead post-incident recovery for the local health economy.
- 2.3 The ICB will operate a 24/7 On-Call Manager function, who will respond to incident notification and surge management / capacity issues, as detailed in section 8.
- 2.4 The Staffordshire and Stoke-on-Trent Integrated Care Board will maintain business continuity plans to support its ability to maintain its statutory roles and essential functions in the event of a critical or major incident, and support rapid recovery of these services. Due consideration will also be given to the potential impact of any proposed services changes on the ability of the NHS to effectively plan for and respond to an incident, and commissioned services will therefore be considered throughout.
- 2.5 The ICB accept their statutory duty as a category 1 responder as part of the creation of ICBs, and commit to undertaking the category 1 duties as set-out under the Civil Contingencies Act (CCA). The relevant duties will be embedded throughout arrangements, as detailed further in the ICB EPRR Strategy and Incident Response Plan, and in conjunction with Local Resilience Forum, NHS, and regional / national bodies.
- 2.6 The ICB will commit to the training, testing and exercising of on-call and ICC staff, policies and arrangements to ensure a process of continuous improvement.
- 2.7 In addition to the above, the ICB will work in partnership with commissioned services to:
- Take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency
  - Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements
  - Support NHS England in discharging its emergency preparedness, resilience and response functions and duties locally
  - Seek assurance that provider organisations are delivering their EPRR obligations

## 3. Purpose

- 3.1 NHS England and NHS Improvement (NHSEI) requires that all ICBs prepare and test arrangements in response to emergency and business continuity incidents. This policy outlines the requirements to which Staffordshire and Stoke-on-Trent integrated Care Board must adhere to and the way in which these will be delivered. The policy applies to all aspects of the ICB's operations and services. The process of EPRR is the responsibility of the whole organisation and is driven by the Strategy Committee through the Accountable Emergency Officer. The EPRR governance structure is detailed at section 6.

## 4. Aim and Objectives

- 4.1 The aim of the EPRR policy is to ensure the ICB can support the Integrated Care System and wider local health economy in its response to an emergency incident, whilst maintaining essential services for the populations of Staffordshire and Stoke-on-Trent.
- 4.2 The objectives of the EPRR Policy are to ensure the ICB:
- 4.2.1 Has adequate plans to prepare for, respond to and recover from incidents as a Category 1 responder
  - 4.2.2 Gains assurance that local NHS commissioned health services and the local health system has adequate plans to prepare for, respond to and recover from incidents
  - 4.2.3 Operates within the legal framework for:
    - a. Civil Contingencies Act (2004)
    - b. Health & Social Care Act (2022)
  - 4.2.4 Meets its obligations under the NHS England EPRR Framework and Core Standards for EPRR

## 5. Scope

- 5.1 The scope of the arrangements for the response to emergency incidents covers all levels of incidents, as described in NHS England Emergency Preparedness, Resilience and Response Framework, as per figure 1 below.
- 5.2 The ICB will be responsible for the coordination of Level 1 and 2 incidents within its area of operations, and will provide support to NHS England and NHS Improvement (NHSEI) in the response to Level 3 and 4 incidents.

<b>NHS Incident Response Levels</b>	
<b>Level 1</b>	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
<b>Level 2</b>	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
<b>Level 3</b>	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
<b>Level 4</b>	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

Figure 1: NHS Incident Response Levels

- 5.3 This structure will continue to be observed while the ICB awaits the updated 2022 EPRR Framework, recognising that due to structural changes in the NHS as we transition to Integrated Care Systems, the ICB may be responsible for the coordination of response to a Staffordshire and Stoke-on-Trent wide incident which may previously have been the responsibility of NHSEI Regional Operations Centre.

## 6. Governance

### ICB EPRR Governance

- 6.1 The Accountable Emergency Officer (AEO) holds senior level responsibility and accountability for the delivery of EPRR arrangements in the ICB. This position is fulfilled by the Chief Delivery Officer on delegation from the Chief Executive Officer. Responsibilities of the AEO may be discharged through one or more deputies, however responsibility for ensuring compliance will remain with the AEO.
- 6.2 The AEO will report on an annual basis to the public Governing Body of the ICB on the progress against the EPRR assurance framework, provide a statement of readiness and preparedness activities, the organisation's compliance position in relation to the latest EPRR assurance process, and a summary of incidents experienced by the organisation including lessons identified.
- 6.3 An EPRR Working Group will be established with representation from nominated leads from key services within the ICB, and will meet on a bi-monthly basis.
- 6.4 Delivery of the EPRR work programme will be fulfilled by the EPRR Project Delivery Group, led by the EPRR Manager, to coordinate ICB EPRR projects and CCU Link Officer delivery. The AEO will be responsible for approval of the annual work programme.

## Local Health Resilience Partnership

- 6.5 LHRPs provide strategic forums for joint EPRR planning across a geographic area and support the health sector's contribution to multi-agency planning through the LRF. These forums are co-chaired by NHS England and local Director of Public Health (DPH) to provide public health expertise and local leadership on EPRR matters to ensure resilience is commissioned effectively, reflects local risk, and that members develop and maintain effective health planning arrangements for incidents.
- 6.6 LHRPs are not statutory organisations and accountability for EPRR remains with individual organisations. Each constituent organisation remains responsible and accountable for their effective response to incidents in line with their statutory duties and obligations.
- 6.7 The AEO, or a nominated representative with delegated authority to authorise plans and commit resources on behalf of the organisation, will attend LHRP on behalf of the ICB.
- 6.8 The EPRR Manager will support NHSE Midlands EPRR team in ensuring the LHRP sits at minimum on a six-monthly basis.

## 7. Roles and Responsibilities

### Accountable Emergency Officer

- 7.1 The Health and Care Act (2012) places a duty on relevant service providers to appoint an individual to be responsible for discharging their duties under section 46, 252a, identified as the Accountable Emergency Officer (AEO).
- 7.2 The AEO will be a Board level director responsible for EPRR, with executive authority and responsibility for ensuring the organisation complies with legal and policy requirements. This role will be undertaken by the Chief Delivery Officer, on delegated authority from the Chief Executive Officer as outlined at section 6.1.
- 7.3 The AEO provides assurance that strategies, systems, training, policies, and procedures are in place to ensure an appropriate response for their organisation in the event of an incident, to maintain the public's protection and maximise the NHS response.
- 7.4 The AEO is supported by a Non-Executive Director, to endorse assurance to the Board that the organisation is meeting its obligations with respect to EPRR and relevant statutory duties.
- 7.5 The AEO or a nominated deputy has a duty to attend the Local Health Resilience Partnership (LHRP) Group, as per section 6.7.
- 7.6 The AEO or nominated deputy will also participate at the strategic level Local Resilience Forum (LRF) meeting, to engage and cooperate with responder agencies across the LRF.
- 7.7 Specifically, the AEO is responsible for:
  - Ensuring the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the Health and Care Act (2012), and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR
  - Ensuring that the organisation is properly prepared and resourced for dealing with an incident



- Ensuring that the organisation, commissioned providers and sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301
- Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served
- Ensuring that the organisation complies with any requirements of NHS England, in monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions
- Ensuring the organisation is appropriately represented by director level engagement to effectively contribute to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate

## EPRR Team

- 7.8 Supported by the EPRR Project Support Officer, the ICB EPRR Manager is responsible for delivery of the EPRR functions and duties as per the CCA (2004), EPRR Policy, and EPRR Framework (2015), including ensuring plans and arrangements are reviewed regularly. The EPRR Team report to the Accountable Emergency Officer, through the EPRR Governance Structure as outlined in section 6.
- 7.9 The EPRR Manager will ensure that the ICB plans jointly with the Integrated Care System, NHS England Midlands, Acute Trusts, Community and Mental Health Providers, Primary Care, Local Authorities, and other Category 1 and 2 responders as required.
- 7.10 The EPRR Manager will represent the ICB at LRF tactical level meetings, NHS EPRR Network meetings and multi-agency EPRR events

## 8. Command and Control

- 8.1 A clear command and control structure is in place to ensure individuals involved in the response to an incident are clear of their role and responsibilities, including a clear reporting arrangement for escalation for decision making, and cascade of key information.
- 8.2 Each NHS organisation is responsible for ensuring appropriate leadership during emergencies and other times of pressure. To fulfil our EPRR requirements, the ICB will operate a 24/7, 365 day, on-call function.

## On-Call Managers

- 8.3 The ICB are committed to providing a resilient and dedicated on-call mechanism to enable 24/7 receipt and action of incident notifications, achieved through the on-call manager arrangements.
- 8.4 On-Call Managers are responsible for co-ordinating the local NHS response to an incident; responding to any NHS England Midlands Operations Centre (MIDSROC) resource requests, and the provision of incident situation reports to MIDSROC. The ICB operates a two-tier system, with a Silver On-Call Manager and a Gold On-Call Manager, performed by staff at Band 8d / Band 9, and VSM respectively.
- 8.5 An Executive Director should always be available as Gold On-Call Manager to make strategic decisions for the organisation, providing a point for escalation and decision making, or undertake the role of Strategic Commander for the ICB/ICS or SCG where necessary.
- 8.6 The on-call rota is managed by the Urgent Care Team, and published by the Team to all On-Call Managers and partners across the ICS and Civil Contingencies Unit (CCU).
- 8.7 The Silver On-Call Manager is the nominated first point of contact for the organisation, and will triage calls and manage these accordingly.
- 8.8 The Gold On-Call Manager provides a point of escalation for the Silver On-Call Manager for decision making, especially in critical or major incidents, or an incident which has the potential to significantly disrupt business as usual operations and delivery of key services; impact the health of Staffordshire and Stoke-on-Trent communities; prevent delivery of statutory responsibilities; or have the potential to negatively impact the reputation of the organisation. Both roles may need to attend the incident coordination centre if established either physically or virtually.
- 8.9 Both roles dovetail with command, control, and coordination (C3) structures established across the Integrated Care System, wider local health economy, and local resilience forum. This is outlined in further detail within the Incident Response Plan.

## Incident Coordination Centre

- 8.10 The ICC supports the Incident Management Team (IMT) and On-Call Managers to provide an enhanced level of operational support. It is widely recognised that the efficiency and effectiveness of an ICC is greatly improved through the utilisation of a formal structure, which facilitates suitable and sufficient arrangements to effectively manage the response to an incident.
- 8.11 Arrangements for the ICC are flexible and scalable to cope with a range of incident scales and hours of operation required, and will require strict adherence to information storage policies to ensure a record of the incident, including any key decisions, actions and rationale, can be retained for up to 25 years.
- 8.12 The outline for the Incident Coordination Centre and Incident Management Team is contained within the Incident Response Plan.

## 9. Risk Management Strategy

- 9.1 To comply with the NHS England EPRR Framework and EPRR Core Standards, the ICB is required to assess the risk, no less frequently than annually, of any emergencies or business continuity incidents occurring, which affect or may affect the ability of the ICB to deliver its functions.
- 9.2 In implementing this, the EPRR Manager will ensure EPRR processes are represented and recorded within the ICB Risk Management Strategy, allowing for the identification, assessment, mitigation, and escalation of risk to the ICB Governing Body.
- 9.3 The ICB on behalf of the ICS will participate in the Local Resilience Forum Risk Assessment Working Group (RAWG) and the Health Risk Management Group (HRMG) sitting under the LHRP. The ICB will review current and emerging risks highlighted by RAWG within the Community Risk Register, and risks identified by HRMG, and ensure appropriate plans are put into place.
- 9.4 The EPRR Manager will be responsible for ensuring that risks are regularly considered and reviewed, and any risk that has the potential of resulting in an emergency or business continuity interruption is included on the risk register and appropriate mitigating actions identified. Where a particular risk requires a specific response plan is created, the EPRR Manager will include this in the EPRR work programme.
- 9.5 The EPRR Manager will work with the LRF and LHRP to support the development of any multi-agency plan requiring health input.

## 10. Business Continuity Management

- 10.1 Business continuity management (BCM) is an essential tool in establishing an organisation's resilience to maintain their business prioritised activities. BCM gives organisations a framework for identifying and managing risks that could disrupt normal services.
- 10.2 The ICB Business Continuity Plan, and associated Directorate or Service level plans, will be developed and maintained in accordance with the ICB Business Continuity Policy, ISO 22301, EPRR Core Standards, and NHS England's Business Continuity Management Framework.
- 10.3 Business continuity plans will contain anticipated potential risks, including their likelihood and impact in a business impact analysis; an assessment of critical services and business critical activities, and their respective acceptable level of continued service during an incident; identification of dependencies and key stakeholders; communication; and defined roles and responsibilities.
- 10.4 This will be outlined in more detail within the Business Continuity Strategy, including a process for assessing the effectiveness of the BCM system (BCMS) through debriefs or after-action reviews.

## 11. Incident Response Plan

- 11.1 The ICB Incident Response Plan (IRP) will be developed and maintained in accordance with the civil protection duties outlined for category one responders under the CCA (2004), the NHS England EPRR Framework (2015), and the EPRR Core Standards requirements.
- 11.2 The plan will ensure the ICB has the capacity and capability to respond to a variety of incidents of any level, in a way which ensures the health, safety and wellbeing of patients, service users, communities, and staff, minimises disruption to the health services, and facilitates a effective and efficient return to normal service levels.
- 11.3 The IRP will be integrated and complementary of business continuity arrangements to ensure an early recognition of resource implications can be consider, and assurance can be provided internally and externally of the organisation's ability to respond while maintaining essential services while responding to an incident that has the potential to affect health or patient care.
- 11.4 The IRP will:
  - Define an incident and the types of incidents the Integrated Care System may be expected to respond to
  - Establish roles and responsibilities for response
  - Contain a command, control, and coordination (C3) framework for response to enable on-call staff and Directors to make informed decisions
  - Outline the dovetailing of C3 arrangements with the wider local health economy, MIDSROC, and the LRF, including situation reporting as requested.
  - Identify internal, external, and stakeholder communication arrangements prior to, during and after an incident, in line with the ICB strategy for media and communications.
  - Outline the process for recovery from an incident

## 12. Mutual Aid

- 12.1 The response to the Coronavirus response has demonstrated the effectiveness of joint working in incident response, to enable challenges arising across organisational boundaries to be approached with collaborative resources, varied skillsets, and identify solutions to support the promotion of safety, health and wellbeing of communities and responders.
- 12.2 In incidents requiring multi-agency response, mutual aid requests will be put forward to the Health Economy Tactical Coordinating Group, to enable escalation of requests into the Staffordshire Tactical Coordinating Group. Mutual aid requests will also be highlighted within Situation Reports to NHSEI for consideration at a regional level.
- 12.3 The ICB will support the requesting, coordination, and maintenance of mutual aid requests for staff, equipment, services, and supplies.
- 12.3 MIDSROC will be responsible for the coordination and implementation of mutual aid requests if a disruptive incident occurs across several counties/regional footprint. The ICB, through the HETCG, will respond to any requests received to provide mutual aid during a major or significant incident or emergency.
- 12.4 Clinical networks will retain a key role in coordinating their specialist capacity.
- 12.5 In the event that mutual aid, business continuity, and commissioning options are considered as not appropriate, inaccessible, or exhausted, it may be appropriate to consider requesting support from the military under the Military Aid to Civilian Authorities (MACA) requesting process. All requests should be submitted to NHS England (national) at the earliest opportunity, and must be approved by the Chief Executive Officer, AEO, or an Executive Director on delegated authority as Gold On-Call Managers. Further detail and the request form is available in the ICB Incident Response Plan.

## 13. Information Sharing

- 13.1 Within the civil protection duties as outlined in the CCA 2004, the ICB and local responders have a duty to share information to support preparedness, response, and recovery to incidents of any type.
- 13.2 The One Staffordshire Information Sharing Protocol and SRF Information Sharing Agreement are in place across the Staffordshire Local Resilience Forum, and outlined the principles and standards of conduct and practice in the sharing of information, including the promotion of good practice.
- 13.3 Throughout any sharing of information, the Information Governance team must be consulted, and decisions made in line with the Freedom of Information Act (2000), the General Data Protection Regulations (2016), the Caldicott Principles, safeguarding requirements, and Civil Contingencies Act (2004).

## 14. Maintenance of Plans

- 14.1 The EPRR Team will be responsible for ensuring the ICB incident response and business continuity plans, and associated guidance and training documents are reviewed at regular intervals, in line with any changes to local and national guidance, organisational change, lessons identified, and training needs of the organisation.

- 14.2 Policy development, consultation, and ratification will be in line with the ICB Development and Management of Controlled Documents Policy. Any plans or arrangements which are not categorised as a controlled document will utilise the aforementioned policy as a best practice process.

## 15. Implementation, Monitoring and Review

- 15.1 Effective communication methods will be established to ensure this Policy and its contents are embedded in organisational knowledge. The document will be shared with the Executive Team and the teams within the EPRR Governance Structure, in addition to on-call and operational teams. It will remain available on the shared intranet space for all staff access.
- 15.2 Assurance in respect of EPRR arrangements will be provided to the ICB Governing Body and annually to NHS England through the EPRR Core Standard Assurance Process.
- 15.3 The Policy will be reviewed on a annually by the EPRR Manager to ensure effectiveness and compliance against current guidance and legislation, unless any significant amendment to policy or working practice denotes otherwise.
- 15.4 An Equality Impact Assessment is available on request.
- 15.5 Should any queries arise regarding the content of this policy, the individual should contact the ICB EPRR Manager to discuss, and any amendments will be considered by the EPRR Manager accordingly.

## 16. Training and Exercising

### Staff Training

- 16.1 Staff undertaking roles and responsibilities as listed within this policy must commit to undertake appropriate training annually (unless denoted otherwise by an accredited course) for their role in line with the NHS EPRR competencies.
- 16.2 The EPRR Manager will produce a training needs analysis annually, supported by detailed training records and personal training and exercising portfolios for on-call and ICC staff.
- 16.2 Training will be undertaken in line with the annual training and exercise schedule, with support from CCU.
- 16.3 Deputy Directors are responsible for ensuring that staff within their Directorates and Teams are aware of relevant EPRR and business continuity training and are encouraged to attend recommended courses.

### Testing and Exercising

- 16.4 To ensure the effectiveness and embed knowledge of emergency plans, these must be tested regularly to ensure they are fit for purpose and staff are confident in delivering their roles to support response.
- 16.5 Throughout the exercising process, members of staff can practice their skills, and increase their knowledge and confidence in a safe environment.

- 16.6 Plans can be assured through confirm and challenge of content, allowing for the identification of any gaps or areas for improvement.
- 16.7 The EPRR Manager is responsible for ensuring policies and arrangements are tested and exercised in line with the annual training and exercise schedule and as set out in the NHS England EPRR Framework (2015). This includes a minimum expectation of:

Exercise Type	Minimum Frequency	Outline
<b>Communications</b>	6 months	Test the ability of the organisation to contact key staff and other NHS and partner organisations, 24/7. These exercises are conducted both during the in-hours period and the out-of-hours period on a rotational basis and should be unannounced.
<b>Table-top</b>	12 months	Discuss the response, or specific element of a response, to an incident with relevant staff and partners, and can provide validation of a new or revised plan.
<b>Business continuity</b>	12 months	Discuss the response, or specific element of a response, to an incident impacting key services to enable testing of business continuity planning arrangements with relevant staff and partners.
<b>Live play</b>	3 years	Live test of arrangements and includes the operational and practical elements of an incident response. NB. If an organisation activates its plan for response to a live incident this replaces the need to run an exercise, providing lessons are identified and logged and an action plan developed.
<b>Command post</b>	3 years	Tests the operational element of command and control and requires the setting up of the Incident Coordination Centre (ICC). It provides a practical test of equipment, facilities and processes and provides familiarity to those undertaking roles within the ICC. It can be incorporated into other types of exercise, and should also test communication and information flows into multi-agency partners. A real incident activation replaces the need to run an exercise, subject to the identification, logging, and actioning of any lessons identified.

- 16.8 Exercises will be designed relevant to local risk, as defined in section 9 of this policy, and will aim to meet the needs of the organisation and any stakeholder engaged within warning and informing elements of the exercise.
- 16.9 Post-exercise reports will be produced by the EPRR Manager to capture lessons identified and ensure learning is embedded into policies, arrangements and training where required.
- 16.10 Staff performing an on-call role will be required to attend NHS and LRF multi-agency exercises to ensure they are familiar with multi-agency arrangements, plans, and C3 structures.

## 17. Lessons Identified

- 17.1 NHS funded organisations are required to share information of lessons identified through exercising or incident response across the wider NHS through a common process coordinated through the LHRP.
- 17.2 Reviewing lessons from incidents ensures the ICB are able to identify opportunities for continuous improvement and embed these into EPRR arrangements.



- 17.3 Immediately after an incident, the EPRR Manager will conduct a hot debrief with staff involved to capture any immediate learning and enable staff to de-escalate / decompress following an incident.
- 17.4 Within two weeks, the EPRR Manager will conduct a cold debrief with those involved in the incident for its duration, and the lead-in to consider preparedness steps, as appropriate.
- 17.5 Where deemed necessary, a multi-agency debrief will be requested / commissioned through the Civil Contingencies Unit, ideally to be held within four weeks of close of the incident
- 17.6 The results of both debriefs which will form a lessons identified report and an action plan for the implementation of any lessons identified, which will be produced within six weeks of the close of the incident.
- 17.7 The report will be supported by actions plans, with timescales and accountable owners, and any recommendations in order to update any relevant plans or procedures and identify any training or exercising required.
- 17.7 The Lessons Learnt Report will be shared with the EPRR Working Group and ICB Governance Structures for EPRR as outlined, and will form part of the annual Board / Governing Body paper.
- 17.8 The EPRR Manager will ensure lessons are shared with NHSE Midlands EPRR team as part of the regional process for sharing of lessons.

## 18. Audit Arrangements

- 18.1 The policy will be audited throughout the year both internally and externally. The EPRR Manager will also ensure that any appropriate external audits tools and assurance processes are conducted on a regular basis, such as the EPRR Core Standards Assurance Return to NHS England and Improvement.
- 18.2 EPRR, including business continuity will be aligned to the requirements of the organisation's audit programme, and will implement any post audit improvement plans or recommendations to support continuous improvement.

## 19. Equality and Diversity

- 19.1 An equality impact assessment has been completed for this policy and can be accessed on request.

## 20. Supporting Documentation and Policies

20.1 In addition to meeting legislative duties, CCGs are required to comply with guidance and framework documents, including but not limited to:

- NHS England Emergency Planning Framework 2015
- NHS England Core Standards for Emergency Preparedness, Resilience and Response 2015

20.2 This policy is to be read in conjunction with:

- EPRR Strategy
- Incident Response Plan
- Business Continuity Strategy
- Corporate Business Continuity Plan
- On-Call Managers Handbook

20.3 The following ICB policies support this Policy:

- Health and Safety Policy
- Information Governance, Data Protection and Security Policy
- Information Governance Handbook
- Procurement Policy

## 21. Definitions and Glossary

### Definitions

#### **Business Continuity:**

*The capability of the organisation to continue delivery of products or services at acceptable pre-defined levels following a disruptive incident*

#### **Business Continuity Incident:**

*A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.*

#### **Business Impact Analysis:**

*The process of analysing activities and the effect that a business disruption might have upon them*

#### **Business Continuity Plan:**

*Documents the procedures that guide the organisation to respond, recover, resume, and restore to a pre-defined level of operation following a disruption to business continuity*

#### **Critical Incident:**

*A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.*

*A Critical Incident is principally an internal escalation response to increased system pressures/ disruption to services that are or will have a detrimental impact on the organisation's ability to deliver safe patient care.*

**Emergency:**

- a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom, or*
- b) An event or situation which threatens serious damage to the environment of a place in the United Kingdom, or*
- c) War, or terrorism, which threatens serious damage to the security of the United Kingdom*

**Incident Response Plan:**

*Outlines how the ICB will respond to a critical or major incident.*

**Major Incident:**

*A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency.*

## Glossary

<b>AEO</b>	Accountable Emergency Officer
<b>BCM</b>	Business Continuity Management
<b>BCP</b>	Business Continuity Plan
<b>C3</b>	Command, Control and Coordination
<b>CCA (2004)</b>	Civil Contingencies Act (2004)
<b>CCU</b>	Civil Contingencies Unit
<b>CPX</b>	Command Post Exercise
<b>DPH</b>	Director of Public Health
<b>EPRR</b>	Emergency Preparedness, Resilience and Response
<b>HEPOG</b>	Health Emergency Planning Officers Group
<b>HETCG</b>	Health Economy Tactical Coordinating Group
<b>HRMG</b>	Health Risk Management Group
<b>ICB</b>	Integrated Care Board
<b>ICS</b>	Integrated Care System
<b>IRP</b>	Incident Response Plan
<b>LHRP</b>	Local Health Resilience Partners
<b>LRF</b>	Local Resilience Forum
<b>MIDSROC</b>	NHS England Midlands Region Operations Centre
<b>NHSEI</b>	NHS England and Improvement
<b>NHS NOC</b>	NHS England National Operations Centre
<b>NOS</b>	National Occupational Standards
<b>RAWG</b>	Risk Assessment Working Group
<b>SCG</b>	Strategic Coordinating Group
<b>SRF</b>	Staffordshire Resilience Forum
<b>TCG</b>	Tactical Coordinating Group
<b>TTX</b>	Table-Top Exercise
<b>UEC</b>	Urgent and Emergency Care

## 22. References

- Civil Contingencies Act 2004
- The Health and Social Care Act (2012 and 2022)
- NHS Constitution
- The NHS England Emergency Preparedness Framework 2015
- NHS England Business Continuity Management Framework (service resilience) (2013)
- NHS England Core Standards for Emergency Preparedness Resilience and Response
- ISO 22301 – Societal Security – Business Continuity Management Systems – Requirements
- Cabinet Office, Emergency Preparedness (2006) (as amended)
- National Occupational Standards (NOS) for Civil Contingencies